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2008 DEC -3 AM 9: 52

INDEPENDENT REGULATORY REVIEW COMMISSION

Patterson Cancer Care Center

at Charles Cole Memorial Hospital

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PA State Board of Nursing Reference no: 16A-5124 CRNP General Revisions

To whom it may concern,

I am writing in reference to the proposed changes in the CRNP regulations. I have been working in Oncology for 15 years, the past three years as a CRNP. I have worked in rural areas for my entire career. My most recent position is at the Patterson Cancer Center in Coudersport. Potter County is known as "God's Country". It is a beautiful rural area. We are associated with Charles Cole Memorial Hospital. It has a critical access designation and many of the primary care offices are rural health clinics.

In March of 2008 the cancer center lost its full time oncologist. Unable to attract a full time oncologist due to the location we now have an oncologist one day a week. I was hired as a full time CRNP primarily due to my oncology background. I deal with cancer patients at all points in their disease from diagnosis to hospice care. As you can imagine pain management is a critical part of my daily practice. The 72 hour restriction on schedule II narcotics is particularly problematic in my patient population. I usually initiate pain medication and then discuss it with the physician on his day in the office. Unfortunately this means that the patient must come back in for the 30 day prescription with yet another copay. This becomes a burden both financially and physically because many of the patients in the practice travel some distance to our cancer center. The physician has always been very supportive of the decisions I make in his absence. He is also available by phone at his full time practice in New York, if I have any concerns. The proposed change to allow me to prescribe a 30 day, schedule II narcotics will greatly improve patient care in the cancer setting.

I also see medical patients with an Internest. A portion of his patients use 90 day mail order for their chronic conditions. Many say they don't have a choice but to use mail order, due to insurance requirements, others use 90 day prescriptions due to the financial benefit. Allowing CRNP's the ability to prescribe for these patients helps take the burden off the primary care doctors. It also allows the patient the opportunity to have their medications delivered at home, with less frequent refills while being more cost efficient.

The proposed changes in the CRNP regulations are important to my patient population. They will help with continuity of care and also help with the financial burden that is often overwhelming during cancer treatment.

Sincerely, Tammy Huey MSN, CRNP, NP-C

James Aug MSN, CANP NP-C