

Oregon Senate Bill (SB) 136: Removes 10-day supply limitation of prescriptions issued by Certified Registered Nurse Anesthetists.

Dear Chair Monnes Anderson and Members of the Committee:

My name is Scott Rigdon MPH, MSN CRNA and I would like to return to Oregon.

I am writing to urge you and your committee to bring the CRNA Scope of Practice in line with Oregon APRNs. The inability to engage and use my Non-surgical pain management (NSPM) training in Oregon forced my family and I to move to Montana in 2014. I provide approximately 2,000 NPSM procedures per year and see around 60 patients per week. Although, assisting with prescriptions for patients is not a primary focus of my practice, the ability to assist the opiate crisis is a weekly issue I do help with. To be clear, medication management is part of the continuum of NPSM care and CRNAs are uniquely poised to assist with chronic patient management and Medication Assisted Therapy (MAT).

When working on the original prescriptive authority legislation in 2012-13, there was significant concern regarding the need for prescription writing authority for CRNAs. Working full-time in NSPM practice for the last 4.5 years, I can provide some unique insight into why CRNAs need to have unrestricted prescriptive authority in-line with Oregon APRNs. First, there is no evidence to suggest that there will be any harm to the public by allowing CRNAs prescribing authority that exceeds 10 days or allows refills. Second, chronic pain patients are often under-insured and may experience difficulty interacting with the healthcare system. The ability to capture and manage these patients in a coordinated fashion allows CRNAs to identify these patients and collaborate with colleagues to ensure they are properly managed and transitioned away from opiates as needed. Finally, the inclusion of CRNAs in Federal Legislation that allows for MAT training to assist those attempting to transition from opiates essentially requires the ability to identify and manage patients seeking MAT on demand.

In my experience, patients bond with certain providers and trust them to help work through health-related issues. My current NPSM practice has patients who are seeking advice and pharmacological methods to transition away from opiates. This has informed my strong belief that CRNAs are an additional professional who can competently assist in reducing the opiate crisis and its impact on Oregonians.

I urge you to bring Oregon CRNA prescribing authority in-line with other APRNs.

Respectfully submitted,

Scott Rigdon MPH, MSN, CRNA

A handwritten signature in black ink, appearing to be 'SR', with a long horizontal flourish extending to the right.