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Millie Cappa, MSN, CRNP, AOCNP
230 West Washington Square, 2nd Floor
Philadelphia, Pennsylvania
December 3, 2008

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INDEPENDENT REGULATORY
REVIEW COMMISSION

Ann Steffanic
Board Administrator
Pennsylvania State Board of Nursing

RE: 16A-5124 CRNP General Revisions

Dear Ms. Steffanic:

I am a Certified Nurse Practitioner working with adult cancer patients in Philadelphia, and I am writing to express my support for the proposed rulemaking package that will affect the regulations of nurse practitioners.

Currently, I am unable to prescribe more than three days worth of narcotics for my cancer patients. In essence, this means that I am unable to fully meet their needs for pain control. My collaborating physician must therefore write all the prescriptions for schedule II drugs. In practice, this becomes an enormous burden not only for staff, but sadly for our patients and their families as well. If my collaborating physician is busy or unavailable, our patients or their caregivers must wait until he can write the prescription. When many of our patients have so little time left, why should they be forced to wait for a prescription that I am capable of writing?

My collaborating physician and I work together to help many patients afflicted with cancer, and we are committed to providing the very best care possible. As an Advanced Oncology Certified Nurse Practitioner, I have had formal education in pain management and have met the requirements regarding advanced pharmacology coursework as mandated by the State Board of Nursing. My collaborating physician relies on me to help assess and manage pain for our patients, and they in turn expect, and deserve, that we meet their pain needs with expert and efficient care. If I work together with my collaborating physician to develop a successful pain treatment plan for a patient, why can I not prescribe thirty days worth of that narcotic? Why should the physician be the only person who can prescribe the narcotic, when I am intimately involved in the patient's care, and they look to me to help them?

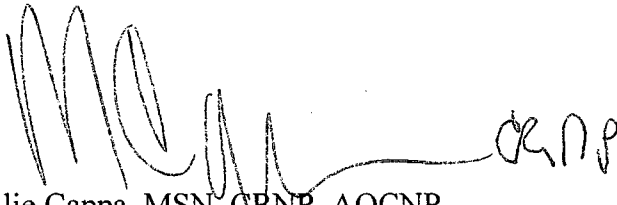
The other proposed rule, that allowing CRNP's to prescribe 90 days worth of schedule III and IV medications is also important. When medication co-payments are already a tremendous financial burden for many of our patients, especially the elderly, why can I not write a three-month supply they can mail for the price of one co-payment, and help them save money they can use for other purposes, such as food or transportation to the clinic?

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I truly believe that the proposed rule changes represent an important step forward for certified nurse practitioners in the State of Pennsylvania. More importantly, if approved as final, these changes will help me to better serve the cancer patients I strive to care for on a daily basis.

I urge you to approve the proposed rulemaking.

Sincerely,

A handwritten signature in black ink, appearing to read 'Millie Cappa', followed by a horizontal line and the letters 'CRNP' written in a stylized, cursive font.

Millie Cappa, MSN, CRNP, AOCNP
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