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December 5, 2008

Ms. Ann Steffanic
Board Administrator
State Board of Nursing
PO Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Steffanic:

This letter is written in response to **16A-5124 CRNP General Revisions.**

I am writing to express my support for the proposed revision that will update the regulations that govern CRNP practice in the Commonwealth of Pennsylvania. The proposed changes are needed to improve access to care and congruence with the scope of practice authorized by Act 48.

The revised language is needed to clearly define the accountability of the CRNP, justified by their educational preparation. The Penn State University Nurse Practitioner programs center on preparing nurse practitioners who can assume positions in a variety of settings. However, we place special emphasis on rural practice and meeting the needs of underserved populations. For that reason, CRNP students complete extensive supervised clinical practice in rural clinics and a large percent of our graduates practice currently provide care in non-urban communities. Our goal is to increase access to quality health care for the residents of the Commonwealth of Pennsylvania. Unfortunately, the current CRNP regulations limit the ability of CRNPs to provide the care they are educated to provide.

The revision also clarifies the CRNP collaboration agreement for practice. The current 4:1 CRNP to Physician ratio has been cited by our graduates as very problematic in non-urban areas where physicians are in short supply. Collaboration with physicians and all health care providers is an integral part of nurse practitioner practice, however ratio restrictions severely limit the ability of rural practices to extend services and meet access needs of isolated rural populations. As Dean, I have noted in direct conversation with Deans from other States that Pennsylvania regulations are considerably more restrictive than others, where ratios have not been designated. No safety issues are cited in these less restrictive states. The high standards for educational programs, ongoing national certification requirements and continuing education requirements assure that NPs are prepared to provide high quality safe care.

The changes to Schedule II prescribing for 30 days instead of 72 hours, and Schedule II and IV prescribing for 90 days will provide insurance cost saving for consumers and improve the quality of care provided by the CRNP in rural/remote and underserved areas. The limitations in prescribing authority limit continuity and consistency in care, especially to the pediatric populations in their

practices that require medications for conditions such as attention deficit disorders. Rural patients who need to have a new prescription monthly, and in some instances have to travel great distances to acquire them, experience fragmentation of care that has a negative impact on the effectiveness of the treatments. CRNPs are prepared in their programs both didactically and clinically in pharmodynamics, pharmokinetics and prescribing. Research has documented that CRNPS are safe and conservative prescribers.

The implementation of the revised rule will allow for increased access, continuity, consistency and quality of health care for Commonwealth of Pennsylvania residents. This letter is provided by me personally based on my experiences as a nurse educator and administrator of graduate nursing education programs here in Pennsylvania and Connecticut. These comments do not reflect the policy of the School of Nursing or Penn State University.

Sincerely,

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