



The Arkansas Nurse Practitioner Association
880 Stokenbury
Elkins, AR 72727
February 16, 2015

Representative Stephen Magie
House of Representatives
Arkansas Legislature, 2015

Dear Representative Magie,

The Arkansas Nurse Practitioner Association cordially informs you that our Board of Directors has unanimously agreed that ANPA officially opposes HB1136. Our analysis has led the Board of Directors of ANPA to instead support HB1165. Our endorsement of HB1165 is based on the necessity to update outdated laws regarding the prescription of Schedule II drugs, in order to more fully provide the care that the residents of Arkansas require. Your bill, ***HB1136 will not serve the patients who may be suffering and their caregivers and families who must watch or share their suffering.***

- *ANPA Supports the Gonzales bill HB1165*
- *ANPA Opposes the Magie bill HB1136*

ANPA supports our APRN colleagues in Arkansas who are concerned that patients who are under their direct care, are currently receiving delayed and fragmented care. Where Schedule II medications are often required, the needs and suffering can be devastating. Some of these needs are listed below:

- Palliative care (cancer pain, terminal illness care). Hydrocodone is ineffective for terminal illnesses and acute pain.
- Oxycodone and morphine are essential Acute injury/illness care in the ED – musculoskeletal injuries, such as broken bones, dislocations, or crush injuries; and other acute severe pain situations, such kidney stone passage
- Oxycodone, often necessary for hydrocodone intolerance Neurology
- Belladonna opium suppositories are often used in post-operative renal transplants
- In pulmonary treatment, Methadone, Morphine and Oxycodone are medications of choice
- Attention Deficit Hyperactivity Disorder and Attention Deficit Disorder - Below is an excerpt from Stimulant Medications - Economic Policy Brief (Darling, 2010)

"The Arkansas prevalence of ADHD is 9.8%, which is higher than that of the U.S. rate in the under 18 age group (CDC, 2003). This amounts to approximately 49,000 of the 700,000 Arkansas children in this age group who are thought to suffer from ADHD

(Pastor & Reuben, 2008; U.S. Census Bureau, 2008). ADHD impairs academic, social, and occupational functioning in both children and adults (Barkley, Fischer, Smallish, & Fletcher, 2006; McGough et al.: 2005; Pliszka, Bernet, & Bukstein et al., 2007). Arkansas has 6.7 psychiatrists/100,000 persons and 59 primary care physicians per 100,000 persons, limiting the screening, diagnosis, and ongoing treatment of individuals with ADHD (U.S. Department of Health and Human Services, 2004). To effectively reduce the burden of ADHD in Arkansas, all available health care resources must be identified, fully optimized, and deployed to confront escalating healthcare and social costs. Medication management is an essential component of effective treatment for ADHD/ADD.” (Darling, 2010)

Cost Burden of non-stimulant medications: The treatment for ADHD/ADD with the non-stimulant Strattera, is currently not on most insurer’s formularies. Insurers are requiring that a stimulant medication be prescribed as a replacement for the non-stimulant medication Strattera. This frequently leaves patients untreated.

It has been well documented that APRNs prescribe Schedule II medications safely and that 43 states already have laws in place that enable APRNs to prescribe them. Arkansas APRNs already have a history of prescribing hydrocodone safely for 20 years.

Finally, we are uncertain if the laws regulating the DEA permit the exclusion of all but hydrocodone products. The DEA currently has no classification system to single-out hydrocodone containing medications only.

We will appreciate your commitment to doing the Right Thing for the residents of Arkansas by withdrawing HB1136 and endorsing instead HB1165.

Respectfully,

Katherine Darling

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DNP, FNP-C, PMHNP-C, APRN
On Behalf of the Arkansas Nurse Practitioner Association

Cc: ANPA Board, House of Representative members of the Public Health and Welfare committee, the Arkansas Hospital Association, the Arkansas Board of Nursing, Arkansas Nurses Association and the Arkansas Board of Medicine

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