

February 9, 2019

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

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

Dear Senator Monnes Anderson and Members of the Committee:

As a resident of Yamhill County, and a Certified Registered Nurse Anesthetist, I am writing to **SUPPORT SB 136** to remove the 10-day supply limitation of prescriptions issued by CRNAs. CRNAs provide much of the anesthesia care in Oregon, and more than 80% of the anesthesia services in rural areas and benefit from statutes that allow them to function to their fullest extent of education and training. The opioid use disorder is well documented nationwide and the effects can be specifically seen with the **lack of access** in rural Oregon. Removal of the 10-day prescribing privileges without refill would allow CRNAs in Oregon to provide Medication Assisted Treatments (MATs) with the 2018 passing of the House of Representatives Bill (HR) 6 - "SUPPORT for Patients and Communities Act". HR 6 was sponsored by Representative Greg Walden to allow Oregonians in rural Oregon to have **ACCESS to MATs**. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) website in the Buprenorphine Treatment Practitioner Locator, there are many counties in eastern Oregon without access to a provider of MATs. In Harney County there are no providers, only one in Malheur County, and one in Grant County (a nurse practitioner). That is a geographic area a quarter size of Oregon with only two providers. In my own county, there are only nine providers for a population of roughly 100,000. There is a serious shortage to **ACCESS** of MATs and CRNAs can help provide services to needed residents in Oregon.

CRNAs have 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 physicians in all of eastern Oregon or on the Oregon coast. This shortage is relieved with CRNAs who have their NSPM-C, but their ability to wean patients off of opioids with interventional pain management and transition to non-opioid medications is hindered with their ability to only prescribe a 10-day prescription with no refill. CRNAs who are NSPM-C cannot function to their full capacity of their education and training with the 10-day limitation. There are Oregonians who live in the rural setting, referred to have their pain managed by a CRNA that is NSPM-C through the Veterans Administration that are denied care because the CRNA cannot prescribe medications beyond 10 days. This is a profound burden to veterans throughout the state who choose to live in the rural setting.

I am one of many CRNAs that would like to provide pain management care to Oregonians, but the current limitations do not allow me to practice to the top of my license. Please **SUPPORT SB 136** and allow CRNAs to become part of the solution to help Oregonians who suffer from

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opioid use disorder and allow NSPM-C CRNAs to treat patients to the fullest extent of their training all across Oregon, and especially in the rural areas.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'JD', with a long, sweeping horizontal stroke extending to the right.

Josh Dillard, MN, CRNA  
Newberg, Oregon