

Cornerstone Family Health, P.C.

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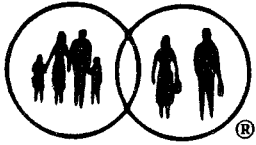
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November 28, 2008



**Specialists
in
Family Practice**

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Mona P. Chang, M.D.

To Whom It May Concern:

Pamela J. Herrington, M.D.

Delia C. Melton Tate, M.D.

James W. Redka, M.D.

Physician Assistant

*Paula D. Holmes
PA-C*

Family Nurse Practitioner

*Michelle M. Dangle
C.R.N.P.*

*Tanya R. Igou
C.R.N.P.*

Counseling Services

*Timothy A. Bryant
Ph. D.*

*David G. Rising
Ed. D.*

I am a practicing Family physician in Williamsport, PA and have practiced here now for nearly 30 years. I have trained with nurse practitioners in my Family Practice Residency, and I have practiced with nurse practitioners and/or physician assistants for my entire career in primary care. I find the practitioners that I have worked with to be extremely bright, while motivated and well informed. I believe that together we form a team which improves health care for the patients we serve, making our services fully available and flexible far better than I could do had these folks not helped me.

I do believe that the system that is currently present where nurse practitioners are required to have a tight collaborative practice with us as Family physicians is the ideal circumstance to practice. I am aware that there are certain nurse practitioners who would like to be more independent. I believe in this era of fragmentation of health care that this is not a good idea and would urge you to continue regulations requiring close supervision. I believe that the collaborative agreement should be written and updated from time to time and that there should be a template for these agreements. I am aware that the PA Medical Society suggests that the CRNP should be limited to four per physician. I actually believe this is too lax and believe in closer collaboration such as one on one or at most one on two.

I do believe that the controlled substance prescribing can be appropriately done by a nurse practitioner in collaboration with a physician. I certainly do not believe that it is wise for a nurse practitioner to practice outside of the scope of care for, or medications prescribed by, the supervising physician.

I do believe that nurse practitioners can and do educate physicians such as myself to better ways to look at things from the nursing background and nothing in regulation should reduce this opportunity. I also believe that it's reasonable for a nurse practitioner to expand the scope of a practice by recommending educational activities that the nurse practitioner and the physician do together.

I appreciate the opportunity to comment as I understand that there are changes in the wind about a still again change in the regulations governing nurse practitioner work. Thank you.

Sincerely yours,

A handwritten signature in black ink, appearing to read "James W. Redka". The signature is fluid and cursive, with a large initial "J" and a stylized "R".

James W. Redka, M.D.

JWR/abt