



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) 136: Removes 10-day supply limitation of prescriptions issued by certified registered nurses anesthetists.

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 136, which would remove the 10-day supply limitation on prescriptions by CRNAs. We encourage you to support SB 136 and the ability of Oregon CRNAs to provide high quality, cost-effective care to Oregon patients without unnecessary restrictions.

National Trend

Restricting CRNA practice is contrary to the national trend, which is toward allowing each APRN role to practice to the full extent of his/her education and training. Full APRN scope of practice, including the use and prescription of pharmacologic and non-pharmacologic interventions, is supported by the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education,¹ adopted in 2008 and endorsed by over 40 nursing organizations.

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*² (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]

CRNA Scope of Practice/Potential Impact of SB 136 in Oregon

CRNAs have been providing anesthesia care to the citizens of Oregon and this country for over 150 years. As healthcare professionals, CRNAs practice according to their expertise, state statutes and

¹ <https://www.aacn.org/~media/aacn-website/nursing-excellence/standards/aprnregulation.pdf?la=en>

² http://www.nap.edu/catalog.php?record_id=12956

regulations, and institutional policy. The AANA supports the full scope of CRNA practice as set forth in the AANA's "Scope Nurse Anesthesia Practice" and "Standards for Nurse Anesthesia Practice."³ CRNAs collaborate with all members of the patient care team to ensure patient safety and comfort. They are responsible for the patient's safety before, during and after anesthesia, developing and initiating a patient-specific plan of care and staying 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.⁴ Acute and chronic pain interventions by CRNAs can minimize the use of and need for opioids. The federal Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT)⁵ was enacted into law in October 2018, expanding upon previous legislation to include CRNAs among providers able to prescribe medication-assisted treatment (MAT) to individuals suffering from opioid addiction. Reducing opioid use by patients suffering from chronic pain may involve the use of prescription medications for more than 10 days. The current inability for CRNAs to prescribe beyond 10 days restricts their ability to effectively treat these patients.

CRNAs serve as the backbone of anesthesia care in rural and other medically underserved areas of the United States. A recent study⁶ 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 exist.⁷

Based on the foregoing, we support the Oregon Association of Nurse Anesthetists concerning SB 136 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
AANA President

³ <https://www.aana.com/practice/practice-manual>

⁴ 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>.

⁵ H.R. 6, Pub.L. 115-271.

⁶ 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.

⁷ 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>.