

My name is Brian Mitchell, I am a physician anesthesiologist and former President of the Oregon Society of Anesthesiologists. I'm writing to express my great concern over SB 136, which would allow for certified registered nurse anesthetists (CRNAs) to prescribe unlimited supplies of opioids and other controlled substances.

***Oregon is in an opioid crisis.*** Every day in the United States an average of 91 people die from an opioid overdose, and over 1,000 people are treated in emergency departments for complications related to opioids. **In Oregon, 505 people died of an opioid overdose in 2015 alone.** A more recent article in 2018 stated that three Oregonians die every week from an opioid overdose. There should be no doubt that there were even more deaths in Oregon over the last several months, and unfortunately, that there will be more to come through the rest of the year. We are in crisis mode, and we all need to take every step possible to save Oregonians lives and prevent unnecessary deaths from opioids.

*"Excessive prescribing creates the potential for diversion to unintended users for nonmedical abuse, and **nearly 75% of recent heroin users report being introduced to opioids through prescription medications.**"*

*"Nonetheless, iatrogenic opioid dependence could now be considered a postoperative complication of equal magnitude, and 1 of every 20 opioid-naive patients continues to require opioids long after their surgical care is complete."*

- from attached *Iatrogenic Opioid Dependence in the United States*

One of our country's most prominent physicians and patient safety experts, Atul Gawande wrote (see submitted article titled "It's time to adopt electronic prescriptions for opioids):

*"administrative data suggesting that **3% to 10% of opioid-naive patients who receive narcotic prescriptions for low-risk surgery continue to take narcotics up to a year later.** Moreover, the vast majority of prescription opiate abusers receive the drugs they use through diversion, most often from family members who have excess pills." These numbers often reflect an opioid dependence in patients that occur when they are prescribed opioids for longer than 7 days. Interestingly this number coincides with the current limitation on CRNA prescriptions.*

As physician anesthesiologists we often tell patients about complications that occur in 1 in 10,000 patients to 1 in 100,000 patients. **Post-operative opioid dependence can be literally 10,000 to 100,000 times more likely than most major surgical complications!** Curbing the opioid epidemic is all of our responsibility, but as legislative leaders you have the unique opportunity to make a positive difference in the face of a crisis. Please do not advance this bill. Our state does not need anyone else to write lengthy opioid prescriptions.

We are in the middle of a scary epidemic, but each of us can help save lives. **Please vote this bill down and prevent more Oregonians from unnecessarily accessing opioids.**

Thank you,



Brian Mitchell, MD