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MS. Ann Steffanic
Board Administrator
Pennsylvania State Board of Nursing
PO Box 2649
Harrisburg, Pa. 17105-2649

RE: Reference no: 16A-5124 CRNP General Revisions

I am writing to comment on the CRNP regulations that are being proposed in order to better advocate for our patients and make quality health care available and affordable to Pennsylvania citizens.

I am a Certified Adult-Psychiactric-Mental Health Nurse Practitioner working in a large private practice, in-patient hospital settings, skilled nursing facilities, and assisted living homes for 2 ½ years. Currently the estimated waiting time to access a Psychiatrist in Pennsylvania is six months or longer. In the event a person is experiencing a mental health problem time is essential to prevent further deterioration or crisis situation, which poses a danger to themselves or others Early access and intervention is key, and also a cost effective way to prevent hospitalizations, and worsening conditions, which incurs costs to the individual through lost wages and productivity, and directly effects our State and Federal budget for health and mental health care.

1. Increase patient access to health care

The adult and elderly populations I serve are being adversely effected by the restrictions and limitations placed on my scope of practice by the current Pennsylvania Rules & Regulations. There is no evidence that these restrictions have been necessary or effective, in fact they have further limited health and mental health care and early prevention.

Currently under CRNP regulations 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. This regulation is in direct contradiction with Governor Rendell's Health Care Reform, Act 48. It limits access to health and mental care, delays early diagnosis and treatment and places unnecessary pseudo-supervisory burden on physicians in Family Practice and specialty areas that are already in short supply. In accordance with Governor Rendell's health care reform, Act 48 we need reform our current regulations to allow Nurse Practitioners to evaluate, diagnose and treat within our scope of practice and training in order expedite health and mental health care for

our citizens. This would mean removal of the current 4:1 NP physician ratio from the current regulations. A true collaboration between a Physician and Nurse Practitioner is one that works now in health care and is necessary for safe, effective, quality health care for our citizens in the future.

2. ***Schedule II Prescribing:***

Currently, our regulations for prescribing schedule II medications disrupt continuity of care for our patients and families and create an economic hardship for them. Our patients do not need a duplication of services with limited schedule II prescribing. This regulation is a huge inconvenience to patients and physicians, forcing patients to make multiple trips to the pharmacy and providers, and places an unnecessary burden on busy physicians to write another prescription for a 30 day supply as well. This regulation also raises the cost of the prescription by requiring the patient to pay a co-pay for a 3 day supply with then another with a 30 day supply or an inflated price for the 3 day supply. Patients are resorting to utilizing emergency room services for pain relief and this creates unnecessary financial burden and inappropriate utilization of resources for our community.

Some physicians raised concerns regarding NPs prescribing Schedule II medications due to the addictive nature of some of these medications. I would like to address this concern first by stating that most NPs have had educational and clinical training in addictions and are usually first line in identifying and diagnosing abuse and dependence of opioids, stimulants, alcohol, or other illicit substances. In addition, once identified action is taken, education of the client, referral to treatment options and alternative non-addictive medication would be prescribed. Also, among my colleagues, an attempt to notify multiple prescribers of addictive medication is made and these prescribers. Existing safe guards are in place at pharmacies, clinics and hospitals to detect and reduce patient risk for abuse and dependence who are prescribed schedule II medications. Pharmacists and providers will not renew prescriptions before the re-fill date according to DEA guidelines. There is no evidence that addiction rates have increased when NPs prescribe schedule II medications, and further I feel if NPs were prescribing they would be more vigilant in identifying abuse or addiction and are more than capable of assisting the patient in their recovery process due to our professional training and experience.

Currently NP's are able to prescribe medications that require patient frequent blood levels and have the potential of becoming fatal if achieve toxic levels, and other schedule III medications currently prescribed by NPs that equally require close monitoring due to the potential outcome of becoming potentially fatal to patients. The State of PA does not need another regulation to duplicate regulating agencies and safe guards already in place to ensure the health and safety of its citizens in restricting NPs to a 72 hour only rule for schedule II medications. This regulation is yet another barrier to access to health care and is counterproductive to what Governor Rendell intended with the passing of Act 48 in 2007. We need to allow full prescriptive authority to allow NPs to prescribe this class of medication from 72-hour prescription to a 30-day

prescription to provide full access for safe, quality and health care and remove this restrictive regulations on Schedule II medications. This will help CRNP's fully manage their patients' needs more effectively and efficiently in relation to cancer treatment and care, palliative care, trauma cases, chronic pain management, behavioral / psych-mental health care.

3. ***Schedule III & IV Prescribing:***

This provision will allow CRNPs to prescribe schedule III & IV medications from a period of 30-days up to 90-days. This is more convenient for the patient and would allow CRNPs will to participate fully in their patients' insurance pharmacy benefit plan, which saves consumers excessive co-payments and helps to coordinate their medication needs.

CRNP are both advocates and providers for safe, quality and cost effective health and mental health care and I appreciate your review and consideration to change the current regulations to reflect the goals of Governor Rendell's Act 48 for real health care reform now and in the future.

Sincerely,

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