

2860

Carolyn Nickey
621 Gooseville Rd.
New Oxford, PA 17350

RECEIVED
IRRC

2010 AUG 30 A 9 18

August 24, 2010

Chairman Arthur Coccodrilli
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

RE: Department of Health Final-Omitted Regulation (#10-191/IRRC # 2860)

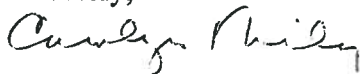
Dear Chairman Coccodrilli:

As a Certified Registered Nurse Practitioner (CRNP) in the state of Pennsylvania who provides care to the residents of HCR-Manorcare at Kingston Court in York, Pennsylvania, I would like to express my strong support of the final-omitted regulation entitled "Physician Assistants and Certified Registered Nurse Practitioners" as issued by the Department of Health. I urge the Independent Regulatory Review Commission (IRRC) to approve this regulation when it is considered at the September 16th meeting.

As noted by the department, the scope of practice of non-physician health care practitioners, such as Certified Nurse Practitioners, (CRNP's) has been expanded over time to increase the quality care and contain or reduce health care costs. CRNP's that practice in nursing homes provide quality health care to the residents under their care. They are burdened by the onerous provision that this final-omitted regulation will amend. Removing the inflexible seven day physician counter signature requirement of CRNP documentation in the nursing home setting and allowing the physician and nurse practitioner the flexibility to collaboratively determine the level of oversight needed is in the best interest of our residents. Removing barriers like these will free CRNP's to concentrate on providing the highest quality care.

I appreciate the Departments efforts in reaching out to the nursing home industry to develop this regulatory package. The CRNP's employed at Heartland Care Partners request that the IRRC approve this final-omit regulation. I thank you in advance for your action in this very important matter.

Sincerely,



Carolyn Nickey
Certified Registered Nurse Practitioner
Heartland Care Partners, a division of HCR ManorCare

2860

Lisa Stanton
423 El Vista Drive
Hanover, Pa .17331

RECEIVED
IRRC

2010 AUG 27 A 9 31

August 24, 2010

Chairman Arthur Coccodrilli
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

RE: Department of Health Final-Omitted Regulation (#10-191 / IRRC #2860)

Dear Chairman Coccodrilli:

As a Certified Registered Nurse Practitioner (CRNP) in the state of Pennsylvania and as one who supervises multiple CRNPs provide quality care to the residents of the HCR-ManorCare facilities across the Commonwealth, I would like to express my strong support of the final-omitted regulation entitled "Physician Assistants and Certified Registered Nurse Practitioners" as issued by the Department of Health. I urge the Independent Regulatory Review Commission (IRRC) to approve this regulation when it is considered at the September 16th meeting.

As noted by the Department, the scope of practice of non-physician health care practitioners, such as Certified Nurse Practitioners (CRNP's) has been expanded over time to increase access to quality care and contain or reduce health care costs. CRNP's that practice in nursing homes provide quality health care to the residents under their care. They are burdened by the onerous provision that this final - omitted regulation will amend. Removing the inflexible seven day physician counter signature requirement of CRNP documentation in the nursing home setting and allowing the physician and nurse practitioner the flexibility to collaboratively determine the level of oversight needed is in the best interest of our residents. Removing barriers like these will free CRNPs to concentrate on providing the highest quality care.

I appreciate the Departments efforts in reaching out to the nursing home industry to develop this regulatory package. The CRNPs employed by Heartland Care Partners request that the IRRC approve this final-omit regulation. We thank you in advance for your for your action in this very important matter.

Sincerely,

Lisa Stanton, MSN, CRNP

Lisa Stanton MSN, CRNP

Heartland Care Partners, a division of HCR ManorCare

2860

Sue Morey
3000 Windmill Road
Sinking Spring, PA 19608

RECEIVED
IRRC

August 23, 2010

2010 AUG 25 A 9 23

Chairman Arthur Coccodrilli
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

RE: Department of Health Final-Omitted Regulation (#10-191 / IRRC #2860)

Dear Chairman Coccodrilli:

On behalf of the Certified Registered Nurse Practitioners that provide quality care to the residents of the HCR-ManorCare facilities across the commonwealth, I would like to express my strong support of the final-omitted regulation entitled "Physician Assistants and Certified Registered Nurse Practitioners" as issued by the Department of Health. I urge the Independent Regulatory Review Commission (IRRC) to approve this regulation when it is considered at the September 16th meeting.

As noted by the Department, the scope of practice of non-physician health care practitioners, such as Certified Nurse Practitioners (CRNP's) has been expanded over time to increase access to quality care and contain or reduce health care costs. CRNP's that practice in nursing homes provide quality health care to the residents under their care that they serve. They are burdened by the onerous provision that this final -omitted regulation will amend. Removing the inflexible seven day requirement of CRNP's in the nursing home setting and allowing the physician the flexibility to determine the level of oversight needed based on the needs of the resident is in the best interest of our residents. Removing barriers like these will enable nursing homes to ensure the delivery of services to our residents providing our residents with the highest quality of care.

I appreciate the Departments efforts in reaching out to the nursing home industry to develop this regulatory package. I offer the support of our 46 Skilled Nursing Facilities and the 7500 residents they serve each and every day and ask that the IRRC approve this final-omit regulation. Thank you for your attention to this very important matter.

Sincerely,



Sue Morey, VPGM
Eastern Division HCR ManorCare

2860

August 18, 2010

RECEIVED
IRRC

2010 AUG 23 A 9 13

Chairman Arthur Coccodrilli
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

Dear Chairman Coccodrilli:

I am writing in support of eliminating the co-signature requirement for CRNP's working in the long term care (LTC) setting on behalf of our NewCourtland staff and our long term care residents who will ultimately gain the most from this regulation.

The CRNP is permitted to prescribe medications and write treatment orders, both of which are instituted for the resident prior to the physician's co-signature. The supervising physician has up to seven days to co-sign the CRNP's order. In my experience as a nurse, a physician will almost always co-sign the original CRNP's order as the treatment and care has already been discussed collaboratively and instituted for the resident's benefit. CRNP's are increasingly providing the day to day medical supervision and care which is so urgently needed in the LTC setting. We need to empower and support them.

The co-signature requirement also adds to the excessive paperwork that already exists in caring for LTC patients, and requiring this redirects medical records personnel and a physician's time away from patient care.

Thank you for your time and attention to this matter.

Sincerely,



Kathie K. Brogan, RN, BSN, MSN, MSHEd.
NewCourtland, Chief Nursing Officer

2860

August 18, 2010

RECEIVED
IRRC

2010 AUG 23 A 9 13

Chairman Arthur Coccodrilli
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

Dear Chairman Coccodrilli:

I am writing in support of eliminating the co-signature requirement for CRNP's working in the long term care (LTC) setting on behalf of our NewCourtland staff and our long term care residents who will ultimately gain the most from this regulation.

The CRNP is permitted to prescribe medications and write treatment orders, both of which are instituted for the resident prior to the physician's co-signature. The supervising physician has up to seven days to co-sign the CRNP's order. In my experience as a nurse, a physician will almost always co-sign the original CRNP's order as the treatment and care has already been discussed collaboratively and instituted for the resident's benefit. CRNP's are increasingly providing the day to day medical supervision and care which is so urgently needed in the LTC setting. We need to empower and support them.

The co-signature requirement also adds to the excessive paperwork that already exists in caring for LTC patients, and requiring this redirects medical records personnel and a physician's time away from patient care.

Thank you for your time and attention to this matter.

Sincerely,



Marie Savard, MD
NewCourtland Corporate Medical Director



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IRRC

2010 AUG 20 P 1:35

2860

August 20, 2010

Chairman Arthur Coccodrilli
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, Pa. 17101

RE: Physician Assistants and Certified Registered Nurse Practitioners
IRRC #2860

Dear Chairman Coccodrilli:

PACAH, an affiliate of the County Commissioners Association of Pennsylvania, is an association representing all county and many other non-county nursing facilities. We are pleased to lend our strong support for the Department of Health's Final Omitted Regulation titled "Physician Assistants and Certified Registered Nurse Practitioners". This regulation will end the mandated co-signatures requirements for nurse practitioners to be accomplished within seven days.

This is a regulatory change that has been a long time in coming and recognizes the professional nature and clinical skills level of the physician assistant and certified registered nurse practitioner. Requiring this signature is redundant, serves no purpose and is time consuming. We urge the Independent Regulatory Review Commission to approve this final-omit regulation.

Thank you for the opportunity to comment.

Sincerely,

A handwritten signature in black ink that reads 'Michael J. Wilt'.

Michael J. Wilt
Executive Director

17 North Front Street, Harrisburg, PA 17101
Phone: (717)232-7554 • Fax: (717)232-8390
www.pacahpa.org

An Affiliate of the County Commissioners Association of Pennsylvania

Cooper, Kathy

2860

From: Mike Wilt [MWILT@pacounties.org]
Sent: Friday, August 20, 2010 12:29 PM
To: IRRC
Cc: Smith, James M.
Subject: IRRC - CRNP.doc
Attachments: IRRC - CRNP.doc

RECEIVED
IRRC

2010 AUG 20 P 1:35

PACAH comments on CRNP.

Did you receive acceptably?

Thanks

Mike Wilt

"The future of long term care"



Pennsylvania Health Care Association

315 North Second Street • Harrisburg, PA 17101
(717) 221-1800 • (717) 221-8687 FAX • www.phca.org

August 16, 2010

Chairman Arthur Coccodrilli
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

RECEIVED
IRRC
2010 AUG 19 A 8 28

RE: Department of Health Final-Omitted Regulation (#10-191 / IRRC #2860)

Dear Chairman Coccodrilli:

On behalf of the Pennsylvania Health Care Association (PHCA) and its nearly 300 long term care members, I would like to express our strong support of the final-omitted regulation entitled "Physician Assistants and Certified Registered Nurse Practitioners" as issued by the Department of Health (Department). PHCA/CALM urges the Independent Regulatory Review Commission (IRRC) to approve this regulation when it is considered at the September 16th meeting.

As noted by the Department the scope of practice of non-physician health care practitioners, such as Certified Nurse Practitioners (CRNPs), has been expanded over time to increase access to quality care and contain or reduce health care costs. CRNPs that practice in nursing homes provide quality health care to the residents under their care that they serve. However, they are burdened by the existing provisions that this final-omitted regulation will amend. Removing the inflexible oversight requirements of CRNPs in a nursing home setting and allowing the physician the flexibility to determine the level of oversight needed based on the needs of the residents in the facility, is in the best interest of nursing home residents and will allow for greater flexibility in delivering quality care in a timely fashion. Removing barriers like these will enable nursing homes to better ensure the delivery of services that provide residents with the highest quality of care.

We applaud the Department for their efforts in reaching out to stakeholders in developing this regulatory package. We offer our full support and ask that the IRRC approve this final-omit regulation. Should you have any questions or wish to discuss this issue further, please do not hesitate to contact me.

Sincerely,

Anne M. Henry
Chief Operating Officer

Cc: Ms. Melanie Waters, Director, Bureau of Facility Licensure and Certification
Senator Pat Vance, Majority Chair, Senate Public Health and Welfare Committee
Senator Vince Hughes, Minority Chair, Senate Public Health and Welfare Committee
Rep. Frank Oliver, Majority Chair, House Health and Human Services Committee
Rep. Matt Baker, Minority Chair, House Health and Human Services Committee

2860



From: Lisa Witherite-Rieg [lisawr64@gmail.com]
Sent: Wednesday, August 11, 2010 9:54 PM
To: IRRRC
Subject: IRRRC #2860

**RECEIVED
IRRC**

2010 AUG 12 A 9 01

Dear Mr. Coccodrilli,

I am writing in opposition to Regulation IRRRC #2860, eliminating the need for the collaborating physician to co-sign orders and notes by a physician assistant or a nurse practitioner in a skilled nursing setting.

I respect the education and training these physician extenders have achieved, but I also recognize that our residents in skilled nursing facilities are the frailest of the frail and require the highest level of care we can provide them.

The collaboration between physicians and other primary care providers, I feel, provides that highest level of care. Eliminating the need for review of the orders/notes written by the provider as evidenced by a physician cosignature would jeopardize the integrity of that collaboration. As a hospice medical director and associate medical director of a skilled nursing facility, I see how vitally important the team approach to care becomes for our residents.

Not a day goes by that I do not learn from the physician assistants I have the honor to work with. Hopefully, the PAs that work with me feel the same.

Continue to provide our elders with this team approach to their healthcare.

Sincerely,

Lisa Witherite-Rieg, D.O.
Family Practice Physician

2860



From: landisdk@enter.net on behalf of landisdk [landisdk@enter.net]
Sent: Saturday, August 07, 2010 8:39 PM
To: IRRRC
Subject: Co-signatures in long term care

Please allow nurse practitioners in long term care to work to her / his full potential. Physician collaboration should not require co-signature when each specialty provides its own professional care.

RECEIVED
IRRC
2010 AUG -9 A 10:16

2860

From: Karina Dussinger [duss109@yahoo.com]
Sent: Sunday, August 08, 2010 11:22 AM
To: IRRC
Subject: Removing Co-signatures in LTC settings

RECEIVED
IRRC

2010 AUG -9 A 10:16

I would just like to write to SUPPORT the change in regulations where a physician needs to co-sign the CRNP's orders, notes, etc. I have been a CRNP in the LTC setting for the last 7 years, and of all the DOH regulations on CRNP's, this one is the most ridiculous. As CRNP's, we are able to see patients in hospital, office, and out patient settings without physician co-signatures, so why should LTC facilities be any different? I would estimate that at least one hour of my day is spent photocopying orders and tracking down the physicians to co-sign them. The physicians get very annoyed by this and even have considered pulling out of LTC altogether because of the amount of paperwork and strict regulations. I love what I do but my job and the time I have to give to my residents would be 100% improved without this regulation. Thank you for your time. Sincerely,
Karina Dussinger, CRNP

2860

From: Jill Buterbaugh [buterbaughJS@bedfordsurgical.org]
Sent: Monday, August 09, 2010 9:41 AM
To: IRRC
Subject: IRRC No=2860

RECEIVED
IRRC

2010 AUG -9 A 10:16

I am emailing my comments on IRRC No=2960 in regards to the elimination of requiring cosignatures on orders and progress notes in nursing home facilities for certified registered nurse practitioners and physician assistants.

I am completely in support of this regulation and feel it will better serve the residents in these facilities. As a provider to these residents, I know that timely care is sometimes delayed as the staff cannot implement the orders given at the time the residents are seen. Sometimes the physicians are simply too busy to review and co-sign the notes or orders in a timely manner and care can be delayed resulting in increased severity of condition or needing longer treatment.

I work in a rural area and do all the nursing home consultations and follow up visits for the General Surgeon I work for. I feel I am well trained and able to care for the needs of these residents appropriately. I do pre-operative evaluations, order pre-operative testing and schedule procedures. I do all the follow up visits in the home, eliminating the requirement that the residents be transported to an office or hospital for follow up. With only 2 surgeons at our facility, they simply do not have the time to provide care at the residents. They feel if the patients need seen by them, they should be transported to the outpatient procedure unit if they are bed ridden or the office by private vehicle. Not only is it ineffective use of resources to pay for ambulance transport, it also is a burden on family who may have to take off work in order to bring them for visits. I think it is essential that I be able provide the care I am trained to give at the nursing home facilities and order the appropriate treatments and care.

Thank you for your support of this regulation.

Jill Buterbaugh RNC, MSN, FNP-BC
Bedford Surgical Associates
283 Hospital Drive
Everett, PA 15537

2860

394 West Court St
Doylestown, PA 18901
July 29, 2010

RE: Department of Health Final-Omitted Regulation (*10-191/IRRC #2860)

RECEIVED
IRRC

2010 AUG -9 A 9 49

Chairman Arthur Coccodrilli
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

Dear Chairman Arthur Coccodrilli,

I am certified as an adult and gerontological nurse practitioner who practices solely in the long term care (LTC) setting. My clinical practice is severely compromised by the restrictive regulations placed by the State on my practice. LTC is the only setting in which the 7 day countersignature is required for a nurse practitioner. Nurse practitioners who work in an office, home care, clinic or hospital are not required to obtain a countersignature for notes and orders. In an already well regulated setting, where physicians are mandated to see residents on a monthly basis, it makes little sense to restrict the practice of a nurse practitioner who can provide much needed care for our most vulnerable populations.

The current regulation not only puts undue burden on the facility but also places a great deal of added pressure on the collaborating physicians who have to sign hundreds of orders and notes a month, in addition to seeing their patients within the facility and maintaining an office practice. Nurse practitioners collaborate with their physician partners. This means we discuss/consult with the care of resident's on a regular basis with the primary care physician. That is the standard followed in all other practice settings, and it should be the standard for LTC.

Removing the requirement that a certified registered nurse practitioner's documentation on a resident's record must be countersigned by the collaborating physician within 7 days will not only help to provide smoother more efficient and effective care for our residents, but will also remove undue burden on LTC facilities and collaborating physicians.

Sincerely, *Monique Neault*
Monique Neault, CRNP
Certified Registered Nurse Practitioner
Golden Clinical Services

2860



From: Miller, Sarah E.
Sent: Friday, August 06, 2010 7:33 AM
To: IRRC
Subject: Fw: IRRC Website - New Message

RECEIVED
IRRC

2010 AUG -6 A 9 10

From: Independent Regulatory Review Commission
To: Help
Sent: Fri Aug 06 01:05:54 2010
Subject: IRRC Website - New Message



IRRC

Independent Regulatory Review Commission

A new message has arrived from the IRRC Website

First Name: Lori

Last Name: Martin-Plank, CRNP

Company:

Email: lorimpcrnp@yahoo.com

Subject: 10-191 - Physician Assistants and Certified Registered Nurse Practitioners (IRRC No.2860)

Message:

I support this regulation removing the 7 day physician countersignature requirement for nurse practitioners serving clients in the long-term care setting. The nurse practitioners are autonomous, certified providers and are accountable to resident clients, the facility, and the public. The countersignature requirement is a "rubber stamp" procedure and places the nurse practitioner and the collaborating physician in jeopardy of violating the law if it is not followed. In itself, it does nothing to insure safe, quality care to residents. Thank you for considering this matter. Lori Martin-Plank, CRNP



RECEIVED
IRRC

2010 AUG -5 A 9 12

2860

July 30, 2010

RE: Department of Health Final-Omitted Regulation (*10-191/IRRC #2860)

Chairman Arthur Coccodrilli
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

Dear Chairman Arthur Coccodrilli,

I am a Medical Records Director responsible to ensure that all medical records in our facility are in compliance. I am writing to request your support for removing the requirement that a Certified Registered Nurse Practitioner's documentation on a resident's record must be countersigned by the collaborating physician within 7 days. This requirement places an undo burden on my department and on our physicians.

It is my understanding that Nurse Practitioners practice autonomously and collaborate with their physician colleagues. As it stands now, the regulation is a duplication of work both for me and the physicians and negatively impacts our facility. Removing this requirement will not only help to provide smoother more efficient and effective care for our residents, but will also remove undue burden on LTC facilities and collaborating physicians.

Rosalie L. Caldwell

Sincerely,
Rosalie L. Caldwell
Medical Records Director

2860



creating the future of aging services for pennsylvania

August 2, 2010

RECEIVED
IRRC
2010 AUG - 5 A 9 02

Mr. Arthur Coccodrilli
Chairman
Independent Regulatory Review Commission
14th Floor, 333 Market Street
Harrisburg, Pennsylvania 17101

Dear Mr. Coccodrilli:

PANPHA, an association of more than 360 non-profit senior services providers, is writing in support of the final-omitted regulation titled Physician Assistants and Certified Registered Nurse Practitioners (ID Number 10-191). As noted in the Regulatory Analysis Form, the Department of Health seeks to remedy, with this regulation, issues brought to its attention by PANPHA and other associations. As the Department states, the current regulation places an unnecessary and broad restriction on how the Certified Registered Nurse Practitioners (CRNP), the collaborating physician, and the nursing home determine the specifics of their relationship, and results in a barrier to a nursing home resident's access to qualified health care practitioners and increased health care costs.

Under the current regulation, a collaborating physician must countersign a CRNP's documentation on a resident's record within seven days. Under this amended version of this regulation, a physician must cosign when appropriate. This change would remove constraints that were previously placed on the relationship between CRNPs and collaborating physicians and allow for CRNPs to be utilized in a more efficient way, in accordance with their training and the Professional Nursing Law. The Department states that the regulation will result in a reduction of existing, unnecessary and burdensome recordkeeping and paperwork requirements.

PANPHA recognizes the overall benefits that this regulation would have on nursing homes, physicians, CRNPs, and, of course, the residents we serve. Once again, we would like to reiterate our full support for the Physician Assistants and Certified Registered Nurse Practitioners final omit regulation number 10-191. We are confident that the results of this regulation will positively impact residents in nursing homes across the Commonwealth.

Respectfully Submitted,

W. Russell McDaid
Vice President of Public Policy
PANPHA, *An Association of Non-Profit Senior Services*

2860

From: Torchia, Michael D. [MDTorchia@york-county.org]
Sent: Wednesday, August 04, 2010 11:56 AM
To: IRRC
Cc: Frazer Buntin (fbuntin@silvercaresolutions.com); Chris Hilton (chilton@silvercaresolutions.com)
Subject: Co-signature Requirements for CRNP's in Long Term Care

RECEIVED
IRRC

2010 AUG -4 P 1:26

August 4, 2010

Chairman Arthur Coccodrilli
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

Dear Chairman Coccodrilli:

I am writing in support of eliminating the co-signature requirement for CRNP's working in the long term care (LTC) setting and respectfully ask you to grant consideration to the following arguments in support of taking this step on behalf of CRNP's and nursing and administrative staff who care for patients in the LTC setting:

The CRNP is permitted to prescribe medications and write treatment orders both of which are instituted for the patient prior to the physician's co-signature. As I understand, the supervising physician has up to seven days to co-sign the CRNP's order. Yet, in the interim--prior to receiving the co-signature from the supervising physician--the nursing staff may follow the CRNP's order administering medications and treatments to the patient. Given that the supervising physician is responsible for delineating boundaries of practice for the CRNP--specifying the classes of medications the CRNP may prescribe and disease states the CRNP may treat--he/she is effectively granting approval in advance for the CRNP to write orders, make progress notes, and order treatments and tests for a patient. The co-signature itself becomes a mute point, as it really makes no sense to require a co-signature after the fact.

Having worked extensively with physician extenders--CRNP's, PA's, and Clinical Nurse Specialists--in both the LTC and out patient settings I have come to have a great deal of respect for their clinical skills. They are cautious and introspective with patient care and generally write very complete progress notes. The supervising physicians who do co-sign their orders and assessment notes rarely if ever make changes. Again, the co-signature itself becomes a mute point.

The work involved in obtaining co-signatures in the LTC setting is extensive. The CRNP's orders or progress notes must often be faxed or copied to bring them before the supervising physician. Once the co-signature is obtained the orders or notes must be re-faxed, mailed, or hand carried back to the patients chart and filed a second time. The original chart copy must then be discarded. The co-signature requirement adds to the chaos and excessive paper work inherent to caring for LTC patients, and substantially detracts from direct patient care within the LTC facility. The co-signature requirement is just not necessary, as it serves little or no purpose to duplicate supervisory responsibilities of the overseeing physician.

I thank you for your time and attention to this matter.

Respectfully Submitted,



Dr. Michael D. Torchia
Medical Director
Pleasant Acres Nursing and Rehabilitation Center

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2860

From: Schonbrunner, Michele [mschonbrunner@wellspan.org]
Sent: Monday, August 02, 2010 3:00 PM
To: IRRRC
Subject: LTC language

I am writing this letter to support removing the co-signature requirement in long term care (LTC) settings. Nurse Practitioners are competent and licensed to provide care to residents of long term care facilities without the co-signature of physicians. Removing this requirement can speed the delivery of high quality care to this group of patients.

Thank you,

*Michele P. Schonbrunner CRNP
York Gynecologic Oncology
35 Monument Road, Suite 206
York, Pa 17403
717-851-1927*

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IRRC
2010 AUG - 2 P 3 13

This e-mail has been scanned by MCI Managed Email Content Service, using Skeptic(tm) technology powered by MessageLabs. For more information on MCI's Managed Email Content Service, visit <http://www.mci.com>.

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2860

From: Karen Kepner [rkkepner@verizon.net]
Sent: Monday, August 02, 2010 10:09 AM
To: IRRRC
Cc: Susan Schrand
Subject: Long Term care regulations re: Nurse Practitioners and Physician's Assistants

To Whom It May Concern:

I am a nurse practitioner in Pennsylvania working in an independent practice. I have found that the co-signature requirement in the long-term care setting is an impediment to my practice and to those of my colleagues taking care of residents in these facilities. NPs do not need a co-signature for another other setting. This puts a burden both on our physician colleagues and on us. I am in favor of removing this barrier to NP practice. This provides our patients with further choices in care and frees our physician colleagues to do the work they are educated for.

Thank you for your assistance in this regard.

Sincerely,

Karen Kepner

Karen Kepner, MSN, CRNP

570-875-2308



Fax: 570-875-3721

RECEIVED
IRRRC
2010 AUG - 2 A 10:36

2860

From: Kelly Wukovich [kmwukovich@hotmail.com]
Sent: Saturday, July 31, 2010 7:13 AM
To: IRRRC
Subject: CRNPs in long term care

**RECEIVED
IRRC**

2010 AUG -2 A 10:36

To Whom It May Concern:

I am writing in support of omitting the need for physician co-signature on notes written by CRNPs in Pennsylvania long term care facilities and nursing homes.

Sincerely,
Kelly M. Rock, CRNP

2860

From: Cynthia Paskanik [paskanik@yahoo.com]
Sent: Sunday, August 01, 2010 5:33 PM
To: IRRC
Subject: Long Term Care Facilities

**RECEIVED
IRRC**

2010 AUG -2 A 10:36

To whom it may concern:

I am a member of the Pennsylvania Coalition of Nurse Practitioners and can see the urgent need to allow orders to be written at LTC facilities without co-signatures by physicians. I work in orthopedics and often see these patients both pre and post-operatively. My progress notes and orders now must be reviewed each time by the facility Md before they are fulfilled. This can sorely delay important treatment and can cause undue distress to patients. I can understand, in these facilities, how important timely orders effect patient care. LTC facilities can then, in turn, hire NP's on staff and have immediate response to patient care needs.

I also have personal experience. My mother, after suffering from a severe stroke, resided in a Pa. nursing facility for 12 years. These wonderful caregivers need all the support we can give them.
C. Paskanik, CRNP

2860



From: Judith Gawlikowski [jbgawlikowski@gmail.com]
Sent: Thursday, July 29, 2010 6:17 PM
To: IRRRC
Subject: Please remove cosignature requirements for Nurse Practitioners who practice in long term care facilities

Dear Chariman,
Please remove this unnecessary and burdensome requirement. It just adds a layer of complexity and difficulty to an already over burdened system.
Please allow Nurse Practitioners to practice at the top of their license. It will do all of Pennsylanvania a lot of good to let NP's provide quality primary care.
It will do our health care system a lot of good to eliminate burdens. PLease support this
Judi Gawlikowski

--
Judi Gawlikowski

RECEIVED
IRRC
2010 JUL 30 A 8:59

2860



From: Roberta Wood [rwoodnp@hotmail.com]
Sent: Thursday, July 29, 2010 10:42 PM
To: IRRC
Subject: LTC Regulation

RECEIVED
IRRC

2010 JUL 30 A 8:50

Dear Chariman IRRC:

I am a Nurse Practitioner who has worked in long term care and find that without allowing Nurse Practitioners the autonomy to care for this fragile population, they suffer from waiting for care. Physicians are only required to come in once a month and that doesn't cover when elderly get sick. I have worked in another state where all my orders do not have to be cosigned. I found that patients and families alike were glad to have quality care at their fingertips when loved ones were ill. If I felt it was something I needed assistance with I always called my collaborating MD to help.

With the number of Baby Boomers coming of age we will need more qualified providers to care for them. By allowing the orders to be acted on without a co signature means improved continuity of care. Allow Pennsylvania NP's to provide the care that other states have proven is desperately needed. Give our aging seniors the care they deserve.

Thank you for your consideration and caring.

Sincerely,

Roberta L. Wood, CRNP.

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2860

From: wdilks@dejazzd.com
Sent: Thursday, July 29, 2010 8:29 PM
To: IRRC
Subject: #10-191 / IRRC #2860

RECEIVED
IRRC

2010 JUL 30 A 8:50

Dear Chairman Arthur Coccodrilli

I am a nurse practitioner working daily in LTC facilities. Some of these facilities are moving toward paperless charting which makes my job much more difficult and I suspect that this is going to be a trend for more facilities to go paperless. I am writing progress notes or printing progress notes from a system to be counter signed, once done the facility has to keep a chart for me to file my counter signed notes. This is a huge amount of extra work for me and the facilities, it also creates more expense for both. With the shortage of providers, poor economics, and a daily demand of my time please remove the need for counter signed items.

I thank you in advance for your consideration.
Sincerely
William Dilks, CRNP

2860

From: Doris Yoder [dyoder@embarqmail.com]
Sent: Wednesday, July 28, 2010 7:07 PM
To: IRRC
Subject: Please vote for Legislation to remove the requirement that nurse practitioner documentation in LTC resident records be countersigned within 7 days.

Importance: High

Chairman Arthur Coccodrilli
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17101

RECEIVED
IRRC
2010 JUL 29 A 10:30

Dear Chairman Coccodrilli:

I am a nurse practitioner who has worked in the LTC arena for the past 6 years. This regulation is unnecessary and is a hinderance to providing timely care the our residents. Thank you for voting to remove this regulation and improve the efficiency of care to this needy population.

Sincerely,

Doris Yoder CRNP
Elizabethtown, PA 17022

A message from the listserv, list.aanp.org. Please be considerate of everyone's time when replying by remembering the following:

1. Use the !! FORWARD!! function when replying to the original sender by copying their email address into the !! TO!! field.
2. Using the !! REPLY!! or !! REPLY ALL!! function will send a response to the entire listserv.

2860

From: Christine Poppe [ccaakp@verizon.net]
Sent: Wednesday, July 28, 2010 6:47 PM
To: IRRC
Subject: Cosignatures in SNF

Chairman Arthur Coccodrilli,

Please continue to pursue legislation that will change the regulation requiring a physician co signature in Skilled Nursing Facilities. NP's work under a collaborating agreement with physicians and have our own licenses and accountability. This proposed change is worthwhile, and will increase access to care. The legislation will allow physicians more time to provide care and be more productive in their own practice. Thank you for your time and consideration in this very important advancement to health care.

Christine Poppe CRNP

RECEIVED
IRRC
2010 JUL 29 A 10:30

2860

From: Kathy Flamm [kcflamm@verizon.net]
Sent: Thursday, July 29, 2010 10:20 AM
To: IRRRC
Subject: nurse practitioner use in LTC facilities

Dear Chairman Coccodrilli:

I am an adult CRNP that regularly visited LTC patients in a LTC facility for an internal medicine practice I loved rounding on these unique patients and was able to establish close bonds with the staff and families of these patients.

However, my clinical practice at this facility was severely compromised by the restrictive regulations placed by the state on my practice.

It would have been a significant help to the physicians I worked with if I could have been more independent there, collaborating as necessary by phone, or face to face conference and eliminating the need for the physician to visit the facility just to co-sign my notes.

I strongly believe that care of these fragile patients would be significantly improved if CRNP's would have more freedom to provide the care they are trained to provide without restrictive regulations imposed by the state. In addition, I know that the workload of physicians would be decreased by removing the need to make a purely administrative visit to the facility. to co-sign notes.

Thank you,

Kathy Flamm, MSN,CRNP

RECEIVED
IRRC
2010 JUL 29 A 11:14

2860



From: MZP [mzp@atlanticbb.net]
Sent: Thursday, July 29, 2010 10:29 AM
To: IRRC
Subject: Home health co-signature

Dear Sir:

I am a certified registered nurse practitioner and have been in nursing since 1979. I can tell you that most nurses want all of their patients to have as much health care as they can – whether or not it is the best course of action, whether or not it is the most cost-efficient manner to approach the problem, or whether or not the care has been proven effective. I am currently studying in a doctoral program and I am appalled at the number of un-informed “professionals” who do not use evidence as the base of their decisions. Advanced practice nurses (of which I am) are typically well-trained, concerned health care providers. But they should not be “practicing medicine” without the over sight of a physician. Please do NOT sign the bill that removes the physician co-signature from ordering home health care for patients. Thank you.

Mary

http://www.kaiseredu.org/topics_im.asp?imID=1&parentID=61&id=358

Mary Z. Polito CRNP, MSN
Doctoral Student
814-322-7862 cell
814-255-7718 home & fax
mzp@atlanticbb.net

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IRRC
2010 JUL 29 A 11: 14