

Steffanic, Ann

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From: IRRC [IRRC@IRRC.STATE.PA.US]
Sent: Friday, December 12, 2008 9:20 AM
To: Steffanic, Ann
Subject: FW: comments about # 16A-5124 CRNP General Revisions

Comments received from IRRC.

From: Ruth C. Adams [mailto:cats.aregreat@verizon.net]
Sent: Thursday, December 11, 2008 10:08 PM
To: IRRC
Subject: comments about # 16A-5124 CRNP General Revisions

I am a CRNP practicing in pediatrics in a Neurological specialty as well as sleep. I have read some of the comments made by the anesthesiologist and the AMA. Referring to CRNP's as having no training prescribing or use of classified medications. As a CRNP working in a specialty I made myself take multiple CME courses in the medications that are commonly used in my specialty. I have also attended many national conferences where I learned more about the medications as well as subscribing to Pharmacy update and taking their CME offerings monthly. I have also paid for a DEA number. I do not think all CRNP's will run out and get a DEA number just to be able to prescribe controlled substances, and the ones that do will only do so to compliment their specialty practices. I work with many ADHD patients and run an ADHD follow up clinic and right now it is difficult for me to stop in the middle of clinic to get prescriptions for my patients. I believe the generalizations made by the AMA and the anesthesiologists show a very narrow view of NP's and an obvious lack of knowledge about how NP's practice in this state. I think it is also narrow thinking about the responsibility NP's take in our roles and furthering our education. I also feel doctorate prepared np's do not flaunt their doctorates and know they are not MD's and do not misrepresent themselves to patients. I think this shows that physicians must be awfully insecure to bring this up when asked about prescriptive privileges not about other aspects of care. I work with several Phd NP's and most rarely use the title of doctor except when publishing.

Thank you for listening.

Ruth C. Adams MSN, CRNP-BC