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Honorable Chairperson Monnes-Anderson, Healthcare committee members
900 Court St NE
H-493
Salem, Oregon 97301

Senate Bill 136. Bill Summary: removes 10 day supply limitation on prescriptions for certain controlled substances issued by Certified Registered Nurse Anesthetists.

Dear Honorable Chairperson Monnes Anderson and members of the Senate Committee on HealthCare:

My name is Lina Dorfmeister, CRNA NSPM-c, Oregon Association of Nurse Anesthetist board member, I live in Coos Bay and currently Practice anesthesia in a rural healthcare center. I am a seasoned veteran anesthesia provider and have completed advanced fellowship training in acute and chronic pain management. Our community and other rural communities like it throughout Oregon are facing a shortage of healthcare providers of all stripes, with many patients waiting upwards of 6 months to find primary care providers. The opioid crisis and patient's facing opioid use disorder diagnosis place an even greater burden upon our thinly stretched resources forcing many patients to travel upwards of 2 hours to establish care to help wean them off of dangerous opioids and find medically assisted treatment options.

The Centers for Medicare and Medicaid Services (CMS) 2018 Roadmap to Address the Opioid Epidemic laid out a goal of increasing patient access and availability of non-opioid pain management treatment options as well as medically assisted treatment resources to address this epidemic. The success of this plan relies on recruiting healthcare providers to prescribe these treatment options and Certified Registered Nurse Anesthetists (CRNA's) are ideally suited to provide these services to our citizens. Fully 14 states in the nation already permit the unrestricted prescribing authority to CRNA's and our great state also currently permits CRNA's to prescribe a 10-day supply of medications from all classes to patients under their care. CRNA's have been entrusted to safely prescribe and administer the most potentially dangerous medication classes to vulnerable sedated patients under their care on a daily basis, while CRNA's have all completed rigorous pharmacology didactic learning equivalent to that of all other Advanced Practice Nurses.

H.R. 6 Support for Patients and Communities Act has passed the US House and Senate and has been signed into law. Title III FDA and controlled substance provision **section 3201** provides for the flexibility with respect to medication-assisted treatment options for opioid use disorders. This law specifically seeks to increase patients access to MAT options by permitting CRNA's, PA's, Certified Nurse Midwives, and Nurse Practitioners to provide MAT prescribing options including Buprenorphine.

Treating chronic pain and opioid use disorder using the biopsychosocial model employs a multimodal approach such as through pharmacological and non-pharmacological treatment options. Opioid dependent patients and those with opioid use disorder require intensive tapering de-prescribing to gradually reduce dosages taken safely.

I plan collaborate with members throughout the healthcare industry in the community where I live to create the first opioid de-prescribing clinic in Coos Bay. In doing so I will work with and reach out to the other prescribers in the community to establish a standardized chronic pain management initiative to reduce opioid use across all avenues of care. Through fewer emergency room, post surgical, and primary care first opioid prescriptions we can reduce the incidence of new opioid experienced patients from becoming chronic users. Working with, primary care providers, emergency department staff providers, surgeons and mental health providers, collaborating to stop escalating opioid prescribing practices and establish a unified approach to reduce prescribing to less than 50 morphine equivalents daily as per the CDC and Oregon Health Authority guidelines.

Sincerely,
Lina Dorfmeister, CRNA, NSPM-c