

2729

RECEIVED

DEC 12 PM 1:30

1275 - 1275

171 Blue Mtn. Lake
E. Stroudsburg, PA 18301
December 6th, 2008

Ann Steffanic
Administrative Assistant
PA State Board of Nursing
PO Box 2649
Harrisburg, PA 17105

Dear Ann,

I am writing to support the passing of the regulations as they have been revised. I am a CRNP originally from NY and have been disheartened by the barriers that I have encountered as a CRNP in PA. I do not understand the logic of having an NP to MD ratio of 4:1. Who came up with this number and why? In NY, the physicians are not limited to the number of NPs they collaborate with. It should be their own personal discretion how many NPs they feel "safe" to work with. Removal of the 4:1 NP to physician ratio would allow for a free relationship and does not in any way speak to the safety of how NPs practice. Why does it have to be so different in Pennsylvania?

-Currently, a physician can only collaborate with 4 NPs at any given time. Those most affected by this regulation are federally qualified health clinics (FQHC), nurse-managed centers, and NPs who work in the Planned Parenthood Clinics or free clinics. Having worked SOLO in a Planned Parenthood for 2 years, I find this regulation as it stands to be absurd. I had 2 physician signatures on my agreement and I barely ever spoke to either one of the physicians.

-In order to have a collaborative agreement for prescriptive authority; it is required to have 2 physicians on the agreement for EACH practice site held by the NP. Why do I need two physician signatures? This is hindering to the private solo practices. I had worked with a private neurologist and he had to ask a co-worker for a signature, I never even met this other person. Private physicians are eager to hire NPs but at what cost?

Currently, our regulations for prescribing schedule II medications disrupt continuity of care for our patients and families and create an economic hardship for them. With limited schedule II prescribing, patients are required to make more trips to the pharmacy and additional trips to us

as providers. This will require the patient to pay more co-payments and serve as an inconvenience for the patient. People with uncontrolled pain will resort to utilizing emergency room services for pain relief. This creates an unnecessary financial strain and inappropriate utilization of resources for our society.

Maintaining the 'status quo' makes it difficult for CRNPs to provide full scope of needed primary care to their patients.

Limiting patient choice, blocks access to care from those patients who choose NPs for their primary or specialty care providers. This also serves to decrease the total availability of health care in the Commonwealth. This is counterproductive to what Governor Rendell intended with the passing of Act 48 in 2007.

I would like to believe that in 2004 I moved to a state that would be open to the progress and evolution of healthcare and its needs. The regulations CANNOT and SHOULD not stand as they do today. I implore that you make a decision that will help open the barricades that have been standing so long against CRNPs. We all went the advanced practice route so we could help and serve our patients better. If you look at the regulation changes, you will see that this is all we have in mind.

Respectfully yours,

A handwritten signature in black ink, appearing to read 'Albita S. Lasanta', written in a cursive, flowing style.

Albita S. Lasanta, RN, CRNP