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1 December 2008

Ann Steffanic
Board Administrator
State Board of Nursing

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STATE BOARD OF NURSING

Dear Ms. Steffanic,

On behalf of the Laurel Highlands Nurse Practitioner Association, we offer our support for the proposed regulations regarding CRNP practice in Pennsylvania. Our organization represents over 70 nurse practitioners in Bedford, Cambria and Somerset counties. We work in areas such as family practice, emergency rooms, psychiatry, Veteran's Administration clinics, pediatrics, nursing homes, gynecology, hospitals and academia. We see patients across the life span and handle acute as well as chronic conditions.

We specifically support the expansion of the time period we are allowed to prescribe Scheduled Drugs. Schedule II medications include those needed for acute and chronic pain, end-of-life pain management and attention deficit disorder. A 72 hour limit on these medications causes a hardship for our patients who need them. The Scheduled III and V drugs include those used for pain, insomnia, anxiety, depression and neuropathy - certainly problems that Nurse Practitioners handle on a daily basis. When we can only write for a 30 day supply, our patients cannot use the popular mail-order pharmacy plans or take advantage of the 90 day plan available through Giant Eagle and Wal-Mart.

When the nurse practitioner has to locate a doctor to prescribe these medications for the required time period, the patient often has a delay in receiving their prescriptions or they have to make separate appointments and pay additional co-pays at the drug store and the office. We need to change these limits to offer better, more efficient care for our patients.

We also do not feel a written collaborative agreement is necessary to practice. A verbal agreement is less restrictive and more dynamic for all parties concerned. There is not a "one size fits all" agreement that would work for everyone and with advances and changes in medicine and diagnostics available, the agreement would have to be constantly changed.

We would also like to see the removal of the 4:1 nurse practitioner to physician ratio. Practitioners who work in federally qualified health professional shortage areas, Planned Parenthood clinics, rural health centers and free clinics are affected by this antiquated regulation. This ration can inhibit access to care for some of our most needy patients.

Thank you for your consideration,

Lorrie Borrell, CRNP

Lorrie Borrell, CRNP
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