



SAFE HARBOR BEHAVIORAL HEALTH

Lighting the Way to Quality Behavioral Health Services

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INDEPENDENT REGULATORY
REVIEW COMMISSION

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December 5, 2008

Chair & Members of Independent Regulatory Review Commission
c/o Anne Stefanic
Board Administrator
Pennsylvania State Board of Nursing
PO Box 2649
Harrisburg, PA 17105-2649

Reference: 16A 5124 CRNP General Revision
Public Comment to the Independent Regulatory Review Commission

Dear Chair & Members of IRRC,

My name is Jonathan Evans and I am President and CEO of Safe Harbor Behavioral Health in Erie, PA. I am writing in support of the proposed regulatory changes referenced above. Our facility currently enjoys having two nurse practitioners providing care to our adult and child psychiatric patients. The issues that are a concern for us are the ability of nurse practitioners to order scheduled drugs and elimination of ratio for collaborator agreements.

We service children with ADHD who generally were not adequately controlled in the family physician setting. A nurse practitioner sees these children as part of her assigned patients. At the appointment and between visits when meds are needed it presents significant problems to our patients, their parents and the clinic to have the provider caring for the patient so limited in being able to complete the visit and implement the appropriate care because of restrictions in prescribing schedule II medications. As our children generally have severe symptoms if not treated, they have been sent home from school when medication is not available as well as jeopardizing success in school, which is extremely important for these children when a physician is not available.

In addition, we care for many of our patients who have a variety of anxiety disorders which require schedule IV benzodiazepine medications to manage chronic symptoms. Patients are generally seen every 3 months when they are stable so they need to have 3 months of medication to maintain that stability. The requirement to see patients more frequently than is difficult with the overall demand on services and the shortage of prescribers. Safe Harbor is a nonprofit facility that cannot easily hire staff to meet this need, so this restriction impacts on other patients whose needs are not being met while the nurses cover this issue.

Lastly, is the issue of ratio of nurse practitioners to collaborator. In the past we have dealt with some difficulty attracting psychiatrists willing to practice in a clinic setting. Often this need has been very competently filled by nurse practitioners. In the future, as needs grow and physicians become more scarce or chose not to agree to collaborate, the existence of the ratio restriction may interfere with our ability to employ enough nurse practitioners to offer the quality care we currently provide to our patients.

I would like to thank the Commission for any consideration you can give to the recommendations outlined above.

Sincerely,



Jonathan D. Evans
President & CEO