

March 2, 2019

Oregon Senate  
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 Dear Monnes Anderson and Members of the Committee:

I am a Certified Registered Nurse Anesthetist (CRNA) and current fellow at the University of South Florida's Simulation-Based Academic Fellowship in Advanced Pain Management. I plan on sitting for my Nonsurgical Pain Management (NSPM) boards in May 2019. I am writing a letter to **SUPPORT SB 136** to remove the 10-day supply limitation of prescriptions issued by CRNAs.

Millions of people throughout the world suffer from acute and chronic pain. According to the International Association for the Study of Pain (IASP), pain is defined as an unpleasant emotional and sensory experience associated with actual or potential tissue damage or described in terms of such damage. The correct assessment, diagnosis, and management of pain require a thorough understanding of pain pathways including both the peripheral and central mechanisms involved in facilitating, inhibiting and modulating the complex pain process. CRNA's are subject matter experts in treating pain.

CRNAs render more than 80% of the perioperative anesthesia services in rural Oregon and benefit from statutes that allow them to function to their fullest extent of education and training. The opioid use epidemic is well documented nationwide and the effects can be seen explicitly with the lack of access. CRNAs are a solution to providing both acute and chronic pain services to the rural communities in Oregon.

Removal of the 10-day prescribing privileges without refill would allow CRNAs in rural 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. You will find many counties in eastern Oregon and coastal 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. There is a severe shortage to ACCESS of MATs and CRNAs can help provide services to needed residents in rural Oregon. Currently, I am working at a critical access hospital, and it has been a significant challenge to provide care to our pain plagued patients. We are seeking to employ a CRNA NSPM-c for our group solely for non-surgical pain management and began a dedicated pain practice. Not being able to prescribe beyond a ten-day window is a severe restriction for any pain management provider. Presently the only dedicated program we have locally is a single Suboxone (buprenorphine) treatment program. Legislative changes for Oregon NPs and CRNAs scope of practice are needed to aid in the state's

response and raise expectations. Individual communities utilization of NPs and CRNAs are widely identified as part of the solution.

There is no board certified, fellowship trained physicians in all of eastern Oregon or on the Oregon coast for pain management. This shortage can be relieved with CRNAs who have their NSPM-c. They have the advanced education and preeminent experience to treat and prescribe safe and appropriately for Oregon's pain plagued population. But their ability to wean patients off of opioids with interventional pain management and transition to non-opioid medications is hindered by legislative handicap to only prescribe under the restrictive "10-day prescription privilege with no refill". Oregon CRNAs who are Board Certified in NonSurgical Pain Management (NSPM-c) cannot function to the full capacity of their education and training. There are suffering Oregonians who are referred to have their pain managed by a CRNA and are denied care because the CRNA cannot prescribe medications beyond ten days. This is a profound burden throughout the state for those who live in rural or coastal areas.

I am one of many CRNAs that provides care to rural Oregonians. I am a former USAF CRNA and am proud of the independent services I supply. I have seen the effects of addiction and suicide within the military, within the VA system and where I currently work. This is a devastating issue, and the desire to do more motivates me to be at the forefront of pain management for the underserved. **Please SUPPORT SB 136** and allow CRNAs, **ALLOW ME**, to become part of the solution to help 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,

A handwritten signature in black ink, appearing to read "Robert E. Bland". The signature is fluid and cursive, with the first letter of each name being significantly larger and more prominent.

Robert E. Bland, MSN, CRNA  
Board Certified Registered Nurse Anesthetist  
Major, USAF (R)  
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