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November 29, 2008

Pennsylvania State Board of Nursing
ATTN: Ann Steffanic, Board Administrator
P.O. Box 2649
Harrisburg, PA 17105-2649
Ref. # 16A-5124 CRNP General Revisions

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INDEPENDENT REGULATORY
REVIEW COMMISSION

To Whom It May Concern:

I am writing in support of the rule making changes that are proposed for our CRNP colleagues. I understand that the regulations that affect the practice of nurse practitioners in the state of Pennsylvania have undergone revisions. I have examined the proposed revisions and strongly believe updated regulations are needed to remove barriers on caring for our patients. Nurse practitioners are key participants in providing high quality care for underserved and uninsured patients. I am supportive of any regulatory changes that would allow me to provide care to my full scope of practice. I have been a nurse practitioner for eight years and have worked in a nurse managed health center in an urban housing development and in a free clinic in a suburban setting. In both settings nurse practitioners provide care for the majority of the patients.

The key points I have reviewed and support are as follows:

- 1. Allow 30 day prescriptions for schedule II controlled substances, from present 72 hour.** I am perfectly capable of assessing the appropriate need for narcotic medications, whether it is for three days or 30 days. The hardship this creates for patients is enormous. Most insurance plans require the same co-pay, whether it is three days worth of medicine or 30 days. Additionally, these patients will run out of medication before they are permitted to refill another prescription. Their options are to pay out of pocket or to do without medication. This means the patient will have suboptimal pain

management. This barrier contributes to fragmented care, unnecessary suffering, and potential inappropriate use of the emergency room. Patients who have had an acute injury may need pain medication for longer than 72 hours. Other patients have chronic pain that cannot be adequately controlled by over-the-counter analgesics. The appropriate pain medication is determined by frequent evaluation and adjustment by the nurse practitioner. I should not have to have my patients seen by a physician just to have their prescription written.

2. Allow 90 day prescriptions for schedule III to IV from present 30 day rule.

Many patients have taken advantage of mail order plans or retail stores flat fee (i.e. Wegmans and Costco) for their maintenance medications. It is unacceptable and unreasonable that a nurse practitioner is not able to accommodate patients with this cost saving benefit.

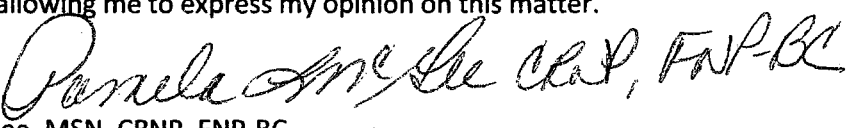
3. Removal of the 4:1 NP to physician ratio:

I have practiced in both a nurse-managed federally qualified health center (FQHC) and a free clinic. There were six nurse practitioners providing care in the health center which necessitated an additional collaborating physician. This created a burden for the practice.

To summarize, in support of my NP colleagues, I encourage the revision of the regulations that govern nurse practitioners in Pennsylvania. It has been my experience that NPs provide high quality, cost effective, safe care that results in a high level of patient satisfaction. Indeed, research studies since 1965 have supported this. These barriers create an unnecessary burden on the patients we wish to serve and therefore need to be eliminated. The proposed regulations pertaining to CRNPs are a step toward better access to care across our state.

Thank you for allowing me to express my opinion on this matter.

Sincerely,


Pamela L. McGee, MSN, CRNP, FNP-BC

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