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Ann Steffanic
Board Administrator
Pennsylvania State Board of Nursing
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INDEPENDENT REGULATORY
REVIEW COMMISSION

December 3, 2008

RE: 16A-5124 CRNP General Revisions

Dear Ms. Steffanic:

I am an Adult Nurse Practitioner working in a specialized cardiology practice in an economically depressed area of Philadelphia. I am concerned about several issues of the proposed regulations that would affect my practice and directly affect my patients.

1. The 4:1 NP to physician ratio limits practice and availability for patient access to primary care. The drastic reduction in the number of medical students choosing to enter into Primary care Family Practitioner's has left the American health care system lacking in fundamental, preventative health care. Nurse Practitioners are highly qualified to fill this void, however, limiting a family health care physician to 4:1 ratio with Nurse Practitioner collaboration, reduces patient access to primary care. Governor Rendell's health care plan Act 48 agrees with increasing Nurse Practitioner use in the primary care setting to help with basic access for primary care.
2. Prescriptive Authority physician collaboration currently requires a Nurse Practitioner to have 2 physicians on the agreement for each practice site held by the NP. I know of one family physician who hired a nurse practitioner to help with her solo practice. The physician could not afford to bring on another physician so she chose to hire a nurse practitioner to better meet the needs of her patient's. Unfortunately, since she had a solo, independent practice, this Nurse Practitioner could not obtain prescriptive authority. This greatly impacted her ability to function in her role and created a barrier inhibiting quality patient care. In the end, the patients suffer.
3. Schedule II medication prescribing. Limiting Nurse Practitioners to prescribing 72 hours of medications to our patients, again only limits the quality of care we are able to provide. It causes fragmentation of care, causing the patients to seek these medications from various physicians, many times not their primary care providers. This can cause inappropriate utilization and sometimes overprescribing. It causes the patient's unnecessary stress and increase costs for co-pays. Patients with uncontrolled pain also frequently end up in the emergency department for care, increasing society's health care costs. Increasing Schedule III

and IV prescribing privileges for NP's from 30 to 90 days will also benefit patient care.

Thank you for taking the time to review my letter. In these times of economic burden, with people losing their jobs and healthcare benefits, we desperately need to increase patient access to quality , preventative health care. Utilizing Nurse Practitioners will help provide our society access to health care.

A handwritten signature in black ink, appearing to read "Carhart", with a long horizontal flourish extending to the right.

Amy Jo Carhart MSN, NP-C
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