



Testimony in Support of Senate Bill 128

April 16, 2019

House Committee on Health Care

Deborah Riddick

Good afternoon Chair Salinas, Vice Chairs Nosse and Hayden, and members of the committee. My name is Deborah Riddick. I am the Director of Government Relations for the Oregon Nurses Association (ONA). We represent 15,000 registered nurses throughout the state and the Nurse Practitioners of Oregon. The ONA supports SB 128, which would permit qualified Nurse Practitioners (NPs) to supervise fluoroscopy, consistent with Oregon Board of Medical Imaging (OBMI) and Oregon State Board of Nursing (OSBN) requirements. We appreciate the opportunity to testify before you today.

On behalf of its Nurse Practitioner members, ONA requests your support of SB 128 to correct a long-standing barrier to the performance of procedures which require fluoroscopy. The bill, as passed by the Senate, authorizes NPs, subject to the rules of both the OBMI and the OSBN, to supervise medical imaging licensees in the performance of procedures within the scope of the NPs practice and license.

Approximately 2 years ago, the Boards named in this bill concluded that although some NPs were utilizing fluoroscopy as described in this bill, it was not allowed under current statute. Historically, NPs using fluoroscopy, have done so by supervising medical imaging licensees, who insure the correct utilization of radiation equipment. And it's important to note that there have been no complaints or reports of bad patient outcomes, identifying NPs using fluoroscopy, to the OSBN on record. Following identification of this statutory omission, considerable discussion and collaboration occurred involving the Boards, ONA and Nurse Anesthetists to discuss the best way forward; patient safety and care access were among the common goals which processed SB 128.

NPs, particularly those in rural and underserved areas, rely on fluoroscopic procedures to meet the needs of patients using the most appropriate, evidence-based technologies available. Under SB 128, procedures that require fluoroscopic visualization of the anatomic location for safe completion are included. Fluoroscopic guidance in orthopedic fracture reduction and placement of spinal injections for pain management are two common applications. The cost-effectiveness of the procedure is clear. Early intervention in orthopedic treatment ensures proper alignment and reduces the need for more costly surgical intervention. Early intervention in pain management localizes treatment application and reduces the need to prescribe high-dose opioids.

The ONA urges passage of SB 128 as a commonsense fix that addresses Board concerns and aligns NP practice with Oregon's current standard of care for fluoroscopy supervision. Collaboration with OBMI and OSBN produced the bill before you today and we appreciate the thoughtfulness that went into it. It is our expectation that subsequent rulemaking, as required by the bill, will be consistent with those governing other providers who similarly use fluoroscopy. And we specifically request that barriers not be erected which would inconsistently limit NP practice, negatively impact patient access to care, or undermine the good faith process that produced SB 128.