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Dr. Mona M. Counts

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INDEPENDENT REGULATORY  
REVIEW COMMISSION

6 December 2008

State Board of Nursing  
PO Box 2649  
Harrisburg, PA 17105-2649

ATTN: Ann Steffanic, Board Administrator

Dear Ms. Steffanic,

This letter is in support of the proposed changes of the CRNP regulations. The changes are ones that are needed to facilitate access to care and decrease burdens on residents of the Commonwealth of Pennsylvania.

I am the clinical director of the Primary Care Center of Mt. Morris, (PCC) in Greene County. The health care providers are all Nurse Practitioners (NPs) with a part-time Licensed Certified Social Worker. We have served the area since 1994 and currently have 6000 active patients with 4820 patient encounters last year. Our location serves an area that has no other health care providers within a radius of 15 miles. With a terrain that includes many mountains and a population that is underserved, underinsured, uninsured. The PCC is a Federally Qualified Health Center – Look Alike and by having that status we see all the patient that are not acceptable, or welcome, in private physicians offices. Access is further limited by the lack of any public transportation and the poor economic status of the majority of the residents.

The proposed rules will assist us to better serve this population and will decrease the burden to the patients we treat. An example of the burden is as follows; Currently any patient we have that has ADHD must see another provider, at a great distance, that does not follow anything but the ADHD medication or wait until we can get a prescription signed from a collaborating physician. We have worked diligently to provide comprehensive care and the fragmentation caused by the present rules does not support the quality coordinated care that we aspired to achieve. The only other option would to have the patient come into the office every three days. This practice is sometimes called “gouging”.

The need to decrease the cost to the health care system will also be facilitated by allowing the patients treated by the NPs to take full advantage of the newer prescription plans that discount the longer (less refills) plans.

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The arbitrary and capricious ratio of physicians to nurse practitioners, collaboration (4:1) is something that is not even understandable. We are in constant collaboration with a multitude of health care professionals to meet the needs of our patients. We utilize, specialists, physicians, dentists, nurse practitioners, hospitalists, podiatrists, ophthalmologists, pharmacists, physical therapists, social workers, physician assistants, and any other health professional that can help us produce the quality of life outcomes we seek for our patients.

The PCC has consistently been awarded Gold Star Status by Unison Health Plans for our exemplary outcomes on a variety of markers. We have exceeded the standards and other physician run practices on the majority of measures evaluated.

As past president of the American Academy of Nurse Practitioner, I have had the opportunity to visit with NPs across the country. Approval of these rules and regulations will move Pennsylvania closer to the leading states in eliminating the barriers to NP practice. Pennsylvania has and continues to lag behind in full utilization of health care personnel to meet the health care needs of residents.

Pennsylvania has the largest number of rural dwelling residents of any state in the US. The need for health care providers in these remote areas is growing. These rules will facilitate NPs filling that void.

Thank you for the opportunity to submit these comments.

Sincerely,



Mona M. Counts