



OREGON ASSOCIATION OF ORTHOPAEDIC SURGEONS

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

FR: Blake Nonweiler, MD
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RE: Opposition to SB 128

Thank you for the opportunity to provide written comments for your consideration. The Oregon Association of Orthopedic Surgeons (OAOS) is the professional association for orthopedists in Oregon. With over 160 members, our Association strives to advance the highest quality of musculoskeletal care. Through our advocacy efforts, we promote public policies that assure patient access to essential medical and surgical care.

It is for this reason that I write with concern over SB 128 to allow all APRNs to supervise fluoroscopy, an imaging procedure that utilizes radiation— even though they do not receive any training on radiation or fluoroscopy during their formal education. Physicians on the other hand, receive training from a board-certified radiologist both during medical school, as well as during residency.

In addition to the risk for patients undergoing procedures, radiation 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 personal needs to be overseen by professionals specifically educated in how to reduce that risk. To date, this has been assigned to the radiation

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>

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 their initial training, would be a distraction from monitoring the patient and would result in an additional patient safety risk.

Of particular concern, musculoskeletal fluoroscopy involves much more than just knowing how to run a fluoroscopy machine. One needs to have intricate knowledge of anatomy and pathology and well as radiologic views to get the picture that's needed with the least amount of radiation. The default for a provider that doesn't have expert training is that they use much more radiation/images to get the right picture, thus endangering the patient and other providers in the room.

The OAOS respectfully asks you to oppose the broad scope expansion housed in SB 128 to protect both patients, and the providers on their care teams.