

Testimony of Fawn Barrie
for the Oregon Association of Nurse Anesthetists
Before the House Committee on Health Care

May 8, 2013

In support of SB 136 A

Chair Greenlick and Members of the Committee:

My name is Fawn Barrie and I am here today representing the Oregon Association of Nurse Anesthetists, or ORANA. I offer this written testimony in support of SB 136 A, which I urge you to move out of Committee for the benefit of Oregonians.

ORANA seeks the passage of SB 136 A to ensure that prescriptive authority is an available healthcare tool to Oregon Certified Registered Nurse Anesthetists (CRNAs), as regulated by the Oregon State Board of Nursing. Currently, CRNAs are the only group of Advanced Practice Registered Nurses (APRNs) in Oregon lacking prescriptive authority. The National Council of State Boards of Nursing has developed an APRN Consensus Model that calls for all APRNs, including CRNAs, to have prescriptive authority to better meet the healthcare needs of patients. And the Oregon State Board of Nursing, particularly its Advanced Practice Consultant, has been urging Oregon CRNAs to pursue prescriptive authority, which actually is not a new skill or service for CRNAs.

Even though ORANA is seeking the optional authority to prescribe drugs, prescriptive authority would not be a new skill for CRNAs. CRNAs receive an excellent academic and clinical foundation in pharmacology during their education. Oregon CRNAs currently are authorized to independently select, order and administer medications, including prescription drugs, within the care setting. Every day, CRNAs are selecting, ordering and administering prescription medications to Oregonians throughout our State as those patients undergo various healthcare procedures. But because CRNAs lack prescriptive authority, they cannot offer their patients the opportunity to obtain medications from a pharmacist for use before or after a procedure – perhaps to ease anxiety, for example, or to alleviate anesthesia-related nausea. SB 136 A offers a way to fill that gap in a limited fashion and prudently expand the continuum of time and place within which CRNAs can provide patients with necessary medications.

Just as SB 136 A does not involve a new skill, SB 136 A is not a new concept from a statutory perspective. Rather, SB 136 A is modeled after the existing ORS 678.390, which authorizes nurse practitioners and clinical nurse specialists to prescribe drugs. ORS 678.390 also authorizes nurse practitioners and clinical nurse specialists to seek drug dispensing, but CRNAs are not seeking dispensing authority. Also, compared with existing ORS 678.390, which again authorizes nurse practitioners and clinical nurse specialists to prescribe drugs, SB 136 A is more limited in scope in that it authorizes CRNAs to prescribe only a 10-day supply of medication with no refills.

Enabling Oregon CRNAs to seek prescriptive authority from the Oregon State Board of Nursing will ensure that CRNAs can practice to the fullest extent of their scope, commensurate with their education, training and competencies. The prescriptive authority would be optional, thereby allowing CRNAs to be responsive to the healthcare needs of the communities they serve. Ensuring that CRNAs can practice to the fullest extent of their scope is wholly consistent with healthcare reform initiatives. Indeed, a report released by the Institute of Medicine in October 2010 found that expanding the role of nurses in our nations' healthcare system will help us meet the growing demand for medical services. That report urges the removal of barriers that hinder nurses – including APRNs like CRNAs – from practicing to the full extent of their education and training. Nurses as a whole, including APRNs like CRNAs, should be a major part of the solution to Oregon's healthcare issues.

On behalf of ORANA, I urge you to support SB 136 A and thank you for your time and your service.