Oral Testimony of Kathleen A. Cook, CRNA, MS

For the Oregon Association of Nurse Anesthetists

Before the Oregon Senate Health Care and Human Services Committee

March 25, 2013

In support of SB 136

Chair Monnes Anderson and Esteemed Members of the Oregon Senate Health and Human Services Committee:

Thank you for allowing me to speak in support of Senate Bill 136 that advocates the authorization of Certified Registered Nurse Anesthetists to write prescriptions. Please be advised that the testimony I express at this hearing today is solely based upon my own knowledge and thoughts.

I would like to recognize that SB 136 does not expand the scope of practice of Certified Registered Nurse Anesthetists (CRNAs). I urge you to pass this legislation to allow nurse anesthetists to have prescriptive authority in order to facilitate anesthesia care for the citizens of the State of Oregon.

Currently, under state and federal mandates, CRNAs are recognized to select, order and administer medications. This requires that each CRNA possess extensive education in pharmacology, medications and medication therapy. The education of the nurse anesthetist goes beyond knowledge of pharmacotherapeutics. Pharmacology for nurse anesthesia students (SRNAs) is taught akin to the medical model. SRNAs study pharmacodynamics (what the drug does to the body), pharmacokinetics (what the body does to the drug), and pharmacotherapeutics in their educational programs.

CRNAs perform the tasks of drug selection and administration daily for every patient they anesthetize. This is a mandatory part of clinical practice and is part of the development of the anesthetic plan of care. Based upon their education and training, CRNAs have done so for years without patient safety issues or public concerns. Thus, working with medications is not a new skill or service for CRNAs.

I have been a CRNA since 1987 and for the entire 25 year period I have been involved in nurse anesthesia education. I have participated in the education of nurse anesthesia students, both clinically and didactically, administratively and on a national level. I can state with certainty that CRNAs educated at every accredited nurse anesthesia educational program throughout the United States are subject to the same stringent requirements of the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). The COA is recognized by the United States Department of Education and the Council for Higher Education Accreditation as the sole accreditor of nurse anesthesia educational programs. The current educational requirements have been in place since the 1998 adoption of the entry into practice requirement for a master degree. Nurse anesthesia educational programs are required to provide a minimum of 105 hours of pharmacology education alone integrated throughout the average 27 month (Masters Degree level) to 36 month (Doctoral degree) educational process to become a CRNA.

In addition to the pharmacology requirement, nurse anesthesia education also requires a minimum of 135 hours of anatomy, physiology and pathophysiology, and, a minimum of 105 hours devoted to basic and advanced principles of anesthesia practice. This is relevant because pharmacologic knowledge and discussion is woven throughout the entire curriculum. The courses pertaining to the principles of anesthesia tie everything together – the patient assessment and the physiology and pathophysiology related to the disease or disorder the patient is being treated for are related to the anesthetic implications. All of this knowledge is synthesized and processed into an anesthetic plan of care and it is because of this process that we believe the knowledge of pharmacologic principles is one of the backbones of our education.

How can adding prescriptive authority help the current health care process? This authority would allow CRNAs the opportunity to obtain medications from a pharmacy to assist with surgical or anesthesia-related side effects such as nausea or anxiety. The lack of prescriptive authority puts some patients at risk because of a weak continuum of care or a delay in process, such as surgeon unavailability.

Adding a prescriptive authority option also allows for additional safety and accountability with use of all medications. Drug Enforcement Administration (DEA) regulations currently allow Oregon CRNAs to select, order and administer controlled substances without the CRNA obtaining an individual DEA registration. The CRNA instead acts as an agent or employee of a DEA registrant. If a CRNA were to obtain

prescriptive authority, the CRNA would be required to obtain individual DEA registration, thereby making DEA accountability the direct responsibility of the CRNA.

Granting CRNAs the ability to obtain prescriptive authority will help ensure and improve access to high quality, cost-effective healthcare for Oregonians based on the needs of the local clinical setting.

CRNA prescriptive authority is good public policy, particularly given Oregon's role as a leader in healthcare transformation. Thank you for your time.