

AMERICAN SOCIETY FOR
Pain Management

Nursing

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July 15, 2010

The Honorable Herbert Kohl
US Senate
Washington, DC

Dear Senator Kohl,

The American Society for Pain Management Nursing (ASPMN) is a non-profit organization that seeks to advance and promote optimal nursing care for people affected by pain by promoting best nursing practices. We are writing in regards to the U.S. Drug Enforcement Administration's heightened regulation for dispensing prescriptions in long-term care facilities resulting in increased risk for harm to patients in pain. We believe that there is an urgent need to change DEA rules to avoid unnecessary pain and suffering by the patients in these facilities, and for the understanding and acknowledgement of the role nurses play in those facilities.

Pain is the number one public health problem in the United States. For the two million people that live in this nation's long-term care facilities, pain management is a quality of life and functional issue for 40-85 percent of them. Patients have the right to receive timely treatment to manage their pain in order to avoid unnecessary suffering. Everyone has the right to timely treatment of pain and to be protected from the unnecessary ills of withdrawal. Those medications needed to effectively manage pain should not be withheld by delays in paperwork and red tape. The DEA has historically permitted nurses to take prescribing physicians or nurse practitioners' orders verbally, or to transcribe from medical charts. This is similar to the procedures used in hospitals. Hospital procedure designates nurses to be the agent of the prescribing physician or nurse practitioner. The Quality Care Coalition for Patients in Pain found that in long term care facilities, there were delays in long term care of one to two days or more in people receiving opioid/ narcotic medications for pain with the enforcement of DEA rules. In the transfer from hospital to nursing home, the medication orders should transfer over to the nursing home without delay in care. Continuation of opioid medication by telephonic order of the prescribing provider as transcribed by the registered nurse should be accepted by pharmacies for the 48 hours allowed in hospitals prior to prescriber signature. It is unfortunate that this procedure that has worked well in long-term care facilities, and is more in line of what the practice should be, is now being penalized instead of being incorporated into regulations.

For more than a year the country has been in deep debate about how to make our health care system better and more accountable to the patients. In this case, adding barriers to best practices instead of incorporating them into accepted procedure is clearly going in the wrong direction. More importantly, it causes unnecessary suffering by those in pain. If nurses are required to spend time wading through paperwork instead of attending to their patients we are limiting their critical primary role. Even worse, to have nurses stand by without adequate methods to control the patient's pain limits our professional ability. As I am sure you know, nurses are often the direct interface between the patient, caregiver, family, and healthcare provider and provide for the safe administration of medications across care settings through careful reconciliation of medications.

The mission of ASPMN is to advance and promote optimal nursing care for people affected by pain by promoting best nursing practice through education, standards, advocacy, and research. **ASPMN respectfully requests that you continue to seek DEA rule changes in regards to prescription authority within long-term care facilities to alleviate unnecessary patient suffering by granting nurses within those rules the same authority in long-term care facilities that they currently have in hospitals.**

We applaud your past and continued efforts in finding a solution to this issue that is in the best interest of the patient. Please feel free to contact me if I may be of assistance.

Respectfully yours,

A handwritten signature in cursive script that reads "Theresa A. Grimes".

Theresa Grimes, MN, RN-BC, FNP-BC, CCRN
President ASPMN