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INDEPENDENT REGULATORY  
REVIEW COMMISSION

2729

Rebecca A Albury MSN, CRNP  
11 Keesey Road,  
New Freedom, PA 17349

December 8, 2008

Pennsylvania State Board of Nursing  
Attn: Ann Steffanic, Board Administrator  
P.O. Box 2649  
Harrisburg, PA 19105-2649

Ref. # 16A-5124 CRNP General Revisions

To whom it may concern,

I am writing in support of the proposed changes to Pa. Code Ch.21 as detailed in *16A-5142 CRNP General Revisions*. I am writing as a pediatric nurse practitioner who lives in the state of Pennsylvania but practices in Maryland due an increased level of autonomy, respect, and the ability to utilize my entire knowledge base as a CRNP.

A recent study conducted by The Physician's Foundation reveals that more than three fourths of physicians believe there is a shortage of primary care providers, and more significantly almost half of the doctors surveyed reported intentions of retiring or significantly reducing their practice within the next three years. Considering the current state of the economy and health care in the United States, it is time to allow certified registered nurse practitioners (CRNP) in Pennsylvania to practice at their full potential.

The proposed updates and revisions are necessary to allow CRNP's to effectively meet the needs of their patients. CRNP's are highly educated in a rigorous master's program and must meet national standards for certification. As a pediatric nurse practitioner, I am required to complete 10 contact hours each year in order to maintain certification. Additionally, within the state of Pennsylvania CRNP's must complete 30 hours of continuing education every two years, while 16 of those 30 must be pharmacology credits for those with prescriptive authority. CRNP's with prescription privileges must also maintain a collaborative agreement with a physician. Thus, there are currently high standards in place to ensure safe, competent, and high quality care.

39 states (including the District of Columbia) permit CRNP's to prescribe controlled substances, schedule II-V. Pennsylvania is one of only six of these states to place time restrictions on the prescriptions written by CRNP's. The proposed regulation would increase the time frame from 72 hours to 30 day prescriptions for schedule II medications. Approximately 7% of children are diagnosed with Attention Deficit Hyperactivity Disorder (Visser et al., *Pediatrics* 2007:119;S99-S106). The most effect

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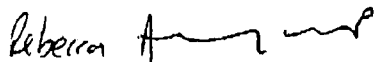
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treatment for ADHD is the use of stimulant medications all of which are classified as CS II. It is unreasonable to provide prescriptions for 3 days (72 hours) worth of medication at a time to these children. Without adequate and continuous treatment, children and adolescents with ADHD are a great risk for school and social difficulties. Thusly, CRNP's in Pennsylvania either do not treat children with ADHD (7% of the population) or they interrupt care and inconvenience physicians for prescriptions. Approval of the new regulation will allow CRNP's to provide cost effective, comprehensive care to this group of individuals who require significant education, empowerment, and continuity of care; all areas in which CRNP's excel.

The state of health in any community is directly related to the availability and quality of primary health care. Research has demonstrated that the CRNP's practice and outcomes are similar to that of physicians (Deshefy-Loughi et al., Journal of the American Academy of Nurse Practitioners, 2008: 20;281-287). Repeatedly, the profession of nursing is viewed as the most trusted in health care. CRNP's can and do provide high quality, cost effective care. I urged you to strongly consider the health and future of all Pennsylvanians and approve the proposed regulations.

Sincerely,



Rebecca Albury MSN, CRNP  
Pediatric Nurse Practitioner

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RE: 16A - 5124 CRNP General Revisions

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