



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

RE: Opposition to SB 136

The Oregon Society of Anesthesiologists (OSA) is a professional organization comprised of physicians who are working to uphold the highest standards of anesthesia care and patient advocacy. It is for that reason that we write to you today in opposition to SB 136.

At a time when opioid abuse is running rampant, this bill will add more opioids to circulation

SB 136 allows Certified Registered Nurse Anesthetists (CRNAs) to prescribe prescription drugs, including prescriptions for opioids and other controlled substances listed in Schedules II, III, III N, IV and V without limitations.

Currently, CRNAs are limited to writing prescriptions for those substances for a supply of 10 days or less.

SB 136 is in conflict with other statewide efforts to decrease opioid distribution

Recent Health Evidence Review Commission (HERC) guidelines state that for acute pain, prescribers should always prescribe the lowest effective dose—usually for a duration of less than 3 days, and in some cases, up to 7 days¹. For patients with chronic pain, the HERC is considering opioid-taper policies.

Lifting limitations on opioid prescribing does not make sense.

There is no rural access issue for opioid prescriptions

Oftentimes, changes in a providers' scope is made or considered because of an access issue for rural patients. In this case, we know that such an issue does not exist—instead, rural patients are almost twice as likely to be prescribed opioids than their urban counterparts².

¹ <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Documents/Acute-Prescribing-Guidelines.pdf>

² <https://consumer.healthday.com/bone-and-joint-information-4/opioids-990/opioid-prescriptions-almost-twice-as-likely-for-rural-vs-urban-americans-741702.html>

CRNAs typically work in a team-based setting. For surgeries, the surgeon is responsible for writing any post-op prescriptions for pain management

CRNAs typically practice in the operating room, and surgeons are responsible for post-op opioid prescriptions if the nature of the surgery necessitates it. It is a well-known fact that opioid prescriptions following surgery or a like-procedures can be the first step down the pathway for addiction for many patients³. As many as 10% of patients still use opioids a year following their surgery.

Given that CRNAs typically practice with other providers who manage patients' pain after an operation, it does not make sense to permit CRNAs to write lengthy opioid prescriptions.

For patients experiencing chronic pain, or requiring other pain management services, physician-led pain management are helpful resources

Pain management clinics offer many alternatives to opioids including nerve blocks, occupational and vocational therapy, physical therapy, therapies provided by a psychologist, acupuncture, and many more. If longer-term opioid prescriptions are deemed necessary by a patients' care team, there are prescribers who are currently equipped to handle those prescriptions. Physician anesthesiologists who specialize in interventional pain management and often work in pain clinics spend an additional year or two receiving training— after four years of residency that includes subspecialty rotations in pain management, as well as training during medical school.

SB 136 is a solution in search of a problem

The OSA is unclear on what problem SB 136 is attempting to solve. CRNAs were permitted to write 10-day prescriptions of controlled substances just a few years ago by the 2013 Legislature. This limitation makes sense, especially given all that we know about the current opioid epidemic. If there is an underlying or glaring issue that this bill is attempting to solve, the OSA would like to work with proponents to find a way to safely address it—keeping in mind the current opioid epidemic and the need to cut down on opioids in circulation.

For the above reasons, the OSA respectfully urges your opposition to SB 136.

³ <https://www.usatoday.com/story/opinion/2019/02/12/doctors-limit-prescription-opioids-surgery-pain-reduce-addiction-patients-column/2766756002/>