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Havertown, PA 19083  
November 9, 2008

INDEPENDENT REGULATORY  
REVIEW COMMISSION

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

Dear Ms. Stefanic,

I am writing to you in support of proposed revisions to CRNP rules and regulations, specifically reference number: 16A-5124 CRNP General Revisions.

I have been a certified Adult Oncology Nurse Practitioner for 6 years, and have been a Registered Nurse for 33 years. I have attained my BSN and MSN, and have achieved certifications as an Adult Nurse Practitioner, Advanced Oncology Certified Nurse, and Certified Hospice and Palliative Care Nurse. I have obviously completed the necessary education, including the necessary pharmacology course, to attain my credentials. I attend annual Oncology Nursing Society meetings, and complete more than the required hours of Continuing Education because I love to learn as much as I can to maintain proficiency and excellence. I am employed by Consultants in Medical Oncology and Hematology, a private practice physician practice in the suburban Philadelphia area. I work many extended hours to provide excellent care to our patients in both inpatient and outpatient settings. I am a dedicated Oncology CRNP!

As healthcare professionals, we know that accurate patient assessment includes PAIN as the 5<sup>th</sup> Vital Sign. Current literature provides numerous references that support the fact that oncology patients have CHRONIC pain. In our quest to provide excellent care that meets the needs of our patients, obviously we need to control CHRONIC pain. As an Oncology CRNP, I am challenged and restricted on a DAILY basis by the current restrictions in CRNP regulations regarding Schedule II, III, and IV prescribing.

My patients are not served well with a 72-hour Schedule II narcotic prescription, as they obviously consistently have a requirement for pain management for much longer than 72 hours. Patients are then forced to return to the office and the pharmacy in 72 hours to obtain more medication. This leads to additional expense for patients, both at our office and at the Pharmacy with co-pays, and wastes the valuable time of patients and ALL involved healthcare professionals. For example, I provide care to a 68 year old female, initials M.C., who has had Stage IV Lung Cancer with bone metastases for 6 years! She is amazing because she has survived for so long on her journey with cancer, but she has chronic and severe bone pain, and has required narcotics to control her pain for 5 years. Should we really expect that she will need to return to the office or Pharmacy within 72 hours of obtaining a prescription for Percocet?

My patients are not served well with a 30- day supply of Schedule III or IV medication, as many patients have 90-day prescription plans. For example, my patient, S. R., who has had advanced ovarian cancer for 3 years, uses Ativan to help control her nausea. Should we expect that she pay 2 additional co-pays every 3 months, because I can only prescribe a 30-day supply of Ativan? Patient

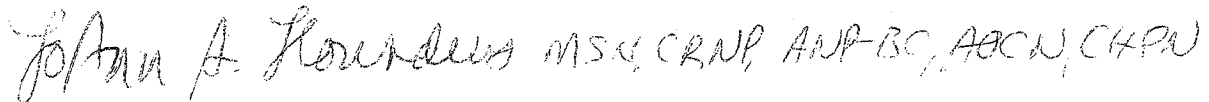
hardship (expense, time away from family or work, uncontrolled pain) ensues with the current regulations. Therefore, the new proposed revisions, allowing me to prescribe a 30-day prescription for Schedule II medications, and a 90-day prescription for Schedule III and IV medications, are vital to appropriate pain management and care of oncology patients.

CRNPs have obviously completed the necessary requirements to attain the credential. To restrict CRNP prescribing of certain medications beyond the limitations of other healthcare providers implies to me that some fear that CRNPs may not abide by current standards of care. CRNPs are licensed professionals who should be expected to abide by standards of care and to practice evidenced-based prescribing, same as all healthcare providers. CRNPs should be allowed to practice within their full scope of education and training.

An interesting fact regarding prescribing privileges is that Pennsylvania allows PHYSICIAN ASSISTANTS to prescribe a 30-day supply of Schedule II controlled substances in certain instances. For example, Pennsylvania regulations state: "A physician assistant may write a prescription for a Schedule II controlled substance for up to a 30-day supply if it was approved by the supervising physician for ongoing therapy". My employer previously employed a Physician Assistant. She has not attained nearly the same education as I have. She does not have a Master's Degree or specialty certifications, as I do. Yet, she is allowed to prescribe a 30-day supply of pain medication, and I currently cannot!

I applaud the members of the Pennsylvania State Board of Nursing for addressing this most important matter. The proposed revisions will have a direct impact in allowing CRNPs in Pennsylvania to manage pain appropriately, and improve care of patients and their caregivers.

Sincerely,

A handwritten signature in black ink that reads "Jo Ann A. Flounders" followed by a list of credentials: "MSN, CRNP, ANP-BC, AOCN, CHPN". The signature is written in a cursive style.

Jo Ann A. Flounders MSN, CRNP, ANP-BC, AOCN, CHPN