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INDEPENDENT REGULATORY
REVIEW COMMISSION

Dear State Board of Nursing,

I am asking for your support in passing the revised CRNP regulations. The old regulations do not reflect current practice and block access to care for those patients who choose NPs for their primary or specialty care providers and are counterproductive to what Governor Rendell intended with Act 48 in 2007. Research studies since 1965 have concluded that Nurse Practitioners provide safe, competent, cost-effective care with a high level of patient satisfaction.

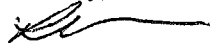
I would like to share with you a few examples of how disruptive the current regulations are to my practice and to my patients. I work in a family practice with one physician and treat a large number of children and adults with ADHD/ADD. Most of these patients are taking schedule II medications such as Adderal, Ritalin, or Concerta. Under the current regulations I am permitted to write only 72 hours worth of these medications. You can imagine how upset, and rightly so, a patient or parent is if they take time off from work or school to come to see me for a prescription renewal and only receive 3 days worth of medications! Not only do they have to take more time off from work or school to return for a 30 day script from the physician but they incur another trip to the pharmacy and another co-pay! This is a frequent scenario in our office as often times I am the only healthcare provider working on any given day. Many of these patients see me as their primary provider and have never seen the physician, in the practice. When both the physician and I are in the office and my patient needs a scheduled II medication, I have to interrupt the physician during his patient visit in order to have him sign a 30 day script for my patient. Why would this physician want to sign a 30-day schedule II script on a patient he has never seen? This scenario is repeated time and again for our patients' needs for cancer treatment, palliative and hospice care, trauma cases, chronic pain management, behavioral and mental health care. These new regulations will extend the NP's ability to prescribe this class of medication from 72 hours to a 30 day supply and alleviate the inconvenience to both patients and their providers.

In cases of schedule III and IV medications, extending the CRNP's ability to prescribe these medications from a 30 day supply to a 90 day supply will enable us to participate fully in our patients' insurance pharmacy benefit plan, saving consumers excessive co-payments and helping to coordinate their prescription needs. Current regulations disrupt our practice and our patients' lives daily. Patients incur more time off from work and school, additional copays, and delays in obtaining their medications when my physician is not available to write or fax in their 90 day prescription renewal.

Additionally, the current 4:1 NP to physician ratio affects many NPs serving in rural, nurse managed and convenient care clinics. Enforcing this ratio would limit access to quality healthcare for many Pennsylvanians. I would like to remind the Board that NPs in Pennsylvania are not supervised by but instead collaborate with their physician colleagues. Nurse Practitioners in Pennsylvania need to be utilized to their full scope of education and training. Maintaining the "status quo" will make it difficult for CRNPs to fully meet the primary care need of their patients. Our patients deserve better.

I hope this personal perspective will help you make the right decision for Pennsylvanians and vote to pass the proposed CRNP regulations unaltered.

Sincerely,



Lisa A. Neri CRNP