



PeaceHealth
Peace Harbor Medical Center

February 18, 2019

Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

RE: Oregon Senate Bill (SB) 128: Directs Board of Medical Imaging to issue permit to supervise fluoroscopy to qualified advanced practice registered nurse.

Dear Chair Monnes Anderson and Members of the Committee:

I am the Chief Administrative Officer (CAO) at Peace Harbor Medical Center (PHMC) located in Florence, Oregon. PHMC is designated as a Critical Access Hospital (CAH) and provides service to over 10,000 individuals in Western Lane County and surrounding counties. Like many CAHs in Oregon, the Certified Registered Nurse Anesthetists (CRNA) to provide 100% of the anesthetic and pain management services at PHMC. Unquestionably, we depend on the CRNAs to perform to the fullest capacity of their education and training allowed in the Nurse Practice Act.

The CRNAs at PHMC have been instrumental in fighting the opioid crisis. By providing non-opioid multimodal anesthesia and pain management, our anesthesia department's use of opioids has decreased by 70% from 2015-2016 and is currently close to being opioid-free. PHMC is also hiring a CRNA who has fellowship training in nonsurgical pain management in order to provide interventional pain management, which necessitates the use of fluoroscopy. CRNAs with this specialty offer a non-opioid approach to pain management that requires them to work with radiological technologists or other licensed providers when utilizing fluoroscopy as a visualization aid during interventional pain management procedures.

Currently, patients residing in Florence must travel more than 75 miles to obtain interventional pain management. By allowing CRNAs to supervise fluoroscopy, PHMC could provide the much-needed service of interventional pain management for the people of Western Lane County and assist patients off of their opioids. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Hawkins".

Jason Hawkins
Chief Administrative Officer
PeaceHealth Peace Harbor Medical Center
400 9th Street, Florence OR 97439
541-902-6700
jhawkins2@peacehealth.org



Harney District Hospital

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February 14, 2019

Senator Laurie Monnes Anderson
Chair, Senate Health Care Committee
900 Court St. NE, S-211
Salem, OR 97301

Re: Senate Bill 128

Dear Senator Monnes Anderson,

As hospital and medical providers, we are thrilled that SB 128 has been introduced to allow Advanced Practice Nurses (APRN's) to supervise Radiation Technologists when using fluoroscopy to perform injections. We fully support passage of this bill that allows qualified APRN's to use and supervise fluoroscopy and ask that you support it as well.

We have a Certified Registered Nurse Anesthetist (CRNA) who has been thoroughly trained in pain management and recently received his national certification in Non-Surgical Pain Management. He has been utilizing fluoroscopy for pain management for the past several years with great results and has been invaluable to our patients and community.

We have had to go through many hurdles in order for our CRNA to provide this service in our community. Since current law allows non-radiologist practitioners who have the proper training in the use and operation of fluoroscopic X-ray

equipment to provide either personal or direct supervision, many of our physicians sought out this training so they could provide that supervision. We have also faced a lot of opposition from the nearby radiology group in Bend.

We live in a very remote part of Oregon and have used CRNA's for pain management for many years. Our patients have extremely good outcomes and the amount of radiation our patients receive from fluoroscopy is much less than the state average. Moreover, the benefit to our patients and community is tremendous. Without this service, our patients would need to choose between not getting the needed pain relief, or driving to Bend or Boise (a 2-3 hour one-way trip on often treacherous roads and a full day off from work). The result of either choice is ultimately poorer health care resulting in higher costs to our health care system.

Again we appreciate you considering this bill and ask for your support. Formalizing the right for CRNA's to provide supervision for fluoroscopic pain management will ease the current burden on our providers and greatly benefit the lives of many rural Oregonian's and allow frontier hospitals throughout Oregon to provide better care to their patients in their local setting.

Sincerely,



Dan Grigg, Chief Executive Officer

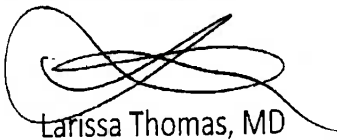


Heidi Vanyo, MD, Chief of Staff



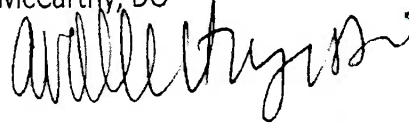
Sarah Laiosa, DO

Chris Richardson, DO



Larissa Thomas, MD

Eva McCarthy, DO





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February 18, 2019

Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

RE: Oregon Senate Bill (SB) 128: Directs Board of Medical Imaging to issue permit to supervise fluoroscopy to qualified advanced practice registered nurse.

Dear Chair Monnes Anderson and Members of the Committee:

As the Chief Medical Officer at Peace Harbor Medical Center in Florence, Oregon, I am writing to urge you to **SUPPORT SB 128** which allows qualified Advance Practice Registered Nurses (APRNs), like Certified Registered Nurse Anesthetists (CRNAs), to supervise fluoroscopy.

Peace Harbor Medical Center is a 21-bed Critical Access Hospital (CAH) that depends on APRNs to provide healthcare services to over 10,000 individuals in Western Lane County. Not allowing APRNs to practice to their fullest extent of education and training places a burden on CAHs. This burden is not experienced by larger medical facilities. PHMC currently has a CRNA in the group that is in the process of completing his Nonsurgical Pain Management (NSPM-c) fellowship so that management of chronic pain interventions can be provided here in Florence. NSPM-c CRNAs help alleviate patient suffering through interventional procedures, taper patients off of opioids, and manage their medications by non-opioid means. As it stands, interventional pain management cannot be provided in Florence because current statutes do not allow APRNs to utilize fluoroscopy. Again, the burden is on the rural community which seeks to provide a much-needed interventional pain management service.

Ensuring that patients receive the highest standard of medical care is paramount. Not allowing APRNs the capabilities to utilize fluoroscopy directly impacts the residents of Florence, Oregon. I ask that you remove rigid statutes that prevents APRNs from exercising their full scope of practice by **SUPPORT SB 128**.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Ron Shearer" with a stylized flourish at the end.

Ronald N. Shearer, MD
CMO Peace Harbor Medical Center
Florence, Oregon

Bhargavbhai K. Patel, MD.
Internal Medicine Department Chair
North Bend Medical Center and Bay Area Hospital
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dr.Bpatel@nbmconline.com

January, 30 2019

Representative Greenlick
Healthcare committee members
900 Courth St NE
H-493
Salem, Oregon 97301
503-297-4216

RE: Oregon House Bill 2698 and Senate Bill 136. Bill Summary: removes 10 day supply limitation on prescriptions for certain controlled substances issued by Certified Registered Nurse Anesthetists.

RE: Oregon House Bill 2188 and Senate Bill 128. Bill Summary: directs Board of Medical Imaging to issue a permit to supervise fluoroscopy to qualified Advanced Practice Registered Nurses, authorizes Board of Medical Imaging, Oregon State Board of Nursing and Oregon Health Authority to adopt rules.

Dear Chair Greenlick and vital members of the Healthcare Committee

As the Chair of the internal medicine departments at ~~North Bend Medical Center~~ and Bay Area Hospital I write you today in support of the above bills that seek to help mitigate the opioid crisis facing our patients statewide. As primary care providers, our practices are already working overtime to fill the needs of our patients, many of whom must wait 3-6 months to find a provider. The opioid crisis and patients facing chronic pain conditions and their primary care providers struggle to find pain management providers to help wean off of the reliance on dangerous opioid medications. Patients statewide must travel hundreds of miles and wait many months for appointments to see an ever decreasing number of providers specializing in opioid de-prescribing and chronic pain management. We need more highly qualified providers such as Certified Registered Nurse Anesthetists (CRNA's) to help safely care for these patients. Our CRNA colleagues are already entrusted to independently prescribe the most dangerous medications in the operative and peri-operative setting, ~~and have extensive training in~~ *some have pain management training* multimodal pain management therapies, removing the 10-day restriction will afford our patients more access to safe quality care. *Bob*

Advanced Practice Registered Nurses with advanced training in interventional pain management have been safely employing fluoroscopic imaging modalities to provide pain relief to chronic pain patients statewide and across the country. Many of my patients that I care for on a regular basis have been able to reduce and eliminate the reliance on opioid medications for pain relief with the help of interventional modalities. The above bill to permit qualified advanced

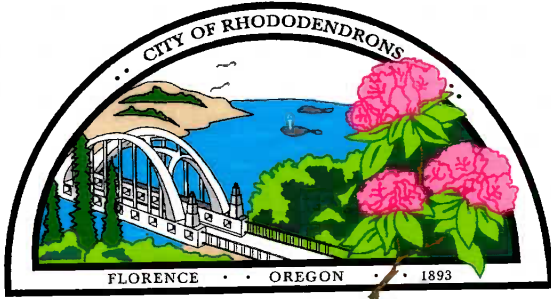
Practice Registered Nurses to supervise fluoroscopy will provide better access to cost effective care for these patients as well.

I have read the bills above, and in lieu of this crisis that we are facing, I support the above bills to 1) remove 10 day supply limitation on prescriptions for certain controlled substances by Certified Registered Nurse Anesthetists; and 2) grand Board of Medial Imaging to issue a permit to supervise fluoroscopy to qualified APRNs.

Kindly regards,



(Patel Bhargav blai K) MD



City of Florence

250 Hwy 101, Florence, OR 97439
www.ci.florence.or.us

February 6, 2019
Oregon Senate, Committee on Health Care
900 Court Street NE
Salem, OR 97301

RE: Oregon Senate Bill (SB) 128: Directs Board of Medical Imaging to issue permit to supervise fluoroscopy to qualified advanced practice registered nurse

Dear Chair, Monnes Anderson and Members of the Committee:

As the Mayor of Florence, Oregon, I am writing to urge you to **SUPPORT SB 128** which allows qualified Advanced Practice Registered Nurses (APRNs) to supervise fluoroscopy.


Florence is a coastal town that relies on Certified Registered Nurse Anesthetists (CRNAs) to provide 100% of the anesthesia and pain management services in our community. Like numerous rural communities, we are currently faced with a serious shortage of patient access to nonsurgical pain management. CRNAs with this specialty offer a non-opioid approach to pain management that requires them to work with radiological technologists or other licensed providers when utilizing fluoroscopy as a visualization aid during interventional pain management procedures.

SB 128 would remove barriers that prevent Oregon CRNAs from practicing to the fullest extent of their education, training and expertise. All Nurse Anesthesia programs include fluoroscopy in their curriculum, as required by the Council on Accreditation (COA). CRNAs who complete fellowship training in Non-surgical Pain Management Certification must complete an additional focused curriculum on fluoroscopic safety and training. The Oregon State Board of Nursing, which regulates the scope of practice for CRNAs, includes fluoroscopy, "in accordance with other applicable rules and regulations for diagnosis, care delivery or improvement of client safety or comfort."

Working in collaboration with radiologic technologists or other licensed providers who operate the fluoroscopic equipment, fellowship trained CRNAs offers an invaluable non-opioid approach to treat pain. By allowing CRNAs to function to the fullest within their scope of practice, you can empower these vital healthcare providers to aid underserved communities.

SUPPORT SB 128 and allow CRNAs to become part of the solution to provide healthcare access to all Oregonians!

Respectfully,


Joe Henry, Mayor

Public Works
989 Spruce St.
(541) 997-4106

**City Manager/
City Recorder**
(541) 997-3437

**Community Development:
Planning & Building**
(541) 997-8237

**Finance/
Utility Billing**
(541) 997-3436

Justice Center
900 Greenwood St.
(541) 997-3515

Florence Events Center
715 Quince St.
(541) 997-1994



Basil Pittenger, M.D., LLC

Physician
Board Certified in Internal Medicine

Member of
NORTH BEND MEDICAL CENTER, INC.
1900 Woodland Drive, Coos Bay, Oregon 97420
(541) 267-5151

Basil Pittenger, MD.
Internal Medicine Department
North Bend Medical Center and Bay Area Hospital
Coos Bay, OR 97420 541-267-
5151

January, 30 2019

Representative Greenlick
Healthcare committee members
900 Courth St NE
H-493
Salem, Oregon 97301
503-297-4216

RE: Oregon House Bill 2698 and Senate Bill 136. *Bill Summary: removes 10 day supply limitation on prescriptions for certain controlled substances issued by Certified Registered Nurse Anesthetists.*

RE: Oregon House Bill 2188 and Senate Bill 128. *Bill Summary: directs Board of Medical Imaging to issue a permit to supervise fluoroscopy to qualified Advanced Practice Registered Nurses, authorizes Board of Medical Imaging, Oregon State Board of Nursing and Oregon Health Authority to adopt rules.*

Dear Chair Greenlick and vital members of the Healthcare Committee,

As an internal medicine physician at North Bend Medical Center and Bay Area Hospital I write you today in support of the above bills that seek to help mitigate the opioid crisis facing our patients statewide. As primary care providers, our practices are already working overtime to fill the needs of our patients, many of whom must wait 3-6 months to find a provider. The opioid crisis and patients facing chronic pain conditions and their primary care providers struggle to find pain management providers to help wean off of the reliance on dangerous opioid medications. Patients statewide must travel hundreds of miles and wait many months for appointments to see an ever decreasing number of providers specializing in opioid deprescribing and chronic pain management. We need more highly qualified providers such as

Basil Pittenger, M.D., LLC

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Certified Registered Nurse Anesthetists (CRNA's) to help safely care for these patients. Our CRNA colleagues are already entrusted to independently prescribe the most dangerous medications in the operative and peri-operative setting, and have extensive training in multimodal pain management therapies. Removing the 10-day restriction will afford our patients more access to safe quality care.

Advanced Practice Registered Nurses with advanced training in interventional pain management have been safely employing fluoroscopic imaging modalities to provide pain relief to chronic pain patients statewide and across the country. Many of my patients that I care for on a regular basis have been able to reduce and eliminate the reliance on opioid medications for pain relief with the help of interventional modalities. The above bill to permit qualified advanced Practice Registered Nurses to supervise fluoroscopy will provide better access to cost effective care for these patients as well.

I support the above bills to 1) remove 10 day supply limitation on prescriptions for certain controlled substances by Certified Registered Nurse Anesthetists; and 2) authorize the Board of Medical Imaging to issue a permit to supervise fluoroscopy to qualified APRNs.

Kind regards,



Basil Pittenger, MD FACP
Current member and past President of the Medical Staff at Bay Area Hospital
Member of North Bend Medical Center



ORANA

OREGON ASSOCIATION *of*
NURSE ANESTHETISTS

February 10, 2019
Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

RE: Oregon Senate Bill (SB) 128: Directs the Board of Medical Imaging to issue a permit to supervise fluoroscopy to qualified advanced practice registered nurse.

Dear Chair Monnes Anderson and Members of the Committee:

As the current president of the Oregon Association of Nurse Anesthetists, a rural CRNA practicing in the state of Oregon, a veteran, and Doctorally educated patient safety expert. I am writing to ask for support and passage of **SB 128** Which would direct the Board of Medical Imaging to issue fluoroscopy supervision permits to qualified Advanced Practice Registered Nurses including CRNAs. Passage of this bill would provide a major improvement in healthcare delivery and access for the people of Oregon. Permitting qualified APRNS to utilize fluoroscopy in their practice will facilitate a dramatic improvement in access to pain management services and outpatient care in Oregon by allowing properly trained CRNAs and other APRNS to offer these services to underserved rural Oregonians and Oregon's veterans population. In many parts of Oregon pain services are 2-3 hours away and so severely impacted by physician shortage and geographic maldistribution that they are functionally nonexistent. The scarcity of available pain services in Oregon is a major factor in the development of opioid use disorder in the state. Opioid use disorder plays a major role in depression, disability, overdose and suicide. Allowing CRNAs with proper training to utilize fluoroscopy to provide pain care, represents a major improvement in access to appropriate pain care. Allowing Oregon's APRNS to utilize fluoroscopy will allow more Oregonians to receive care in a more timely manner while being treated closer to their homes

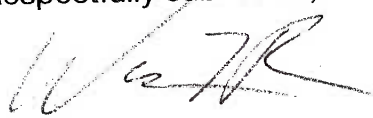
Physicians Assistants have been operating fluoroscopy safely in Oregon for a number of years after obtaining additional structured education and passage of an exam. **SB 128** Would apply the same educational requirements and certifying exam for APRNS and CRNAs in order to provide standardized practice requirements and to ensure public safety. Currently the council on accreditation (**COA**) requires 100% of nurse anesthesia programs to include fluoroscopy in their curriculum this requirement typically exceeds the requirement for PAs and in many cases physicians. In addition to the training received during a rigorous

graduate education many CRNAs attend postgraduate fellowship training in non-surgical pain management and after passing a specialty board examination receive the **NSPM-C** certification from the **NBCRNA** this additional certification complies with the standards required by the Centers of Medicare & Medicaid Services (**CMS**) for nonsurgical pain management. Other specialty care APRNs also receive extensive experience and training with fluoroscopy as part of their advanced training. The Oregon Board of Medical Imaging **OBMI**, Radiation Protection Services **RPS**, Have been consulted extensively in the development of **SB 128** and both organizations agree that with appropriate safeguards in place, APRNs should be permitted to utilize a fluoroscope for diagnostic and therapeutic modalities.

ORANA strongly encourages the passage of **SB 128**. Passage will allow Oregon's APRNs and CRNAs to partner more fully in the care of Oregon's underserved, rural and veteran populations. Passage of **SB 128** is a safe, cost effective solution to many of the healthcare access issues that prevent underserved Oregonians from receiving appropriate and timely care.

As the ORANA president, a practicing rural CRNA and Oregonian I strongly encourage you to pass **SB 128**

Respectfully submitted,



Dr. William T. Prosser DNAP, MSN, CRNA
President, ORANA



222 South Prospect Avenue
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AANA.com

Safe and effective
anesthesia



for every patient.

February 11, 2019

Senator Laurie Monnes Anderson
Chair, Senate Committee on Health Care
900 Court Street NE
Salem, OR 97301

RE: Oregon Senate Bill (SB) 128: Directs Board of Medical Imaging to issue permit to supervise fluoroscopy to qualified advanced practice registered nurse.

Dear Chair Monnes Anderson and members of the committee:

I am the president of the American Association of Nurse Anesthetists (AANA), which represents more than 50,000 nurse anesthetists (including Certified Registered Nurse Anesthetists (CRNAs) and student nurse anesthetists) nationwide. The AANA submits the following comments in support of the Oregon Association of Nurse Anesthetists concerning Senate Bill 128, which directs the Board of Medical Imaging to issue a permit to supervise fluoroscopy to qualified advanced practice registered nurses, including CRNAs. We request your support of SB 128 and the ability of Oregon CRNAs to continue to provide high quality, cost-effective care to Oregon patients without unnecessary restrictions.

Potential Impact of SB 128 in Oregon

CRNAs have been providing anesthesia care for more than 150 years. In Oregon, CRNAs are major contributors to accessible, cost-effective, safe and high quality anesthesia care that includes chronic pain management services. Allowing CRNAs to obtain a permit to supervise fluoroscopy will ensure Oregonians have access to much-needed pain management services, especially for patients who may not have ready access to pain management care. If CRNAs are not allowed to supervise fluoroscopy, this will create unnecessary and unwarranted barriers to CRNA practice, increase costs and limit access to care for the residents of Oregon.

CRNA Scope of Practice

As healthcare professionals, CRNAs practice in accordance with their graduate education and training, expertise, state statutes and regulations, and institutional policy. The AANA supports the full scope of CRNA practice as set forth in the AANA's "Scope of Nurse Anesthesia Practice," "Chronic Pain

Management Guidelines,” and “Standards for Nurse Anesthesia Practice”¹. CRNA scope of practice includes acute, chronic, and interventional pain management services, using ultrasound, fluoroscopy, and other technologies for diagnosis and care delivery to improve patient safety and comfort.² The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) standards require that nurse anesthesia programs provide content in pain management and radiology, including proper techniques of safe fluoroscopic equipment use.^{3,4}

Collaborating with all members of the patient care team, CRNAs are responsible for ensuring the highest degree of patient safety before, during and after anesthesia and remain with the patient for the entire procedure. CRNAs are uniquely prepared to care for patients suffering from acute and/or chronic pain and are educated, trained and experienced in managing emergency situations.⁵

As a landmark 2011 IOM study reported, chronic pain is a serious public health problem, affecting 100 million adults in the United States with an annual economic cost of approximately \$635 billion. At issue is the insufficient number of healthcare professionals available to address chronic pain. As pain management experts, CRNAs are a vital resource for solving this pain crisis. Oregon can ill-afford to restrict CRNA pain management care at a time when the services of these qualified, safe healthcare professionals are most needed.⁶ If CRNAs are not authorized to supervise fluoroscopy while providing pain management care, this will unduly restrict CRNA scope of practice and negatively impact access to these services.

National Trend

Further restricting CRNA practice is not supported by evidence and is contrary to the national trend, which is toward allowing each practitioner to practice to the full extent of his/her education and training. This national trend is further supported by the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education⁷, adopted in 2008 and endorsed by over 40 nursing organizations. Allowing CRNAs to supervise fluoroscopy is in no way setting new precedent.⁸

¹ <https://www.aana.com/practice/practice-manual>

² *Id.*

³ <http://home.coa.us.com/accreditation/Pages/Accreditation-Policies-Procedures-and-Standards.aspx>, “Standards for Accreditation of Nurse Anesthesia Educational Programs,” revised January 2018; “Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate,” revised January 2018.

⁴ [https://www.aana.com/docs/default-source/practice-aana-com-web-documents-\(all\)/chronic-pain-management-guidelines.pdf?sfvrsn=d40049b1_2](https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/chronic-pain-management-guidelines.pdf?sfvrsn=d40049b1_2)

⁵ Quintana, J. “Answering today’s need for high-quality anesthesia care at a lower cost,” *Becker’s Hospital Review*, January 20, 2016, available at <http://www.beckershospitalreview.com/hospital-physician-relationships/answering-today-s-need-for-high-quality-anesthesia-care-at-a-lower-cost.html>.

⁶ IOM (Institute of Medicine). 2011. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Washington, DC: The National Academies Press.

⁷ <https://www.aacn.org/~media/aacn-website/nursing-excellence/standards/aprnregulation.pdf?la=en>

⁸ For example, Iowa’s Board of Nursing and the Iowa Department of Public Health adopted rules effective in 2009 and 2010, respectively, concerning Advanced Registered Nurse Practitioners’ (ARNPs, including CRNAs) use of fluoroscopy. These rules were the subject of litigation which culminated in the Iowa Supreme Court’s ruling which re-instated the rules allowing ARNPs to supervise fluoroscopy.

Practice by CRNAs and other APRNs to the full extent of their education and training is also supported by the 2010 Institute of Medicine (IOM) report titled, *The Future of Nursing: Leading Change, Advancing Health*⁹ (the IOM report). The IOM report includes the “key message” that: “Nurses should practice to the full extent of their education and training.” [page 3-1] The IOM report further indicates “...regulations in many states result in APRNs not being able to give care they were trained to provide. The committee believes all health professionals should practice to the full extent of their education and training so that more patients may benefit.” [page 3-10]

CRNAs Provide High Quality, Cost-Effective Care

The evidence is overwhelming that CRNAs provide quality, cost-effective anesthesia care. In a landmark national study conducted by RTI International and published in the August 2010 issue of *Health Affairs*, the authors determined that there are no differences in patient outcomes when anesthesia services are provided by CRNAs, physician anesthesiologists, or CRNAs supervised by physicians. The study, titled “No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians,” examined nearly 500,000 individual cases and confirms what previous studies have shown: CRNAs provide safe, high-quality care. The study also shows the quality of care administered is equal regardless of supervision.¹⁰

A groundbreaking study conducted by Virginia-based The Lewin Group and published in the May/June 2010 issue of the *Journal of Nursing Economic\$* concluded that a CRNA acting as the sole anesthesia provider is the most cost-effective model of anesthesia delivery. The study, titled “Cost Effectiveness Analysis of Anesthesia Providers,” considered the different anesthesia delivery models in use in the United States today, including CRNAs acting solo, physician anesthesiologists acting solo, and various models in which a single anesthesiologist directs or supervises one to six CRNAs. The results demonstrate that CRNAs acting as the sole anesthesia provider cost 25 percent less than the second lowest cost model. On the other end of the cost scale, the model in which one anesthesiologist supervises one CRNA is the least cost efficient model. The results of the Lewin study are particularly compelling for people living in rural and other areas of the United States where anesthesiologists often choose not to practice for economic reasons.¹¹

Cost effectiveness directly relates to access for patients, including access to pain management services. The Federal Trade Commission (FTC) has warned that legislative or regulatory restrictions on CRNA pain management practice could reduce competition, raise the prices of pain management services, and reduce the availability of these services.¹² The alternatives for patients without ready access to

⁹ http://www.nap.edu/catalog.php?record_id=12956

¹⁰ Dulisse, B., Cromwell, J. “No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians.” *Health Affairs*. August 2010. 2010(29): 1469-1475.

¹¹ Hogan, P., Seifert, R., Moore, C., Simonson, B. “Cost Effectiveness Analysis of Anesthesia Providers.” *Journal of Nursing Economic\$*. May/June 2010. 28, No. 3. 159-169.

¹² See FTC November 3, 2010 letter to the Alabama State Board of Medical Examiners at <http://www.ftc.gov/opa/2010/11/alabamarule.shtml>, FTC September 28, 2011 letter to Tennessee Representative Gary Odom at <http://www.ftc.gov/opa/2011/10/nursestennessee.shtml>, FTC March 27, 2012 letter to Missouri Representative Jeanne Kirkton at <http://www.ftc.gov/opa/2012/03/missouripain.shtml>, and FTC April 19, 2013 letter to Illinois Senator Heather Steans at <http://www.ftc.gov/news-events/press-releases/2013/04/ftc-approves-final-order-settling-competition-charges-against>.

pain care are to suffer in pain, to travel great distances for care (which can be nearly impossible for a patient suffering from chronic back pain), to have expensive and invasive surgery, or to be institutionalized.

In addition to delivering essential healthcare in thousands of medically underserved communities, including those in Oregon, CRNAs are the main providers of anesthesia care for women in labor and for the men and women serving in the U.S. Armed Forces, especially on frontlines around the globe. They also serve as the backbone of anesthesia care in rural and other medically underserved areas of the United States. A recent study¹³ published in the September/October 2015 *Nursing Economic\$* found that CRNAs are providing the majority of anesthesia care in U.S. counties with lower-income populations and populations that are more likely to be uninsured or unemployed. They are also more likely found in states with less-restrictive practice regulations where more rural counties exist¹⁴. Allowing CRNAs to work to their full scope of practice, including supervising fluoroscopy, will ensure that all Oregonians have access to critical pain management services.

Based on the foregoing, we support the Oregon Association of Nurse Anesthetists concerning SB 128 and encourage you to support the ability of Oregon CRNAs to continue to provide high quality, cost-effective care to Oregon patients without unnecessary restrictions. Please do not hesitate to contact Anna Polyak, RN, JD, the AANA's Senior Director, State Government Affairs, at 847-655-1131 or apolyak@aana.com if you have any questions or require further information.

Sincerely,



Garry Brydges, DNP, MBA, ACNP-BC, CRNA, FAAN
President, American Association of Nurse Anesthetists

¹³ Liao CJ, Quraishi JA, Jordan LM (2015). Geographical imbalance of anesthesia providers and its impact on the uninsured and vulnerable populations. *Nursing Economic\$*, 33(5):263-270.

¹⁴ Quintana, J. "Answering today's need for high-quality anesthesia care at a lower cost," *Becker's Hospital Review*, January 20, 2016, available at <http://www.beckershospitalreview.com/hospital-physician-relationships/answering-today-s-need-for-high-quality-anesthesia-care-at-a-lower-cost.html>.

February 18, 2019

Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

RE: Oregon Senate Bill (SB) 128: Directs Board of Medical Imaging to issue permit to supervise fluoroscopy to qualified advanced practice registered nurse.

Dear Chair Monnes Anderson and Members of the Committee:

I am a Certified Registered Nurse Anesthetists (CRNA) and a member of the Oregon Association of Nurse Anesthetists (ORANA). I am writing in **SUPPORT of SB 128**, which directs the Board of Medical Imaging to issue a fluoroscopy supervision permit to qualified Advanced Practice Registered Nurses like CRNAs.

All CRNAs receive fluoroscopy education and training as part of their academic curriculum. In fact, the Council on Accreditation of Nurse Anesthesia Educational Programs requires 100% of nurse anesthesia programs to include fluoroscopy in the curriculum. The Oregon State Board of Nursing, which regulates the scope of practice for Oregon CRNA, includes fluoroscopy within the CRNA scope of practice “for diagnosis, care delivery or improvement of client safety or comfort.” OAR 851-052-0010(6)(h). CRNAs use fluoroscopy during interventional pain management for the purpose of localizing needle placement. CRNAs do not operate the fluoroscopic equipment but rather work in collaboration with radiologic technologists who operate the fluoroscopic equipment.

Some CRNAs obtain additional fluoroscopic training, including through the completion of advanced pain management fellowship programs. And in 2015, the National Board of Certification and Recertification of Nurse Anesthetists began implementing a Nonsurgical Pain Management (NSPM-c) credential program. The NSPM-c subspecialty certification ensures compliance with standards expected by the Centers of Medicare & Medicaid Services for nonsurgical pain management and establishes a standard for evaluating the knowledge base and experience in this subspecialty. Fellowship-trained CRNAs who desire to obtain the NSPM certificate must complete an additional focused curriculum on fluoroscopic safety and training.

Oregonians in rural parts of the State lack ready access to opioid-sparing and opioid-free pain management care. Currently there are no board certified physicians who have completed a fellowship in pain management working in eastern Oregon or in Oregon’s coastal communities. In contrast, CRNAs have long been recognized for their services in rural Oregon. CRNAs, including those who are certified in nonsurgical pain management, can offer a much-needed service to patients who otherwise must go without such care or travel long distances to alleviate their suffering. As the opioid epidemic continues to affect Oregonians detrimentally, interventional pain management

offers a non-opioid approach to treating pain. SB 128 thus truly serves the public interest by ensuring access to this valuable health care service.

The opioid epidemic has already changed the delivery of anesthesia towards an opioid-sparing or opioid-free surgical anesthetic. The change in anesthesia practices will also evolve and incorporate more NSPM-c CRNAs. In the community of Florence, Oregon, where I am employed, patients have to travel over an hour for a pain management service could be provided within the community at our local hospital. This is a service that would be beneficial to all rural Oregonians, and the passage of SB 128 would remove barriers to CRNAs providing this valuable care. I therefore ask for your **SUPPORT on SB 128.**

Respectfully submitted,

A handwritten signature in black ink that reads "Dustin Degman CRNA". The signature is written in a cursive style with a large initial "D".

Dustin Degman CRNA
Peace Health Medical Center
Florence, Oregon

February 5, 2019

Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

RE: Senate Bill 128.: Directs Board of Medical Imaging to issue permit to supervise fluoroscopy to qualified advanced practice registered nurse.

Dear Chair Monnes Anderson and Members of the Committee:

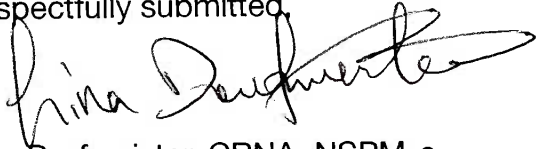
I am a Non Surgical Pain Management board Certified Registered Nurse Anesthetists (CRNA, NSPM-c) and a member of the Oregon Association of Nurse Anesthetists (ORANA). I am writing a letter in **SUPPORT Senate Bill 128**. In 2014 the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA) started a fellowship in Nonsurgical Pain Management certificate (NSPM-c) to comply with standards expected by the Centers of Medicare & Medicaid Services (CMS) for nonsurgical pain management and establish a standard where knowledge base and experience in a specialty could be validated. It is important to note that when it comes to radiologic safety and training, the Council on Accreditation (COA) requires 100% of nurse anesthesia programs to include fluoroscopy in the curriculum. Fellowship trained CRNAs who complete their NSPM-c must complete an additional focused curriculum on fluoroscopic safety and training. The Oregon State Board of Nursing, which regulates the scope of practice for CRNA's, includes fluoroscopy, "in accordance with other applicable rules and regulations for diagnosis, care delivery or improvement of client safety or comfort." OAR 851-052-0010(6)(h). CRNAs have a need to use fluoroscopy during interventional pain management for the purpose of localizing needle placement. CRNAs do not operate the fluoroscopic equipment, rather they work in collaboration with radiologic technologists who operate the fluoroscopic equipment.

CRNAs have long been recognized for their services in rural Oregon. Currently there are no board certified physicians with a fellowship in pain management in all of the Oregon coast or eastern Oregon. CRNAs who are certified in nonsurgical pain management offer a much-needed service to patients who otherwise lack ready access to pain management care. As the opioid epidemic continues to affect Oregonians, interventional pain management offers a **non-opioid approach** to treat pain and is truly in the public interest to ensure access to this valuable health care service.

One of my patients who has been taking opioid pain medications in excess of 50 morphine equivalents per day recently received an interventional fluoroscopy guided nerve ablation for shoulder pain. Prior to the injection, and despite taking large daily doses of opioids, the patient continued to experience pain at a level of 8/10 on a daily basis. After the intervention, he was mostly pain free for a period of 6 months and was able to reduce his opioid reliance down to a much safer level and continues to taper to

eventually get off of the opioids. Combating the opioid epidemic requires a multimodal approach, therefore I request that you **SUPPORT on Senate Bill 128.**

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Lina Dorfmeister". The signature is fluid and cursive, with a long horizontal stroke at the end.

Lina Dorfmeister, CRNA, NSPM-c
North Bend Medical Center
Bay Area Hospital
Coos Bay, Oregon

February 10, 2019

Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

RE: Oregon Senate Bill (SB) 128: Directs the Board of Medical Imaging to issue a permit to supervise fluoroscopy to qualified advanced practice registered nurse.

Dear Chair Monnes Anderson and Members of the Committee:

I am a Board Certified Registered Nurse Anesthetist (CRNA) and current fellow at the University of South Florida's Simulation-Based Academic Fellowship in Advanced Pain Management. I am writing to express my **SUPPORT of SB 128**. Fluoroscopy is a tool that is predominant to providing safe non-surgical pain management for chronic pain conditions. The current opioid epidemic shows the need for these ablative and diagnostic procedures as they play a crucial role in reducing the number of opioid medications and offer superior long-term relief from suffering. This bill would allow CRNAs, among other Advanced Practice Registered Nurses (APRNs), to continue to endeavor to practice to the full extent of their training and education. Encouraging APRNs to exercise at the top of their license has long been recognized by governmental and private sector organizations as a way to improve access to quality healthcare.

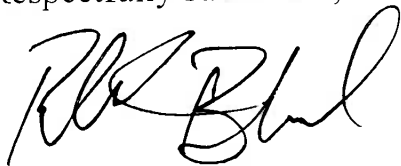
CRNAs are vital in providing anesthesia services throughout the state, and especially in rural Oregon. Currently, there are no board-certified physicians with a fellowship in pain management in all the Oregon coast or eastern Oregon. CRNAs who are board certified in non-surgical pain management (NSPM-C) offer a much-needed service to patients who otherwise lack ready access to pain management care. As the opioid epidemic continues to affect Oregonians, interventional pain management offers a non-opioid approach to treat pain and it is genuinely in the public interest to ensure access to this valuable healthcare service. CRNAs will work in collaboration with radiologic technologists who operate the fluoroscopic equipment while CRNAs perform these pain relieving or diagnostic procedures. Fluoroscopy

helps CRNAs to execute these procedures with a high degree of safety by allowing them to see the location of the needle, spread of contrast media and any structural anomalies.

It is important to note that when it comes to radiologic safety and training, the Council on Accreditation (COA) requires 100% of nurse anesthesia programs to include fluoroscopy in the curriculum. Additionally, as a fellowship trained CRNA, who will complete their Nonsurgical Pain Management Certification (NSPM-C) in 2019, I will have completed an additional focused curriculum on fluoroscopic safety and radiological training. My education complies with standards expected by the Centers of Medicare & Medicaid Services (CMS) for nonsurgical pain management. The Oregon State Board of Nursing, which regulates the scope of practice for CRNAs, includes fluoroscopy, “in accordance with other applicable rules and regulations for diagnosis, care delivery or improvement of client safety or comfort.” OAR 851-052-0010(6)(h).

The opioid epidemic has already changed the delivery of anesthesia towards an opioid-sparing or opioid-free surgical anesthetic. The changes in anesthesia practices will also evolve and incorporate more NSPM-C CRNAs in performing pain management procedures. Allowing CRNAs to perform to the top of their training by utilizing fluoroscopy would improve access to opioid-free alternatives to managing pain, which would be beneficial to the entire state of Oregon but most especially in the coastal and rural communities. Therefore, I ask for your **SUPPORT on SB 128**.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Robert Bland', written in a cursive style.

Robert Bland, MSN, CRNA
Major, USAF(R)
Florence, Oregon

February 11, 2019
Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

RE: Oregon Senate Bill (SB) 128: Directs Board of Medical Imaging to issue permit to supervise fluoroscopy to qualified advanced practice registered nurse

Dear Chair Monnes Anderson and Members of the Committee:

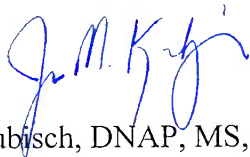
As a Board-Certified Registered Nurse Anesthetist (CRNA), I am writing to urge you to **SUPPORT SB 128** which allows qualified Advanced Practice Registered Nurses (APRNs) to supervise fluoroscopy.

SB 128 would remove barriers that prevent Oregon APRNs from practicing to the fullest extent of their education, training and expertise. For CRNAs specifically, all Nurse Anesthesia programs include fluoroscopy in their curriculum, as required by the Council on Accreditation (COA). CRNAs who complete fellowship training in Non-surgical Pain Management Certification must complete an additional focused curriculum on fluoroscopic safety and training. The Oregon State Board of Nursing, which regulates the scope of practice for CRNAs, includes fluoroscopy, "in accordance with other applicable rules and regulations for diagnosis, care delivery or improvement of client safety or comfort."

Working in collaboration with radiologic technologists or other licensed providers who operate the fluoroscopic equipment, fellowship trained CRNAs offers an invaluable non-opioid approach to treat pain. By allowing CRNAs to function to the fullest within their scope of practice, you can empower these vital healthcare providers to aid underserved communities.

SUPPORT SB 128 and allow APRNs to become part of the solution to provide healthcare access to all Oregonians!

Respectfully,



Jessica M. Kubisch, DNAP, MS, CRNA

Florence, Oregon

February 11, 2019


Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

RE: Oregon Senate Bill (SB) 128: Directs Board of Medical Imaging to issue permit to supervise fluoroscopy to qualified advanced practice registered nurses.

Dear Chair Monnes Anderson and Members of the Committee:

As Certified Registered Nurse Anesthetist (CRNA), I am writing to express my **SUPPORT of SB 128**. Fluoroscopy is an important tool in providing safe non-surgical pain management procedures to people suffering from chronic pain conditions. Non-surgical pain management offers a viable way to reduce the amount of opioid medications prescribed to patients. As you are aware CRNAs provide much of the care to rural Oregon. CRNAs are versed in radiologic safety and fellowship trained CRNAs who complete their Nonsurgical Pain Management Certificate (NSPM-C) must complete additional curriculum on fluoroscopic safety. Support of SB 128, allowing qualified CRNAs the ability to utilize fluoroscopy to improve access to an opioid-free form of pain management.

Respectfully submitted,

 ^{CRNA}

Alex Bahrke, CRNA
Silverton, Oregon

February 9, 2019

Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

RE: Oregon Senate Bill (SB) 128: Directs Board of Medical Imaging to issue permit to supervise fluoroscopy to qualified advanced practice registered nurses.

Dear Chair Monnes Anderson and Members of the Committee:

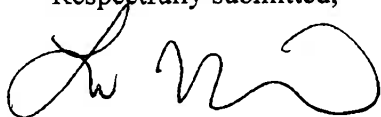
As a resident of Curry County, and a Certified Registered Nurse Anesthetist (CRNA), I am writing to express my **SUPPORT of SB 128**. Fluoroscopy is a tool that is paramount to providing safe non-surgical pain management procedures to people suffering from a variety of chronic pain conditions; these procedures can also play a key role in reducing the amount of opioid medications prescribed to patients. Additionally, this bill would allow CRNAs, among other Advanced Practice Registered Nurses (APRNs), to continue to strive to practice to the full extent of their training and education. Encouraging APRNs to practice at the top of their license has long been recognized by governmental and private sector organizations as a way to improve access to quality healthcare.

CRNAs are key to providing anesthesia services throughout the state, and especially in rural Oregon. Currently there are no board-certified physicians with a fellowship in pain management in all of the Oregon coast or eastern Oregon. CRNAs who are certified in non-surgical pain management offer a much-needed service to patients who otherwise lack ready access to pain management care. As the opioid epidemic continues to affect Oregonians, interventional pain management offers a non-opioid approach to treat pain and is truly in the public interest to ensure access to this valuable healthcare service. CRNAs do not operate the fluoroscopic equipment, rather they work in collaboration with radiologic technologists who operate the fluoroscopic equipment while CRNAs perform the procedure. Fluoroscopy helps CRNAs to execute these procedures with a high degree of safety by allowing them to see the location of the needle.

It is important to note that when it comes to radiologic safety and training, the Council on Accreditation (COA) requires 100% of nurse anesthesia programs to include fluoroscopy in the curriculum. Additionally, fellowship trained CRNAs who complete their Nonsurgical Pain Management Certificate (NSPM-C) must complete an additional focused curriculum on fluoroscopic safety and training. These highly trained CRNAs comply with standards expected by the Centers of Medicare & Medicaid Services (CMS) for nonsurgical pain management. The Oregon State Board of Nursing, which regulates the scope of practice for CRNAs, includes fluoroscopy, "in accordance with other applicable rules and regulations for diagnosis, care delivery or improvement of client safety or comfort." OAR 851-052-0010(6)(h).

The opioid epidemic has already changed the delivery of anesthesia towards an opioid-sparing or opioid-free surgical anesthetic. The change in anesthesia practices will also evolve and incorporate more NSPM-C CRNAs performing pain management procedures. Allowing CRNAs to perform to the top of their training by utilizing fluoroscopy would improve access to opioid-free alternatives to managing pain, which would be beneficial to the entire Oregon community, and therefore I ask for your **SUPPORT on SB 128**.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'L. Morris', with a large, stylized flourish at the end.

Leah Morris, MSN, CRNA
Gold Beach, Oregon

February 9, 2019

Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

RE: Oregon Senate Bill (SB) 128: Directs Board of Medical Imaging to issue permit to supervise fluoroscopy to qualified advanced practice registered nurses.

Dear Chair Monnes Anderson and Members of the Committee:

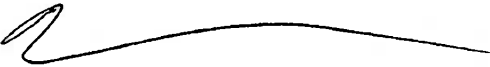
As a resident of Curry County, and a Certified Registered Nurse Anesthetist (CRNA), I am writing to express my **SUPPORT of SB 128**. Fluoroscopy is a tool that is paramount to providing safe non-surgical pain management procedures to people suffering from a variety of chronic pain conditions; these procedures can also play a key role in reducing the amount of opioid medications prescribed to patients. Additionally, this bill would allow CRNAs, among other Advanced Practice Registered Nurses (APRNs), to continue to strive to practice to the full extent of their training and education. Encouraging APRNs to practice at the top of their license has long been recognized by governmental and private sector organizations as a way to improve access to quality healthcare.

CRNAs are key to providing anesthesia services throughout the state, and especially in rural Oregon. Currently there are no board-certified physicians with a fellowship in pain management in all of the Oregon coast or eastern Oregon. CRNAs who are certified in non-surgical pain management offer a much-needed service to patients who otherwise lack ready access to pain management care. As the opioid epidemic continues to affect Oregonians, interventional pain management offers a non-opioid approach to treat pain and is truly in the public interest to ensure access to this valuable healthcare service. CRNAs do not operate the fluoroscopic equipment, rather they work in collaboration with radiologic technologists who operate the fluoroscopic equipment while CRNAs perform the procedure. Fluoroscopy helps CRNAs to execute these procedures with a high degree of safety by allowing them to see the location of the needle.

It is important to note that when it comes to radiologic safety and training, the Council on Accreditation (COA) requires 100% of nurse anesthesia programs to include fluoroscopy in the curriculum. Additionally, fellowship trained CRNAs who complete their Nonsurgical Pain Management Certificate (NSPM-C) must complete an additional focused curriculum on fluoroscopic safety and training. These highly trained CRNAs comply with standards expected by the Centers of Medicare & Medicaid Services (CMS) for nonsurgical pain management. The Oregon State Board of Nursing, which regulates the scope of practice for CRNAs, includes fluoroscopy, "in accordance with other applicable rules and regulations for diagnosis, care delivery or improvement of client safety or comfort." OAR 851-052-0010(6)(h).

The opioid epidemic has already changed the delivery of anesthesia towards an opioid-sparing or opioid-free surgical anesthetic. The change in anesthesia practices will also evolve and incorporate more NSPM-C CRNAs performing pain management procedures. Allowing CRNAs to perform to the top of their training by utilizing fluoroscopy would improve access to opioid-free alternatives to managing pain, which would be beneficial to the entire Oregon community, and therefore I ask for your **SUPPORT on SB 128**.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Matthew Morris', with a long horizontal flourish extending to the right.

Matthew Morris, MSN, CRNA
Gold Beach, Oregon

February 11, 2019

Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

RE: Oregon Senate Bill (SB) 128; Directs Board of Medical Imaging to issue permit to supervise fluoroscopy to qualified advanced practice registered nurses.

Dear Chair Anderson and Members of the Committee:

As Certified Registered Nurse Anesthetist (CRNA), I am writing to express my **SUPPORT of SB 128**. Fluoroscopy is a tool that is paramount to providing safe non-surgical pain management procedures to people suffering from a variety of chronic pain conditions; these procedures can also play a key role in reducing the amount of opioid medications prescribed to patients. Additionally, this bill would allow CRNAs, among other Advanced Practice Registered Nurses (APRNs), to continue to strive to practice to the full extent of their training and education. Encouraging APRNs to practice at the top of their license has long been recognized by governmental and private sector organizations as a way to improve access to quality healthcare.

CRNAs are key to providing anesthesia services throughout the state, and especially in rural Oregon. Currently there are no board-certified physicians with a fellowship in pain management in all of the Oregon coast or eastern Oregon. CRNAs who are certified in non-surgical pain management offer a much-needed service to patients who otherwise lack ready access to pain management care. As the opioid epidemic continues to affect Oregonians, interventional pain management offers a non-opioid approach to treat pain and is truly in the public interest to ensure access to this valuable healthcare service. CRNAs do not operate the fluoroscopic equipment, rather they work in collaboration with radiologic technologists who operate the fluoroscopic equipment while CRNAs perform the procedure. Fluoroscopy helps CRNAs to execute these procedures with a high degree of safety by allowing them to see the location of the needle.

It is important to note that when it comes to radiologic safety and training, the Council on Accreditation (COA) requires 100% of nurse anesthesia programs to include fluoroscopy in the curriculum. Additionally, fellowship trained CRNAs who complete their Nonsurgical Pain Management Certificate (NSPM-C) must complete an additional focused curriculum on fluoroscopic safety and training. These highly trained CRNAs comply with standards expected by the Centers of Medicare & Medicaid Services (CMS) for nonsurgical pain management. The Oregon State Board of Nursing, which regulates the scope of practice for CRNAs, includes fluoroscopy, "in accordance with other applicable rules and regulations for diagnosis, care delivery or improvement of client safety or comfort." OAR 851-052-0010(6)(h).

The opioid epidemic has already changed the delivery of anesthesia towards an opioid-sparing or opioid-free surgical anesthetic. The change in anesthesia practices will also evolve and incorporate more NSPM-C CRNAs performing pain management procedures. Allowing CRNAs to perform to the top of their training by utilizing fluoroscopy would improve access to opioid-free alternatives to managing pain, which would be beneficial to the entire Oregon community, and therefore I ask for your **SUPPORT on SB 128**.

Thank you for your consideration of this critical issue.

Respectfully,

A handwritten signature in cursive script that reads "Alana Perley CRNA". The signature is written in black ink and is positioned above the typed name.

Alana Perley, MN, CRNA
Portland, Oregon

February 9, 2019

Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

RE: Oregon Senate Bill (SB) 128: Directs Board of Medical Imaging to issue permit to supervise fluoroscopy to qualified advanced practice registered nurses.

Dear Chair Monnes Anderson and Members of the Committee:

As a resident of Yamhill County, and a Certified Registered Nurse Anesthetist (CRNA), I am writing to express my **SUPPORT of SB 128**. Fluoroscopy is a tool that is paramount to providing safe non-surgical pain management procedures to people suffering from a variety of chronic pain conditions; these procedures can also play a key role in reducing the amount of opioid medications prescribed to patients. Additionally, this bill would allow CRNAs, among other Advanced Practice Registered Nurses (APRNs), to continue to strive to practice to the full extent of their training and education. Encouraging APRNs to practice at the top of their license has long been recognized by governmental and private sector organizations as a way to improve access to quality healthcare.

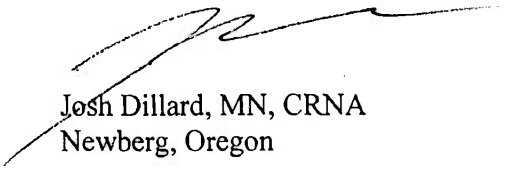
CRNAs are key to providing anesthesia services throughout the state, and especially in rural Oregon. Currently there are no board-certified physicians with a fellowship in pain management in all of the Oregon coast or eastern Oregon. CRNAs who are certified in non-surgical pain management offer a much-needed service to patients who otherwise lack ready access to pain management care. As the opioid epidemic continues to affect Oregonians, interventional pain management offers a non-opioid approach to treat pain and is truly in the public interest to ensure access to this valuable healthcare service. CRNAs do not operate the fluoroscopic equipment, rather they work in collaboration with radiologic technologists who operate the fluoroscopic equipment while CRNAs perform the procedure. Fluoroscopy helps CRNAs to execute these procedures with a high degree of safety by allowing them to see the location of the needle.

It is important to note that when it comes to radiologic safety and training, the Council on Accreditation (COA) requires 100% of nurse anesthesia programs to include fluoroscopy in the curriculum. Additionally, fellowship trained CRNAs who complete their Nonsurgical Pain Management Certificate (NSPM-C) must complete an additional focused curriculum on fluoroscopic safety and training. These highly trained CRNAs comply with standards expected by the Centers of Medicare & Medicaid Services (CMS) for nonsurgical pain management. The Oregon State Board of Nursing, which regulates the scope of practice for CRNAs, includes fluoroscopy, "in accordance with other applicable rules and regulations for diagnosis, care delivery or improvement of client safety or comfort." OAR 851-052-0010(6)(h).

The opioid epidemic has already changed the delivery of anesthesia towards an opioid-sparing or opioid-free surgical anesthetic. The change in anesthesia practices will also evolve and

incorporate more NSPM-C CRNAs performing pain management procedures. Allowing CRNAs to perform to the top of their training by utilizing fluoroscopy would improve access to opioid-free alternatives to managing pain, which would be beneficial to the entire Oregon community, and therefore I ask for your **SUPPORT on SB 128**.

Respectfully submitted,



Josh Dillard, MN, CRNA
Newberg, Oregon

February 12, 2019

Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

RE: Oregon Senate Bill (SB) 128: Directs Board of Medical Imaging to issue permit to supervise fluoroscopy to qualified advanced practice registered nurses.

Dear Chair Monnes Anderson and Members of the Committee:

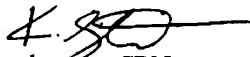
As a resident of Clackamas County, and a Certified Registered Nurse Anesthetist (CRNA), I am writing to express my **SUPPORT of SB 128**. Fluoroscopy is a tool that is paramount to providing safe non-surgical pain management procedures to people suffering from a variety of chronic pain conditions; these procedures can also play a key role in reducing the amount of opioid medications prescribed to patients. Additionally, this bill would allow CRNAs, among other Advanced Practice Registered Nurses (APRNs), to continue to strive to practice to the full extent of their training and education. Encouraging APRNs to practice at the top of their license has long been recognized by governmental and private sector organizations as a way to improve access to quality healthcare.

CRNAs are key to providing anesthesia services throughout the state, and especially in rural Oregon. Currently there are no board-certified physicians with a fellowship in pain management in all of the Oregon coast or eastern Oregon. CRNAs who are certified in non-surgical pain management offer a much-needed service to patients who otherwise lack ready access to pain management care. As the opioid epidemic continues to affect Oregonians, interventional pain management offers a non-opioid approach to treat pain and is truly in the public interest to ensure access to this valuable healthcare service. CRNAs do not operate the fluoroscopic equipment, rather they work in collaboration with radiologic technologists who operate the fluoroscopic equipment while CRNAs perform the procedure. Fluoroscopy helps CRNAs to execute these procedures with a high degree of safety by allowing them to see the location of the needle.

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Respectfully submitted,



Kristen Stephenson, CRNA
West Linn, Oregon

February 12, 2019

Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

RE: Oregon Senate Bill (SB) 128: Directs Board of Medical Imaging to issue permit to supervise fluoroscopy to qualified advanced practice registered nurses.

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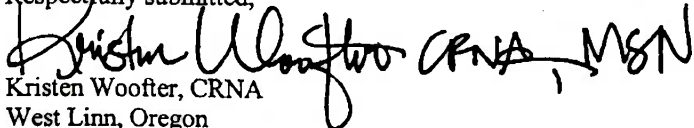
As a resident of Clackamas County, and a Certified Registered Nurse Anesthetist (CRNA), I am writing to express my **SUPPORT of SB 128**. Fluoroscopy is a tool that is paramount to providing safe non-surgical pain management procedures to people suffering from a variety of chronic pain conditions; these procedures can also play a key role in reducing the amount of opioid medications prescribed to patients. Additionally, this bill would allow CRNAs, among other Advanced Practice Registered Nurses (APRNs), to continue to strive to practice to the full extent of their training and education. Encouraging APRNs to practice at the top of their license has long been recognized by governmental and private sector organizations as a way to improve access to quality healthcare.

CRNAs are key to providing anesthesia services throughout the state, and especially in rural Oregon. Currently there are no board-certified physicians with a fellowship in pain management in all of the Oregon coast or eastern Oregon. CRNAs who are certified in non-surgical pain management offer a much-needed service to patients who otherwise lack ready access to pain management care. As the opioid epidemic continues to affect Oregonians, interventional pain management offers a non-opioid approach to treat pain and is truly in the public interest to ensure access to this valuable healthcare service. CRNAs do not operate the fluoroscopic equipment, rather they work in collaboration with radiologic technologists who operate the fluoroscopic equipment while CRNAs perform the procedure. Fluoroscopy helps CRNAs to execute these procedures with a high degree of safety by allowing them to see the location of the needle.

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Respectfully submitted,


Kristen Woofler, CRNA
West Linn, Oregon

February 12, 2019

Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

RE: Oregon Senate Bill (SB) 128: Directs Board of Medical Imaging to issue permit to supervise fluoroscopy to qualified advanced practice registered nurses.

Dear Chair Monnes Anderson and Members of the Committee:

As a resident of Clackamas County, and a Certified Registered Nurse Anesthetist (CRNA), I am writing to express my **SUPPORT of SB 128**. Fluoroscopy is a tool that is paramount to providing safe non-surgical pain management procedures to people suffering from a variety of chronic pain conditions; these procedures can also play a key role in reducing the amount of opioid medications prescribed to patients. Additionally, this bill would allow CRNAs, among other Advanced Practice Registered Nurses (APRNs), to continue to strive to practice to the full extent of their training and education. Encouraging APRNs to practice at the top of their license has long been recognized by governmental and private sector organizations as a way to improve access to quality healthcare.

CRNAs are key to providing anesthesia services throughout the state, and especially in rural Oregon. Currently there are no board-certified physicians with a fellowship in pain management in all of the Oregon coast or eastern Oregon. CRNAs who are certified in non-surgical pain management offer a much-needed service to patients who otherwise lack ready access to pain management care. As the opioid epidemic continues to affect Oregonians, interventional pain management offers a non-opioid approach to treat pain and is truly in the public interest to ensure access to this valuable healthcare service. CRNAs do not operate the fluoroscopic equipment, rather they work in collaboration with radiologic technologists who operate the fluoroscopic equipment while CRNAs perform the procedure. Fluoroscopy helps CRNAs to execute these procedures with a high degree of safety by allowing them to see the location of the needle.

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*The opioid epidemic has already changed the delivery of anesthesia towards an opioid-sparing or opioid-free surgical anesthetic. The change in anesthesia practices will also evolve and incorporate more NSPM-C CRNAs performing pain management procedures. Allowing CRNAs to perform to the top of their training by utilizing fluoroscopy would improve access to opioid-free alternatives to managing pain, which would be beneficial to the entire Oregon community, and therefore I ask for your **SUPPORT on SB 128**.*

Respectfully submitted,


Jason Cole, CRNA
Happy Valley, Oregon

February 12, 2019

Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

RE: Oregon Senate Bill (SB) 128: Directs Board of Medical Imaging to issue permit to supervise fluoroscopy to qualified advanced practice registered nurses.

Dear Chair Monnes Anderson and Members of the Committee:

As a resident of Multnomah County, and a Certified Registered Nurse Anesthetist (CRNA), I am writing to express my **SUPPORT** of **SB 128**. Fluoroscopy is a tool that is paramount to providing safe non-surgical pain management procedures to people suffering from a variety of chronic pain conditions; these procedures can also play a key role in reducing the amount of opioid medications prescribed to patients. Additionally, this bill would allow CRNAs, among other Advanced Practice Registered Nurses (APRNs), to continue to strive to practice to the full extent of their training and education. Encouraging APRNs to practice at the top of their license has long been recognized by governmental and private sector organizations as a way to improve access to quality healthcare.

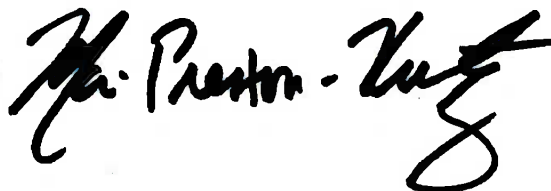
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It is important to note that when it comes to radiologic safety and training, the Council on Accreditation (COA) requires 100% of nurse anesthesia programs to include fluoroscopy in the curriculum. Additionally, fellowship trained CRNAs who complete their Nonsurgical Pain Management Certificate (NSPM-C) must complete an additional focused curriculum on fluoroscopic safety and training. These highly trained CRNAs comply with standards expected by the Centers of Medicare & Medicaid Services (CMS) for nonsurgical pain management. The Oregon State Board of Nursing, which regulates the scope of practice for CRNAs, includes fluoroscopy, "in accordance with other applicable rules and regulations for diagnosis, care delivery or improvement of client safety or comfort." OAR 851-052-0010(6)(h).

The opioid epidemic has already changed the delivery of anesthesia towards an opioid-sparing or opioid-free surgical anesthetic. The change in anesthesia practices will also evolve and incorporate more NSPM-C CRNAs performing pain management procedures. Allowing CRNAs to perform to the top of their training by utilizing fluoroscopy would improve access to opioid-free alternatives to managing pain, which would be beneficial to the entire Oregon community, and therefore I ask for your **SUPPORT** on **SB 128**.

Respectfully submitted,

Marisa Preston-Kuntz, MSN, CRNA
Portland, Oregon



February 12, 2019

Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

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Joyce M. Preston-Kuntz, MSN, CRNA
Portland, Oregon



February 12, 2019

Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

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Keller Martyn, CRNA
Clackamas, Oregon

February 12, 2019

Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

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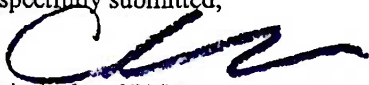
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Chris Andre, CRNA
Oregon City, Oregon

February 17, 2019

Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

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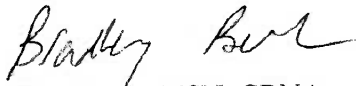
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A handwritten signature in black ink that reads "Bradley Burch". The signature is written in a cursive style with a large, stylized initial 'B'.

Bradley Burch, MSN, CRNA
Portland, OR

February 17, 2019

Oregon Senate
Committee on Health Care
900 Court Street NE
Salem, OR 97301

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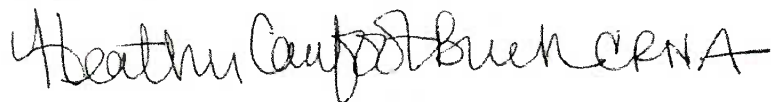
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Heather Carefoot Burch, MSN, CRNA
Portland, OR