



Testimony in Support of SB 8

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House Health Care Committee

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Nurse Practitioners in Oregon provide primary and specialty care with full prescribing authority, including controlled substances. Oregon's Nurse Practice Act describes the prescriptive authority of Nurse Practitioners to allow for *"prescribing, procuring or authorizing use of legend drugs, controlled substances, therapeutic devices, and other measures, and dispensing drugs consistent with the individual's scope of specialty practice and competency"*. All Nurse Practitioners are also authorized to distribute pre-packaged sample medications, regardless of their practice setting.

Restrictions on dispensing medications have been a barrier to practice for Nurse Practitioners, and can be a barrier to access for patients.

Under current law, Nurse Practitioners with prescriptive authority who wish to hold dispensing authority must submit an application to the Oregon State Board of Nursing (OSBN). Current statute requires that the applicant *"demonstrate a lack of readily available access to pharmacy services"* and show that the *"grant of dispensing authority would correct this access"*. As part of this application process, the Nurse Practitioner must complete a dispensing program jointly developed by the OSBN and the Board of Pharmacy. When a Nurse Practitioner applies for dispensing authority, the OSBN is required to notify the Board of Pharmacy, and issues a second notification to the Board of Pharmacy if and when the application is approved.

If the OSBN receives a complaint about a Nurse Practitioner related to dispensing, the OSBN must again notify the Board of Pharmacy, which then has the ability to do an inspection.

Medications dispensed by Nurse Practitioners must be prepackaged by a pharmacy or manufacturer registered with the Board of Pharmacy. SB 8 would not change that requirement.

Many practice sites where NPs are providing care to patients would benefit from removing the current restrictions to Nurse Practitioner dispensing. Patients cared for in immediate care settings are often seen during extended clinic hours, at times which do not allow easy access to pharmacies, or patients may not have transportation that allows access to a pharmacy, even in urban areas. Additionally, pharmacies may not be open at the time the patient needs medication, or patients may not have sufficient financial resources to purchase medications.

As we look to ways to increase patient access to care eliminating unnecessary barriers is important.

Please support passage of Senate Bill 8.