



Testimony on Senate Bill 1561
February 11, 2020
Senate Committee on Judiciary
Deborah Riddick, JD RN

Good afternoon Chair Prozanski, Vice Chair Thatcher 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, as well as our member organization, the Nurse Practitioners of Oregon. The ONA supports provisions in SB 1561, which would enable Nurse Practitioners (NPs) to diagnosis and recommend medical cannabis to patients meeting criteria under current law. It also updates physician-centric language, amended to “provider”, in recognition of the diverse landscape of professions currently serving Oregon communities.

Oregon has long established itself as a national leader on NP scope of practice issues. As a result, patients all over the state have access to these highly skilled and cost-effective providers. Unfortunately, NPs who enjoy our state’s strong practice parity, are unable to diagnose and recommend medical cannabis to their established patients. Under current law, patients meeting current diagnosis criteria for the program would require referral to a physician, in order to have an application certified for the program. This lack of parity is costly for the patient, who must undergo two exams, along with the costs of time and transportation, and the system, which would reimburse two providers. The most egregious cost, however, is the patient’s pain and suffering due to delayed treatment.

ONA also believes that the provider expansion in SB 1561 addresses an equally alarming care limitation. Under current interpretation of our Nurse Practice Act, the Oregon State Board of Nursing has opined that NPs would be in violation of their licensure, while discussing medical marijuana as an option, because current law restricts that ability to physicians. As a state that has approved both medical and recreational marijuana use, this limitation is a barrier to an effective patient-provider relationship and prevents NPs from engaging in collaborative care and patient education. Both are established best practices. Both facilitate patient-centered care and improve patient outcomes. NPs must be able to discuss cannabis as a treatment option and must be able to complete applications for patients who desire and qualify for the Oregon Medical Marijuana Program.

Finally, the provider neutral language updates, where appropriate, are long overdue and needs to occur consistently throughout all relevant statutes. An ongoing commitment to provider neutral language acknowledges the great contributions of Oregon’s provider workforce and elevates parity as an important value statement. ONA strongly supports the NP inclusive provisions in SB 1561 and urges your support of this commonsense update.