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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 136

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 136, which seeks to remove restrictions on the prescriptive authority of Certified Registered Nurse Anesthetists (CRNAs). We seek to remove the restrictions so that Oregon CRNAs can better serve their patients and play a larger role in combating the opioid epidemic.

In 2013, the Legislature granted CRNAs the ability to prescribe medications within their scope of practice, but limited this authority to prescriptions of only 10 days. The Legislature did not limit the types of medications that CRNAs can prescribe – the limitation imposed on CRNA prescriptive authority was purely temporal. (Note that the summary for this bill, which refers to controlled substances prescriptions, is misleading – just as the original prescriptive authority bill did not limit the types of mediations CRNAs can prescribe, SB 136 applies generally to any medication that a CRNA might prescribe.) The original temporal limitation placed on CRNA prescriptive authority was based on some legislators' belief that CRNAs had not demonstrated a need for unlimited prescriptive authority. We were essentially told to come back if the situation changed – and it has changed, so we are back before you today.

The Legislature understood back in 2013 that the academic curriculum for all nurse anesthesia programs includes training and education in advanced pharmacology, along with a clinical component that provides significant supervised direct patient care experiences. Thus the 2013 legislation, which is codified in ORS § 678.282, directed the Oregon State Board of Nursing to adopt rules establishing that "the scope of practice of a [CRNA] includes the authority to prescribe prescription drugs." But to ensure that CRNAs are safe prescribers of prescription drugs, the Legislature also directed the Board of Nursing to establish educational requirements for CRNAs seeking prescriptive

authority that include a minimum of 45 contact hours in pharmacology along with clinical education in pharmacotherapeutics.

So what has changed since 2013 such that we are now asking you to remove the temporal limitation on CRNA prescriptive authority? CRNA practice has changed, particularly regarding the role of CRNAs in pain management, including the management of chronic pain. CRNAs are skilled providers of anesthesia and analgesia care, both of which have a goal of causing insensitivity to, or relieving of, pain. CRNAs can help patients manage pain by providing interventional pain management services such as epidural steroid injections or injections of medication into a muscle or near a nerve to relieve pain. But increasingly, given the opioid epidemic and health care providers' heightened awareness of the need to reduce Oregonians' use of opioids, patients are being referred to CRNAs for pain management services that include the use of prescription medications while patients are being weaned from opioids. Examples of prescription medications that a CRNA might need to prescribe to a patient include:

- calcium channel blockers, like Gabapentin;
- antidepressants, like Amitriptyline;
- muscle relaxants; and
- nonsteroidal anti-inflammatory drugs (NSAIDs).

This is not an exhaustive list. And yes, as a patient is being weaned from opioids, a CRNA might need to prescribe opioids as a part of a tapering regimen.

The problem with the current 10-day limitation on CRNA prescribing authority is that the treatment and management of chronic pain isn't a 10-day therapeutic effort – it takes time. And with the current 10-day restriction on their prescriptive authority, CRNAs are having to turn away patients because of their inability to effectively manage the patients' prescription medications. In most cases, it isn't realistic or appropriate to expect an already-overburdened primary care provider to manage the patients' prescription medications for the CRNA.

CRNAs are the only group of Advanced Practice Registered Nurses in Oregon whose prescriptive authority is limited to a 10-day period. SB 136 thus will enable Oregon CRNAs to better serve Oregonians by practicing to the fullest extent of their scope of practice. Rural Oregonians in particular have limited access to providers capable of providing interventional pain management services, which again typically involve prescription medications as part of a patient-centered, multimodal treatment approach. SB 136 does not involve a new skill for CRNAs – the CRNA scope of practice includes prescriptive authority without limitation as to the types of drugs being prescribed. SB 136 will simply remove the current 10-day restriction on CRNA prescriptive authority.

On behalf of ORANA, I thank you for your time and urge you to support SB 136.