

2729

Steffanic, Ann

RECEIVED

From: IRRRC [IRRC@IRRC.STATE.PA.US]  
Sent: Monday, December 08, 2008 2:31 PM  
To: Steffanic, Ann  
Subject: FW: CRNP Regulations

2008 DEC 10 PM 1:46

INDEPENDENT REGULATORY  
REVIEW COMMISSION

Comment received from IRRRC.

-----Original Message-----

From: plyons@temple.edu [mailto:plyons@temple.edu]  
Sent: Monday, December 08, 2008 1:02 PM  
To: IRRRC  
Subject: CRNP Regulations

Dear Mr. Arthur Coccodrilli, Chairman,  
Independent Regulatory Review Commission  
333 Market St.,  
Harrisburg, PA 17101

As a practicing physician in the state of Pennsylvania, I applaud the efforts to ensure that comprehensive care is available to all Pennsylvanians. While I believe that CRNPs offer an important piece of the solution to this challenge I also feel that the revised regulations as proposed fail to address several key elements of a successful collaborative practice model:

In medicine, it is often said that what is not written never happened. While this may not be entirely correct I do believe that something as important as the collaborative agreement must be a written document. An oral agreement limits enforcement, ensures confusion and provides far too many opportunities for practice beyond the scope of agreement whether intended or unintended. This is simple common sense. In an age when every office or hospital practice is documented in detail nothing of this importance should remain unwritten.

While I appreciate the need for flexibility in collaborative practice arrangements, I feel strongly that the public expects that physician supervision of CRNPs represents genuine supervision. I am uncertain what number of CRNPs could reasonably be supervised by one physician, to expand the number beyond that currently allowed would seem to be a prescription for potential lapses in oversight. The public deserves to know that supervised means supervised.

In keeping with that thought, it would seem self evident that a CRNP's scope of practice could not exceed that of his or her supervising physician. Allowing prescription privileges that go beyond the knowledge of the supervising physician would seem ill advised.

Having worked in several settings with CRNPs I can attest personally to the confusion that patients experience when their "doctor" is a nurse. While I believe this to be largely an issue of patient education and I believe strongly that CRNPs offer excellent care I also believe that all patients in all settings deserve to know who is caring for them. This includes knowledge of their professional credentials. As an academic physician I emphasize daily to my medical students the importance of identifying themselves as "medical students" rather than "doctor" (or even "student

doctor"). I think this is both prudent and fair to patients.

Paul Lyons MD