



Oregon Society of Anesthesiologists

TO: Chair Monnes Anderson
Members of the Senate Committee on Healthcare

FR: Kate Ropp, MD
President, Oregon Society of Anesthesiologists

Sabrina Riggs
Lobbyist, Oregon Society of Anesthesiologists
sabrina@daltonadvocacy.com

RE: Opposition to SB 128

The Oregon Society of Anesthesiologists (OSA), which is a professional statewide organization of physician anesthesiologists committed to promoting the highest level of safety and value for our patients and the highest quality of anesthesia care, would like to submit the below comments in regarding our opposition and concerns with SB 128.

Despite attending several meetings between the Oregon Board of Medical Imaging, Radiation Protection Services and the Oregon Nurses Association over the interim, we are still unclear on the underlying problem this bill is trying to solve. Repeatedly, we heard claims of a lack of rural access, but those claims were not substantiated despite multiple requests.

Largely, the OSA's concern about CRNA/APRN-performed interventional pain procedures can be boiled down to the amount of training received. Anesthesiologists who specialize in interventional pain management have completed an additional one or two years of intensive education following four years of residency that includes subspecialty rotations in pain management, as well as training during medical school. Other physicians who use fluoroscopy for procedures on the spine are neurosurgeons, orthopedic surgeons and board-certified pain physicians. Each member of these specialties has received substantial training under the guidance of physician experts during residency and fellowships. Learning and performing the procedures in question occurs while being mentored by board-certified physicians who are licensed to perform fluoroscopy.

Nurse anesthetists and other APRNs have no hands-on training requirements for interventional pain management or surgical rotations during their nursing curriculum. Meaning, they would be performing injections, burning nerves in extremely close proximity to the spinal cord with insufficient training, and exposing patients and their fellow providers to unnecessary and unsafe amounts of radiation. For the safety of the patient and provider alike, these procedures should only be performed and supervised by a physician with advanced training. It is critical to note that if a physician assistant is involved in fluoroscopy, it must always be done under the supervision of a physician.

In addition to the risk for patients undergoing procedures, radiation from fluoroscopy poses an increasing risk to operating room personnel. As recognized by peer-reviewed studies, personnel are subjected to increased rates of thyroid cancer, cataracts, and other cancers¹. There is a growing movement to decrease this risk, known as ALARA (As Low As Reasonably Achievable). The risk to the patient and to operating room personnel needs to be overseen by professionals specifically educated in how to reduce that risk. To date, this has been assigned to the radiation technologist and the provider using the image to complete the procedure. Assigning this supervision to a CRNA or other APRN, who does not receive formal radiation training during nursing school, would be a distraction from monitoring the patient and would result in an additional patient safety risk.

The OSA respectfully asks you to oppose this broad scope expansion. There has been no evidence presented of a shortage of physicians to supervise fluoroscopy in rural areas of the state. If evidence were to be generated, it is critical that this information is carefully reviewed. A patient that lives in a rural area deserves the same standard of safe care as patients who live in urban locations.

¹ :Manchikanti, Laxmaiah, Kim A. Cash, Tammy L. Moss, Jose Rivera, and Vidyasagar Pampati. "Risk of Whole Body Radiation Exposure and Protective Measures in Fluoroscopically Guided Interventional Techniques: A Prospective Evaluation." *BMC Anesthesiology* 3, no. 1 (2003): 2. doi:10.1186/1471-2253-3-2.
<https://bmcanesthesiol.biomedcentral.com/articles/10.1186/1471-2253-3-2>