

Oregon Senate Committee on Health Care 900 Court Street NE Salem, OR 97301

RE: Oregon Senate Bill (SB) 128: Directs the Board of Medical Imaging to issue a permit to supervise fluoroscopy to qualified advanced practice registered nurse.

Dear Chair Monnes Anderson and Members of the Committee:

I am the current president of the Oregon Association of Nurse Anesthetists, a rural CRNA practicing in the state of Oregon and Doctorally educated patient safety expert. I am writing to ask for support and passage of **SB136**. This bill removes the 10 day limitation on prescriptions written by CRNAs. Currently Oregon CRNAs provide more than 80% of the anesthesia care delivered to rural Oregonians. CRNAs provide safe, effective high value care to care to Oregonians. Passage of **SB136** Will greatly improve the ability of CRNAs to care for the people of Oregon.

Access to healthcare continues to be a critical problem for all Oregonians. The current healthcare access problem is multi-factorial and difficult to solve due to physician maldistribution, practice limitations on APRNS/ CRNAs, and a scarcity of other qualified healthcare providers. This is true for all Oregonians but presents as a critical problem for rural and poor Oregonians. The lack of access to care is most evident in rural Oregon for Oregonians seeking care for acute and chronic pain services. There is a severe lack of qualified healthcare providers in rural Oregon regardless of training or qualification. Oregon's CRNAs represent an untapped safe, high value resource for improving access and quality of care to the people of Oregon. CRNAs possess both the training and education to help bridge this critical healthcare access problem affordably. CRNAs have extensive education in the pharmacology and physiology of pain. Many of Oregon's CRNAs currently have limited prescriptive authority but are restricted to 10 day prescriptions without the possibility of refill compromising their ability to care for Oregonians.

The removal of the 10 day limitation for CRNA prescriptions would allow Oregon's CRNAs to treat patients with chronic pain in Oregon's underserved and rural communities. In addition the removal of the 10 day restriction on CRNA prescriptions would allow CRNAs to treat patients with opioid use disorders through the **MAT** (medication assisted treatment) Program fulfilling the legislative intent of **HR 6** Sponsored by representative Walden to allow access to MATs by rural Oregonians. In addition to underserved rural Oregonians, there is a substantial Veterans population in Oregon who are functionally denied access to pain treatment services due to either geographic isolation, physician maldistribution, or limitations on CRNAs trained and willing to treat these patients imposed by the 10 day rule.

I am a two service Veteran and rural Oregonian, while on active duty I cared for Marines and Navy personnel injured in Iraq, and provided acute pain care for the horrible injuries they suffered. As a CRNA in Oregon,

I have seen firsthand the suffering of our veteran population as they struggle to deal with their chronic pain and opioid use disorder. These factors contribute significantly to the problems of depression and suicide faced by Oregon's veterans. Passage of **SB136** will substantially improve access to MAT services by allowing Oregon's CRNAs to practice to their full scope and training. This is a win for the people of Oregon and the CRNAs who serve them. The impact of this legislation on physicians in Oregon will be minimal since the population that will benefit most from passage of **SB136** are already underserved due to physician maldistribution or provider scarcity. As the president of the Oregon Association of Nurse Anesthetists, a rural CRNA, a veteran and patient safety advocate, I strongly encourage the support and passage of **SB136**.

Sincerely,

Dr. William T. Prosser DNAP, MSN, CRNA President ORANA