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November 16, 2008

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

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INDEPENDENT REGULATORY
REVIEW COMMISSION

Dear Ms. Steffanic,

I am writing in regards to recently proposed regulations of the State Board of Nursing that affects the practice of licensed nurse practitioners in Pennsylvania. Specifically I am writing to confirm my support of the removal of the 4:1 CRNP to Physician ratio, the allowance of 30-day prescriptions for Schedule II controlled substances, and the allowance of 90-day prescriptions for Schedule III and IV drugs.

Currently I am working in a hospital based outpatient pain clinic. Certified as a family nurse practitioner, I have been specializing in pain management since November 2002 and have worked as a nurse practitioner since September 2000. It is fascinating to look back at the progress that has been made over the past 8 years as I obtained prescriptive authority when I was working with a Doctor of Osteopath. The effect it had on my patients in regards to being able to offer appointments when the physician was in another suite doing pain procedures was phenomenal. No longer did my patients have to accept inconvenient appointments and then wait for the physician to sign prescriptions for anti-depressants and simple analgesics.

Unfortunately, due to current regulations regarding Schedule II, III and IV medications this is still an issue. It is challenging at best when the physician is away at a medical conference or on vacation to provide patients with medications to control pain. Other patients have to pay additional co-pays for Schedule III and IV medications because I am unable to write for a 90-day supply so they can take advantage of a mail order savings. As I'm sure you are aware, persons with chronic pain may be disabled and have very limited financial resources.

For patients with chronic pain, Schedule II opioids are often the only option to allow for decrease suffering and increase quality of life. At Meadville Medical Center's Department of Comprehensive Pain Care the nurse practitioner or physician assistant in close collaboration evaluates new patients with the physician. Treatment plans are determined and adjustments made pending the patient's response. Once a patient is stable, it is within the scope of practice of the CRNP to renew those medications. Authority to write for only 72 hours of medication is not conducive to good medical practice and can result in additional costs for co-pays.

Another reason to remove barriers for nurse practitioners is the shortage of pain management physicians. Many local primary care physicians are unwilling to prescribe adequate analgesics. This may be due to lack of training in medical school or just discomfort of prescribing scheduled drugs. Unfortunately, uncontrolled pain results in inappropriate expensive emergency room visits. Nurse practitioners are needed to fill the gaps to improve access to care.

Thank you for considering my concerns.

Best regards,

Diane M. Horneman MSN, CRNP

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