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OREGON ASSOCIATION OF NURSE ANESTHETISTS

SUPPORT SB 136 with the -7 amendments: OREGON 2013 REGULAR SESSION

Nurse Anesthetists Seek Prescriptive Authority

What important changes do the amendments make?

CRNAs would be able to prescribe 10 days worth of medications to their clients/patients as needed for specific needs. Allowing the patient to continue a relationship with their primary care provider, allowing for an organized approach to medication management.

CRNAs would not have the ability to dispense drugs. Dispensing would not be necessary given the environment CRNAs work in.

The current practice environment:

Oregon certified registered nurse anesthetists (CRNAs) currently lack authority to prescribe medications, meaning they cannot offer patients the opportunity to obtain medications from a pharmacy to assist with surgical or anesthesia-related side effects such as nausea or anxiety. This lack of prescriptive authority puts some patients at risk for a poor continuum of care.

Granting CRNAs the ability to obtain prescriptive authority will enable CRNAs to practice to the fullest extent of their scope, commensurate with their education, training and competencies. The prescriptive authority will be optional, thereby allowing CRNAs to be responsive to the particular healthcare needs of the communities they serve.

CRNAs are the only group of Advanced Practice Registered Nurses (APRNs) in Oregon lacking prescriptive authority.

CRNAs receive an excellent academic and clinical foundation in pharmacology during their anesthesia educational programs. CRNAs continue developing their expertise and skills within their scope of practice as their careers progress. CRNAs seek legislation that would allow the Oregon State Board of Nursing to regulate the foundational and continuing education requirements for obtaining and maintaining prescriptive authority.

Adding a prescriptive authority option allows for additional safety and accountability of all drugs including narcotics. 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 authority to obtain prescriptive authority will help ensure and improve access to high quality, cost-effective healthcare 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.

From the desk of
Senator Monnes Anderson