



Testimony in Opposition of Senate Bill 65

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Senate Committee on Health Care

Deborah Riddick

Good afternoon Chair Monnes-Anderson, Vice Chair Linthicum and members of the committee. My name is Deborah Riddick. I am the Director of Government Relations for the Oregon Nurses Association. We represent 15,000 registered nurses throughout the state, as well as our member organization, the Nurse Practitioners of Oregon. I am joined by Nancy MacMorris-Adix, a Certified Nurse Midwife and Chair of the of our Cabinet on Health Policy, who will also offer testimony this afternoon. The Oregon Nurses Association opposes SB 65, as introduced by the Oregon State Board of Nursing, for the following reasons:

Historically, Oregon has led the nation in advancing thoughtful nursing policy that offers our nurse practitioners, some of the strongest practice and prescribing authority in the country. Currently under statute, section 851-050-005, there are 12 distinct nurse practitioner subspecialties identified which share common scope of practice privileges; Nurse Midwife Nurse Practitioner (NMNP) is listed among them. Here in Oregon, as is common all across the country, Nurse Practitioners who specialize in this practice area are also commonly known as Certified Nurse Midwives (CNM). This isn't a problem we created. So, while we can appreciate the Board's recognition of this inconsistency and its willingness to update the designation in statute, we believe that the statutory relocation of this subspecialty is overkill and it could result in negative consequences. The Board has expressed to ONA 3 primary intentions for SB 65's introduction, and I would like to address each briefly.

- 1) **The Board offers that SB 65 intends to provide "public clarity."** Well, it's not been our experience that patients seeking this provider class have been so confused or misinformed that it has impacted either provider access or patient care. In fact, it's estimated that 1 in every 5 Oregon births are assisted by these providers. Clearly, it's not what they're called but rather what they do, that makes them essential providers, helping us address our maternal and infant mortality rates.
- 2) **The Board offers that SB 65 intends to "align the licensing title with how NMNPs are identifying themselves in their charting and billing."** On this point we agree. Simply changing the designation every place NMNP is identified in statute would align the licensing with the title that many in the profession actually prefer. It also would eliminate the charting conflict without running the risk associated with removing NMNPs completely from the nurse practitioner designation which, if statutory references were missed, could impact practice and reimbursement.



- 3) **The Board offers that SB 65 intends to identify Oregon midwives in the same manner as other Consensus Model states.** Just to clarify, the Consensus Model offers guidance to adopt national uniformity. And it's important to note that the National Council of State Boards of Nursing, who developed and advances this consensus model, acknowledges that "many states have adopted portions of the Model elements but there still may be variation from state to state." <https://www.ncsbn.org/aprn-consensus.htm>. What distinguishes Oregon nursing practice and the policies that shape it, is our ability to look outward to consider regional and national trends, then to reflect upon our local values and sensibilities, and then finally to look inward to develop legislative solutions that address the unique needs of Oregon. To set NMNPs apart, under any title designation, in response to the recommendations of national stakeholders, would be a stark departure from our value of individuality and would be in conflict with the self-determination of this provider class.

So if you believe, as we do, that there isn't sufficient public confusion to warrant the separation of NMNPs from their professional counterparts...and if you believe, as we do, that a measured approach that would change the designation but wouldn't require that NMNPs to be relocated in statute, running the risk of losing some of the practice and prescriptive authority they, and their patients, have come to rely on...then the only reasonable conclusion to draw is that SB 65 is primarily about aligning Oregon with a national agenda for Nurse Practitioners, not taking into account what's right for Oregon, a national leader in nursing practice.

In closing, while we clearly oppose SB 65, ONA would welcome an opportunity to work with the OSBN and the members of the American College of Nurse Midwives to ensure that any amendments to the bill strikes a balance between the needs of our Nurse Practitioners with the Board's apparent desire to achieve national uniformity. I appreciate having the opportunity to testify and I am happy to answer any questions.