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Ann Steffanic

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Board Administrator

INDEPENDENT REGULATORY  
REVIEW COMMISSION

Pennsylvania State Board of Nursing

PO Box 2649

Harrisburg, PA 17105-2649

Letter Regarding Reference # 16A-5124 CRNP General Revision

Dear Ann Steffanic,

The regulations such as the 4:1 Nurse Practitioner to Physician Ratio and the prescribing of schedule II, III, and IV drugs make the work of Nurse Practitioners more difficult. As a result of such regulations patients are at a disadvantage. Nurse Practitioners have proven to be effective in providing patient care and therefore do not need these stringent rules to interfere with their practice and ultimately leave patients at a disadvantage.

The 4:1 ratio was intended for Physician involvement in care of the patient. With the number of Physicians decreasing and the number of Nurse Practitioners increasing it is only logical to remove such barrier. Numerous studies have shown that patients do not receive inferior care in the hands of a Nurse Practitioner rather than a Physician. Therefore, I pose the question: What value does the 4:1 Nurse Practitioner to Physician ratio serve?

Nurse Practitioners are vigilant when prescribing scheduled drugs. It is often said how much doctors invest in their education. But truth be told, Nurse Practitioners invest a lot in both education and patient care. The practitioners I know worked years as Registered Nurses before becoming Nurse Practitioners. They are therefore able to identify acute changes in their patients and act accordingly. Nurses have a strong connection with patients as a result of being the primary person at the bedside. As a result of this nurses develop a keen sense in doing what is best for the patient. This strong sense of connection with the patient coupled with an intense education make Nurse Practitioners more than capable of prescribing scheduled drugs more time than currently allotted.

We must remove the aforementioned barriers to provide quality care to our patients. Nurses are nurses because they care about the patient population they are serving. These barriers are questioning the judgment of Nurse Practitioners. In essence it sends the message that Nurse Practitioners are not as capable of making sound healthcare decisions as are Physician counterparts.

Sincerely,



Sagine Bien-Aime, RN, Nurse Practitioner Student at University of Pennsylvania