



MEMORANDUM

To: Sen. Monnes Anderson, Chair, Senate Health Care and Human Services Committee
Sen. Kruse, Vice-Chair, Senate Health Care and Human Services Committee
Members of Senate Health Care and Human Services Committee

From: Bryan Boehringer, OMA Government Affairs
Courtnei Dresser, OMA Government Affairs

Date: March 25, 2013

Re: Opposition to SB 136

SB 136 authorizes certified registered nurse specialists (CRNAs) to prescribe prescription drugs, including controlled substances in Schedules II-V. CRNAs play an integral role in the delivery of safe and essential anesthesia care for patients across Oregon. However, the OMA is concerned that extending prescribing privileges will threaten the health and safety of these same patients.

In Oregon, CRNAs provide anesthesia services in every setting in which anesthesia is delivered, including traditional hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers as well as the offices of dentists, podiatrists, ophthalmologists, plastic surgeons and pain management specialists. The provision of anesthesia is generally an acute care service in which the CRNA likely does not have a long term relationship with the patient. CRNAs are trained to provide necessary post anesthesia care while the patient is at the facility where the procedure was performed. By allowing prescribing of narcotics on an ongoing basis, this bill essentially expands the CRNA's relationship outside the facility and goes beyond the scope of their usual education and experience. Without specialized training and established patient relationships, the OMA is concerned that CRNA prescribing of narcotics will lead to inappropriate prescribing with potentially lethal side effects and medication dependency.

In addition, this bill expands prescribing authority to a wider group of practitioners at a time when the state, via a grant from the National Governor's Association, is evaluating the overuse and abuse of prescription opioids. One area of focus in the effort to reduce the abuse and overuse of opioids is prescribing habits. Adding additional providers with narcotic prescribing authority does not achieve the goal of reducing prescription abuse and overuse, and may well make the problem worse.

Washington State passed a similar law in 2005 to allow CRNAs to prescribe narcotics and saw only limited registration to prescribe in the years following the passage of the bill; approximately two-thirds of all CRNAs chose not to obtain prescriptive authorityⁱ. Washington CRNAs chose not to obtain this authority for the following reasons: (1) the existing provision to "select, order and administer

medications” provided the necessary support for their practice (44%), (2) 35% of the CRNAs surveyed did not want to prescribe and another 11% relied on other medical providers, such as physicians, to prescribe. When asked about narcotic prescriptions, the majority (52.5%) responded that they had “no need” to prescribe controlled substances. Based on these results, the OMA does not see a benefit to extending prescriptive authority to CRNAs; additionally, the OMA was not contacted prior to the introduction of this bill by its sponsors to discuss the need and problem this bill remedies.

Thank you for the opportunity to provide testimony. We urge you to oppose SB 136 to ensure the safety and health of all Oregonians and aid in the effort to reduce opioid abuse.

ⁱ Kaplan L, Brown MA, Simonson, D. CRNA Prescribing Practices: The Washington State Experience. AANA Journal. 2011; 79(1): 24-29.