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Ann Steffanic
Board Administrator
Pennsylvania State Board of Nursing
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HARRISBURG, PA

December 6, 2008

Dear Ann Steffanic,

I am writing on behalf of myself and other nurse practitioners who are currently facing obstacles that limit our available to serve the needs of our patient population base. My patient population consists of primarily the Latino Community in center city Allentown and center city Bethlehem and their mental health issues. My colleagues are two MD, psychiatrists, who work with me on a part time basis. Our patient population consists of children age 8 and up to the geriatric 85+ years old.

The first limitation is the prescribing of Schedule II drugs for more than 72 hours. We see many patients in crises; the population will come to us first before the hospital because of the trust that our organization has built within the local communities. Because I am working at the clinic full time, I am assigned the new patients first. The adolescence population with a diagnosis of ADHD can only receive a 3 day script of a stimulant from me. Consequently, they have to be scheduled for office visits every 3 days until one of the MD can fit them into the schedule usually in 4 to 6 weeks. If they run out of medication over the weekend, the patients will utilize the emergency room to obtain new prescriptions. This represents an unnecessary drain of resources on their insurance company and ultimately from the taxpayers' pocket in the commonwealth. A large sum of money could be saved if the Schedule II prescribing privileges were extended to 30 days

The second limitation is the 30 day supply of Schedule III and IV drugs. All of my patients are Medicare or Medicaid patients. A three dollar co-pay may not seem like a major problem to you but there are times when my patients cannot afford the \$3.00 co-pay. The option of a 90 day supply would lessen the financial burden for my patients, increase compliance because now they can afford their medications, and reduce the repeated hospitalizations that occur because they ran out of medications. Again, it is another money saving measure for the people who live in the commonwealth of PA and more specifically for my patients who depend on me for their health care needs.

I ask you to support the new regulations and give NPs the ability to practice to their full potential. Keeping the regulations unchanged is counterproductive to what Governor Rendell intended with the passing of Act 48 in 2007 and a waste of scarce, dwindling resources. Do not let the fear tactics of the PA Medical Society intimidate you into rejecting the passage of 16A-5124 CRNP General Revisions.

I thank you for your time in this very important matter.

Sincerely,



Richard P. Solga CRNP