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Oral Testimony of Julie Weis
for the Oregon Association of Nurse Anesthetists
Before the House Committee on Health Care

April 16, 2019

In Support of SB 128 A

Chair Salinas and Members of the Committee:

My name is Julie Weis, and I am an attorney with the law firm Haglund Kelley. My firm and I have been honored to represent the Oregon Association of Nurse Anesthetists (ORANA) for more than 20 years. I appreciate the opportunity to appear before you in support of SB 128 A, which addresses an unforeseen barrier to the use of fluoroscopy as an imaging tool by Certified Registered Nurse Anesthetists (CRNAs) and other Advanced Practice Registered Nurses (APRNs).

I urge you to support SB 128 A so that Oregon CRNAs can use fluoroscopy as a tool within their scope of practice to provide necessary, high-quality, and cost-effective healthcare services to Oregonians throughout the state, particularly in rural areas of Oregon.

The need for this legislation goes back three years. Oregon CRNAs are regulated by the Oregon State Board of Nursing (OSBN), which in February 2016 approved much-needed modernizing amendments to the rules governing the CRNA scope of practice. The amendments brought the rules into conformity with evolving CRNA practice, including by acknowledging that the CRNA scope of practice includes using technologies like fluoroscopy for diagnosis, care delivery or improvement of client safety or comfort.

Fluoroscopy is a medical imaging technique that uses an X-ray beam to create a real-time image of a body part. CRNAs use fluoroscopy primarily during the provision of interventional pain management services for the purpose of localizing needle placement.

CRNAs using fluoroscopy do not operate the fluoroscopic equipment. Rather, they work with radiologic technologist colleagues who operate the fluoroscopic equipment. Unexpectedly, Oregon's Radiation Protection Services expressed concern regarding whether the CRNA rules adopted by the OSBN complied with requirements about who

could supervise radiologic technologists. Also unexpectedly, the Oregon Board of Medical Imaging expressed concern regarding who could supervise operators of medical imaging equipment. The stakeholders thus embarked on a multi-year effort to collaboratively address the concerns so that properly educated and trained CRNAs (and other APRNs) can use fluoroscopy within their scope of practice for the benefit of Oregonians.

The CRNA academic curriculum includes training and education in fluoroscopy. In addition, CRNAs who desire to use fluoroscopy undergo additional training in radiation safety and use of fluoroscopic equipment. Some CRNAs are even choosing to complete a fellowship in nonsurgical pain management to obtain a subspecialty certification from the CRNA national certification board – the certification board began implementing this subspecialty certification in 2015. SB 128 A ensures that CRNAs (and other APRNs) using fluoroscopy will satisfy the relevant didactic and clinical education requirements, and also an examination requirement, for the use of fluoroscopy. This will safeguard the wellbeing of CRNA patients while also being protective of other medical care providers, including radiologic technicians, who are involved in patient care involving fluoroscopy.

Just as SB 128 A does not involve a new skill for CRNAs, SB 128 A is not a new statutory concept. Rather, it is modeled after the existing statute governing Physician Assistant practice of fluoroscopy (ORS 688.510), which authorizes Physician Assistants to actually operate fluoroscopic equipment. Again, CRNAs and other APRNs will not be operating the fluoroscopic equipment. Rather, they will interact with their radiologic technician colleagues who will be operating the fluoroscopic equipment.

Enabling Oregon CRNAs to work with radiologic technologists to use fluoroscopic imaging for the benefit of patients will ensure that CRNAs can practice to the fullest extent of their scope, commensurate with their education, training and competencies. This is consistent with Oregon's role as a national leader in health care. Ensuring that CRNAs can practice to the fullest extent of their scope is wholly consistent with healthcare reform initiatives that urge the removal of barriers that hinder nurses from providing patient care to the full extent of their education and training. More fundamentally, passage of SB 128 A will enable Oregon CRNAs to continue providing Oregonians throughout the state with access to high-quality and cost-effective healthcare services. The collaboratively-developed legislation before you thus is good policy in all respects.

On behalf of ORANA, I thank you for your time and your service and urge you to support SB 128 A.

