Steffanic, Ann

From:

ST, NURSE

Sent:

Wednesday, December 10, 2008 3:44 PM

To:

Steffanic, Ann

Subject:

FW: Letter Regarding 16A-5124: CRNP General Revisions

----Original Message----

From: Lenore K. Resick [mailto:resick@duq.edu]

Sent: Monday, December 08, 2008 5:59 PM

To: ST, NURSE Cc: resick@duq.edu

Subject: Letter Regarding 16A-5124: CRNP General Revisions

December 7, 2008

Ann Steffanic Board Administrator State Board of Nursing P.O. Box 2649 Harrisburg, Pa 17105-2649

Letter Regarding 16A-5124: CRNP General Revisions

Dear Ms. Steffanic:

I write to you to express support for the proposed regulatory revisions to amend Pennsylvania Code Chapter 21, Subchapter C (16A-5124: CRNP General Revisions).

Nurse-managed health centers are a crucial part of the Commonwealth's health care safety net, and we provide care to many patients who have difficulty accessing primary care physicians.

The proposed revisions to Pennsylvania's CRNP regulations will help our center provide high-quality primary care to low-income and underserved people in a more efficient way. By removing the 4:1 maximum NP-to-physician ratio that currently exists in the regulations, we will have less difficulty finding enough physicians who are willing to enter into collaborative agreements with the CRNPs in our health centers. We will also potentially save money, as we generally pay each collaborating physician a fee in exchange for his or her services.

In addition, the proposed regulations will help us provide better, more cost-effective care to low-income patients who need Schedule II, III, and IV drugs. Current regulations that restrict CRNPs' ability to prescribe Schedule II, III, and IV drugs create a special financial burden for our low-income patients, who must refill their prescriptions (and pay the associated co-pays) more often than patients of physician-run safety net clinics. Revising regulations regarding CRNP prescriptive authority with regard to Schedule II, III, and IV drugs will help relieve an unnecessary financial burden on low-income and Medical Assistance-eligible patients who use nurse-managed health centers as their source of primary care.

In addition to these specific comments, I would also like to note that I support these proposed changes in their entirety. If adopted, these changes will help nurse-managed health centers provide care to Pennsylvania's low-income and vulnerable populations more efficiently and effectively.

Thank you for the opportunity to submit these comments to you. If you have

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any questions, please feel free to contact me at 412-396-522 α Sincerely,

Lenore (Leni) K. Resick, PhD, CRNP, FNP-C
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