

From the Desk of
Senator
Lee Beyer



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OREGON ASSOCIATION *of*
NURSE ANESTHETISTS

Increase Access to Non-Opioid Pain Management by Removing Restrictions on Certified Registered Nurse Anesthetist Prescriptive Authority

Certified Registered Nurse Anesthetists (CRNAs) are well-established, proven-safe and cost-effective anesthesia providers. Currently, more than 350 CRNAs are actively serving Oregonians in all care settings, providing both anesthesia care and pain management services.

More than 40% of CRNAs practice in rural areas of our state, and 80% of the anesthesia services to rural Oregonians are provided by these Nurse Anesthetists. CRNAs work in every setting in which anesthesia is delivered including hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers, pain management facilities, and in the offices of dentists, podiatrists, and specialty surgeons. CRNAs play an essential role in assuring that rural Oregonians have access to critical anesthesia and pain management care, often serving as the sole providers of these services in rural hospitals and affording these facilities the capability to meet the needs of local residents.

CRNAs are an untapped resource in combating the opioid epidemic. Using a patient-centered, multimodal treatment approach that includes interventional pain management and prescription medications, CRNAs can help reduce the reliance on opioids as a primary pain management modality, thereby helping curb the prescribed opioid epidemic. CRNAs are well positioned to relieve suffering through holistic pain treatment and management across the continuum of pain in all clinical settings.

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. CRNAs were already authorized to independently select, order and administer medications within the care setting. CRNAs are the only group of Advanced Practice Registered Nurses in Oregon with this limitation.

Much has changed in CRNA practice since 2013, specifically in relation to the utilization of CRNAs in pain management. Rural areas have limited access to providers capable of providing non-surgical or interventional pain management. As anesthesia professionals, CRNAs are uniquely skilled to provide both acute and chronic pain management and to treat patients suffering from a wide range of pain conditions. Many patients rely on CRNAs as their primary pain specialist and in rural areas may not have access to any other options. Congress recognized



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this recently in the SUPPORT Act¹ by authorizing CRNAs to prescribe buprenorphine as part of medication-assisted treatment designed to combat opioid abuse. Oregon's rural communities currently lack sufficient access to such medication-assisted treatment, which lasts more than 10 days.

CRNAs, by virtue of education and individual clinical experience and competency, are able to practice pain management and can minimize the use of and need for opioids to address chronic pain. Most commonly, CRNAs provide interventional services such as epidural steroid injections or injections of medication into a muscle or near a nerve to relieve pain. As pain management has expanded, however, so has the need to provide expanded services. Many healthcare professionals seek out pain professionals to manage those patients with chronic pain conditions, and CRNAs have the education, ability and expertise to provide these services to ensure patient access to chronic pain management care. But reducing opioid use in patients suffering from chronic pain often involves the use of prescription medications for more than 10 days. The inability for CRNAs to prescribe beyond 10 days thus restricts their ability to holistically treat these patients and de-prescribe opioids.

**Please Expand Access to Non-Opioid Pain Management by Expanding Prescriptive Authority
for CRNAs by supporting HB 2698 & SB 136**

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¹ The SUPPORT Act is the Substance-Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act. It was signed into law in October 2018.