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Independent Regulatory Review Commission  
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333 Market Street  
Harrisburg PA 17101

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INDEPENDENT REGULATORY  
REVIEW COMMISSION

Dear Sir:

I am writing regarding the proposed changes to the CRNP regulatory changes 16A-1524. I have been a Nurse Practitioner for over 10 years. I have my certification as a Family Nurse Practitioner and as a Certified Diabetes Educator. I have worked in a Private Endocrinology Practice in Pennsylvania for the past six years and in a similar practice in New York previous to moving to Pennsylvania. I work with patients that have diabetes. Many of my patients have complex medical co morbid conditions. I have spoken with physicians, physician assistants and CRNPs who refer patients to our practice. I update them on new findings or symptoms of concern. I usually receive positive feedback on the care their patients receive.

I am concerned the new regulations will result in the limitation of access to care if the MD – CRNP ratio is limited as proposed. Some of my colleagues work in practices at several sites. The CRNPs help provide continuity of care if the physician is at another location. The CRNP has a standard protocol based on standards of care. There should be no concern that there must be direct constant supervision of a specific number of CRNPs. If the assessment indicates something outside the protocol the physician will be notified and consulted. Consider the underserved populations and the lack of qualified practitioners why is this even being proposed?

The next issue to be addressed is the name of the physician on the CRNP's prescription pad. I have my own license and I write within the limitations of my collaborative agreement. If there is a problem with the script and another provider looks at the patient's medication bottle he or she cannot be sure who wrote the script since many of my patient's tell me my physician's name is on the medication bottle. Thankfully in our office we have EMR that indicates which provider wrote the script so if another provider calls regarding any medication orders the staff can forward the call to the appropriate person. Another potential issue is the risk for someone to find out the medical license number for my collaborating MD from my prescription pad.

I am proud to have been a nurse for over 35 years but I see the deterioration of our healthcare system. The proposed limitations on types of controlled substances, number of CRNP: MD and prescription pad documentation will not help our patients receive quality care. I believe these changes will actually do harm.

Respectfully,

Kathleen S Pearson, CRNP, CDE VP 006543B

