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INDEPENDENT REGULATORY
REVIEW COMMISSION

Reference: 16A-5124:CRNP General Revisions

Dear State Board of Nursing,

I am asking for your support in passing the revised CRNP regulations. The old regulations block access to care for patients who choose NP's for their primary or specialty care providers. Furthermore the old regulations are counterproductive to Act 48 which Governor Rendell hoped would expand health care to everyone.

Specifically needed revisions are the 4:1 nurse practitioner to physician rate. Nurse Practitioners are highly trained advance practitioners and are acutely aware of when they need to collaborate with a physician. Presently the restrictions affect free clinics, federally funded clinics and nurse managed facilities and where nurse practitioners provide care to people of Pennsylvania and some indigent population areas.

The other restriction is in the 72 hour prescribing of Schedule II medications. This restriction affects patients with ADHD, pain management, trauma and other medical problems. I work in a pediatric clinic and evaluate children for ADHD, because of these restrictions children for whom I am their primary provider have to be seen by a physician who they might not know for their ADHD medicines. I can evaluate the child for ADHD but only write for a 72hr prescription. This practice interrupts the continuity of care for the patient and puts a heavier load on the physician to see a patient they have never seen before to write for ADHD medications. Nurse Practitioners are trained in pharmacology and must fulfill a comprehensive course during their training. Additionally, nurse practitioners must complete on-going pharmacologic requirements every 2 years. Currently the restrictions require families return to the pharmacy for additional medication. The additional prescription and trip to the pharmacy only contribute to additional co-payments and possible insurance issues and problems for patients. If physicians are concerned nurse practitioners will be prescribing controlled substances inappropriately or more than should be, research has been done that shows prescribing trends by nurse practitioners and physician assistants in the US.

The research shows PAs more likely to prescribe controlled substance for a visit than physician or NP (19.5%, 12.4%, 10.9%). This was a big study, 88,346 visits over a 6 year period. (J Am Acad Nurse Pract, 2006 Jun;18(6): 291-6.).

These issues are barriers to comprehensive health care for our patients in Pennsylvania. Please consider your support for the passing of the revised CRNP regulations as we continue to make Pennsylvania a healthier place to live.

Sincerely

Cynthia Dimovitz CRNP, CPNP

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