

March 10, 2019

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

RE: Oregon Senate Bill (HB) 136: Removes 10-day supply limitation of prescriptions issued by certified registered nurse anesthetists.

Dear Chair Monnes Anderson and Members of the Committee:

I am a Certified Registered Nurse Anesthetist (CRNA) and a member of the Oregon Association of Nurse Anesthetists (ORANA). I am writing to **SUPPORT SR 136**, which will remove the current 10-day supply limitation for prescriptions issued by CRNAs and thereby enable Oregon CNRAs to better serve their patients.

CRNAs are essential healthcare providers in Oregon, particularly in the rural portions of our state. In rural Oregon, CRNAs provide more than 80% of the anesthesia services. CRNAs and those they serve thus benefit from statutes that allow CRNAs to function to the fullest extent of their education and training. Unfortunately, CRNAs currently are a largely-untapped resource in combatting the opioid epidemic in Oregon due to barriers that include the current 10-day supply limitation for prescriptions issued by CRNAs.

The increasing prevalence of opioid use disorder is well documented both nationwide and in Oregon. To address this serious issue, Oregon Representative Greg Walden sponsored a successful bill that will enable CRNAs to provide Medication Assisted Treatments (MATs) to help combat opioid abuse. The bill passed by Congress - the SUPPORT for Patients and Communities Act¹ - will enable Oregon CRNAs to provide rural Oregonians with **ACCESS to MATs**. But for CRNAs to provide this vital service in underserved areas of rural Oregon, the 10-day limitation on CRNA prescriptive authority must be removed.

Rural Oregonians suffering from opioid use disorder lack ready access to MATs. For example, if you go to the Substance Abuse and Mental Health Services Administration (SAMHSA) website and search for providers in the Buprenorphine Treatment Practitioner Locator, you will find many counties in eastern Oregon without access to a provider of MATs. In Harney County there are no providers, Malheur County has only one provider, and Grant County similarly has only one provider, a nurse practitioner. That is a geographic area a quarter size of Oregon with only two providers. With passage of the SUPPORT for Patients and Communities Act, Oregon CRNAs are poised to help remedy the serious shortage of **ACCESS to MATs** for residents in rural Oregon. But to make that a reality, we need your support for the passage of HB 2698.

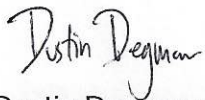
CRNA practice continues to evolve, which dovetails well with Oregon's role as a national leader in health care. Starting in 2015, CRNAs have had available the opportunity to continue their post-graduate education and complete a fellowship to become Nonsurgical Pain Management certified (NSPM-c). There are no board certified, fellowship trained nonsurgical pain management physicians in all of eastern Oregon or on the Oregon coast. This shortage can be relieved by CRNAs who have obtained the NSPM-c subspecialty certification. But the ability of such a CRNA to wean patients off of opioids with interventional pain management and transition to non-opioid medications is severely hindered by the current 10-day prescription privilege with no refill. This means that CRNAs who have obtained NSPM-c cannot practice to the full capacity of their education and training under current law. There are rural Oregonians

¹ The full name of the act is the Substance-Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act.

who have been referred through the Veterans Administration to have their pain managed by a CRNA who is NSPM-c credentialed but who are denied care because the CRNA cannot prescribe medications beyond 10 days. This is a profound burden to Oregon veterans who chose to live in the rural setting.

I am one of many CRNAs that provides care to rural Oregonians. I was raised on the Oregon coast and am proud of the services I provide. I also had the opportunity to deploy to a single-bed Forward Surgical Team at Forward Operating Base Orgun-E in Afghanistan. I have witnessed first-hand the effects of addiction and suicide within the team I was deployed with. This is devastating, and the thought of wishing you could do more always lingers. I therefore ask you to please **SUPPORT SR 136** to allow CRNAs to become a bigger part of the solution for Oregonians who suffer from opioid use disorder, and allow NSPM-c CRNAs to treat patients in the rural setting to the fullest extent of their education and training.

Respectfully submitted,



Dustin Degman CRNA
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Florence, Oregon

¹ The full name of the act is the Substance-Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act.