

Testimony in Support of SB 533
March 26, 2013
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Chair Beyer and member of the committee: Thank you for the opportunity to submit written testimony in support of SB 533.

As an Adult Nurse Practitioner (ANP), I independently provide health care to adolescents and adults. In Oregon, Nurse Practitioners have earned a broad scope of practice similar to that of a physician. We are independently responsible and accountable for the continuous and comprehensive management of a broad range of healthcare including prescribing, dispensing, and administrating therapeutic devices and measures, including legend drugs and controlled substances as provided in Division 56 of the Oregon Nurse Practice Act, consistent with the definition of the practitioner's specialty category and scope of practice.

SB 533 extends the amount of time Nurse Practitioners (NPs) can treat work injuries in the state of Oregon. Currently, NPs can only treat workers compensation patients for 90 days. After 90 days, we are forced to transfer our patients to a physician if continued care is necessary. The current 90 day limitation impacts the following key areas:

- 1 Access to care
- 2 Continuity and cost of care
- 3 Quality of care

Access to Care

The Dalles has a population of about 13,000 and is a catchment area for work related injuries hundreds of miles east. Our patient population includes employees of three hydroelectric dams, two major railroads, marine welding, and manufacture, a large railroad tie plant, and some of the Oregon's largest orchards. This burden is spread between three providers, two physicians and me.

In Oregon's smaller communities, like The Dalles, the wait times for specialty care can be months, therapies can be weeks, and imaging can be days. The current 90 day limitation for NPs to treat workers compensation patients is inefficient, wasteful, and creates significant barriers to care in our community. As a result, my physician colleagues become overloaded with cases that are either stuck in deferred status, or are complex long-term injuries. They are therefore not able to see any new patients, which has a hugely negative impact on a region of thousands of heavy industry workers.

Continuity and Cost of Care

We know that while many work related injuries are themselves not complex with regard to pathophysiology, the coordination of care for work injuries is essential in returning a patient to work as quickly and safely as possible. This includes referrals to specialists, obtaining imaging and therapy, and relaying information to the claims adjuster. The role of the NP in this regard, just as is the same for an attending physician, is essential. Without a primary healthcare provider managing the claim, work gets repeated and time is wasted, all of which prolongs a claim and becomes extremely costly. Since more complicated claims tend to go on for more than 90 days, failure in this aspect of care coordination typically occurs at this juncture. While, at best a patient can be transferred to a physician within a single office allowing for a complete explanation of the patients care, most patients must be seen in another office. Office transfers often result in loss of records, repetition of specialty visits or diagnostics, delay in return to work, and increased cost to the system.

Quality of Care

Claims lasting more than 90 days are likely the more complex injuries. For example, a patient who was involved in an accident while repairing a home after fire damage and fell through two floors, broke a ceiling beam with his chest, and landed on a concrete floor. I met with this patient on a frequent basis and he underwent intensive physical therapy, which I at times personally supervised, in order to return him to work in a safe and prompt fashion. We developed an effective relationship and, working closely with his employer, established reasonable modified duty goals. Despite this, at 90 days I was forced to surrender his care to a provider who sent him back to immediate full duty. This re-aggravated his original injuries and resulted in significant time loss.

Another patient of mine was involved in an accident when a wind turbine tower collapsed. This accident killed a co-worker, injured another, and narrowly missing killing the patient himself, as he was nearly crushed with tons of debris falling over 200 feet. After working closely with this patient to establish a relationship through frequent visits and specialist care, we were able to establish a diagnosis of PTSD and to safely return him to work. In a few weeks, I will be forced to transfer this patient, against his will, to another provider, with whom he will have to build a new therapeutic relationship with for essentially no medically sound reason.

While these are exceptional cases, they are an accurate illustration of the fact that providing high quality care is beneficial to our patients and to their employers. Limiting NP practice to 90 days is detrimental to this process in a number of ways.

Many providers avoid workers compensation patients because they are seemingly complex and there is an inherent level of bureaucracy involved with their management. However, in reality, the patient, provider, claims adjuster, and employer all want the same outcome, to have the patients injury resolved and have them returned to regular work as soon as possible. An arbitrary limit on Nurse Practitioners authority to complete this process does not improve outcomes in any way and places an undue burden on all parties, especially patients.

The State of Oregon places no legislative limit on the authority of an NP to practice in nearly any setting other than workers compensation. SB 533 will help rectify this inconsistency will provide improved access to care, better quality care, and improved results for both patients and employers.

I urge you to support SB 533.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Soffer', written on a light-colored rectangular background.

Jonathan R. Soffer ANP