



P.O. Box 105228 • Jefferson City, Missouri 65110

Telephone (573) 636-4623

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September 24, 2007

Dear Colleague,

MONA supports legal authority to allow Advanced Practice Registered Nurses (APRNs) in Missouri to practice to the full scope of their knowledge and skill, including prescribing Schedule II-V controlled substances as described in a collaborative practice agreement with a physician.

By signing this letter of support, you agree to work to remove current restrictions and allow APRNs to prescribe controlled substances under a collaborative practice agreement with a physician. Your organization's name may be used in a list to promote passage of legislation allowing APRNs the above authority.

Please mail your letter of support to MONA, P.O. Box 105228, Jefferson City, MO 65110 or fax to 573.636.9576.

We look forward to hearing from you soon!

Sincerely,

Jill Kliethermes, APRN, BC, FNP

Chief Executive Officer



MO APRN PRESCRIPTIVE AUTHORITY COALITION

LETTER OF SUPPORT

To Support the Missouri APRN Prescriptive Authority Coalition

Our organization supports legal authority to allow Advanced Practice Registered Nurses (APRNs) in Missouri to practice to the full scope of their knowledge and skill, including prescribing Schedule II-V controlled substances as described in a collaborative practice agreement with a physician.

Advanced Practice Registered Nurses, who have education beyond the basic nursing education and are certified by a nationally recognized professional organization, are qualified to safely and effectively prescribe medications, including controlled substances. APRNs provide high quality patient care and provide cost-effective access to care. The current restriction on Missouri APRNs in prescribing controlled substances negatively impacts Missouri citizens. Patients are better served when APRNs and physicians work together collaboratively to improve access to healthcare in Missouri.

By signing this letter of support, we agree to work to remove current restrictions and allowing APRNs to prescribe controlled substances under a collaborative practice agreement with a physician. Our organization's name may be used in a list to promote passage of legislation allowing APRNs the above authority.

We understand that by signing this form we are not committing to provide specific financial contribution to this legislative effort, nor are we supporting any one organizational member on the list.

Signature and title of individual authorized to sign for the organization

Date _____

Organization Name _____

Address _____

City/Zip _____ E-Mail _____

Phone _____ Fax _____

Contact Person _____

Please mail or fax to: Missouri Nurses Association (MONA)

1904 Bubba Lane, P.O. Box 105228

Jefferson City, MO 65110-5228

(573) 636-9576 or email to Lisa at lisa@missourinurses.org