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2008 DEC 10 PM 1:43

INDEPENDENT REGULATORY
REVIEW COMMISSION

2729

Re: 16A5124 CRNP General Revisions

Dear Ms. Steffanic,

I am a nurse practitioner practicing in Pennsylvania for 12 years. I currently see adults and children in a public mental health clinic. Generally, my patients have very limited income. I want to support the changes proposed in nurse practitioner regulations because of the benefit these changes will offer the patients in my care. Particularly, those providing for full prescriptive authority for scheduled drugs will provide significant benefit.

This is not a new class of drugs for nurse practitioner prescribing, it is simply has been in limited amount causing considerable inconvenience and at times added cost for my patients. The objections offered by organized medicine are not supported by objective data. The inability for one of the children I see to obtain ritalin or adderall because a physician is not available, does present very objective data. The outcome may include school refusing to admit child because of behavior problems without medication, increase in family discord because of child's disruptive and at times violent behavior, or simply peers avoiding the child with poor impulse control.

The issue with adult patients more often becomes problematic when they are unable to refill benzodiazepine anti anxiety medication which is part of treatment for severe anxiety disorders. Often they become angry with pharmacy, can't understand why it is so complicated to get meds every month, or why their friends and family can save money by obtaining 90 days worth of medication to save money and they cannot.

Ultimately, patients should not be penalized because they are our patients. They deserve to have access to the same level of service as found with other health care providers. Nurse practitioners have a proven and documented record of very safe prescribing patterns in states where no limits are placed on prescribing. There will not be an increase in the amounts of stimulant, narcotics or other controlled substances. These needs are addressed currently by involving two clinicians-one who sees the patient and recommends the treatment and another who simply signs the prescription. The current approach delays care implementation and uses valuable time that each of the clinicians could be using much more beneficially. The comments of organized medicine articulated in Chairman Sturla's comments do not reflect the reality of daily practice in a busy clinic of primary care office. We have to serve our patients as a complimentary team of health care professionals.

Patricia Schulerbauer CRNP