Testimony in support of Senate Bill 128
April 15, 2019
Senate Committee on Health Care
Rebecca Garcia, NP

Good afternoon Chair Salinas and Co-Chairs Nosse and Hayden and members of the committee. My name is Rebecca Garcia and I am in support of SB 128. I hold board certifications as a family nurse practitioner and adult, gerontology, acute care nurse practitioner. I work in neuro interventional radiology at Oregon Health and Science Universities Dotter Interventional Institute. I was named Nurse Practitioner of the Year 2012, received Portland Monthly's Top NP distinction 2019, member of the Credentialing Committee, Advanced Practice Task Force, past chair of the Advanced Practice Council, and member of the Stroke Advisory Committee.

In an effort to meet evolving demands and fill workflow gaps, nurse practitioners have taken on highly specialized roles. Neurointerventional care has rapidly evolved similarly to interventional cardiac care, in that nurse practitioners are successfully being incorporated as procedural assistants in catheterization laboratories. Similar utilization of nurse practitioners in interventional neuroradiology holds the capacity to decrease physician workload, mitigate stresses contributing to burn-out, and reallocate more physician time to procedures.

I have the full support of Dr. John Kaufman, Chair of the Dotter Interventional Institute, and author of the Interventional Radiology text books "The Requisites", recipient of the Lifetime achievement award, and past chair of his professional organization. Dr. Kaufman recognizes the role and contribution of nurse practitioners in interventional radiology. I submitted a letter from him to the Board of Medical Imaging in support of NPs as Licensed Independent Providers (LIP) being treated like all LIPs at OHSU and should be allowed to perform fluoroscopy same as non-radiology trained physicians. This requires completing a didactic course and passing a test to satisfy the educational requirements set forth by the state to obtain a fluoroscopy permit, then applying for privileges to perform procedures.

As you may be aware, there are hundreds of articles comparing care by a nurse practitioner to a physician. Dr. Adaira Landry of Harvard Emergency Medicine Assistant Residency Directory wrote to the residents "use scientific evidence not perceptions" as she published a literature review demonstrating NP care comparable to that of physicians. Outcome studies compare care delivered in practically every setting such as the intensive care units, wards, chronic disease management, specialty practice such as managing HIV and ambulatory care (clinic). Studies also compare outcomes in regards to procedures such as chest tube placement, liver or renal biopsies, gastric tube placement etc. These studies published by physicians in their professional medical journals consistently demonstrate nurse practitioners deliver comparable and safe care to patients. Providing safe and comparable care does not make an NP equal to a physician. These studies support the role of NP validating their education and training to provide comparable, high quality and safe care to the public and at a lower cost.

Physician Assistants (PA), dependent providers under the supervision of a physician, have a pathway to a fluoroscopy permit allowing them to perform fluoroscopic procedures without the assistance of a tech. I have had several physicians voice the concern that we are "independent" thus fear that NPs will perform procedures without the resource of a physician and beyond their scope of practice. At any radiology department, there is a physician available and a tech in the room, so the NP should never be without resources or supervision if you like. With any change there is fear, concern for lost revenue, power and control.

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Let me remind us all that in order to perform any procedure, a clinician must apply for privileges at their institution. This privilege must meet three criteria: 1. Procedure must be needed 2. Within the scope of practice, 3. Performed with enough frequency to stay competent, current and safe. This privilege must be approved by the department chair /supervising physician and submitted to the credentialing committee with a proctoring (training) plan. The NP is trained, signed off when deemed competent to perform independently. Numbers and outcomes are tracked for each provider. The privilege is evaluated every 2 years. Most importantly, it is impossible to get privileges for any procedure that is not within one's scope of practice nor obtain privileges without the knowledge of the department chair or supervising physician, thus this fear is unfounded.

Unlike my PA colleagues, I am unable to use fluoroscopy which means, I cannot position the table, "step on a pedal", etc. With proposed wording, a rad tech will be required to "touch the machine". Although I support the bill, the wording will increase the cost of care by duplicating resources. As written, a tech will need to be by the NPs side instead of being in the control room. I have spoken to our techs at OHSU who voiced concern that having to have a tech assist would increase the need for additional staff and thus increasing the cost overall unnecessarily.

As a Neurointerventional NP, our department treats stroke patients. During stroke activations, "time is brain" as every minute delayed to treatment, there is cell death. Appropriate utilization of all staff is critical. After the patient is on the fluoroscopy table and prepped for the procedure, the tech is gathering all supplies, the physicians are reviewing the imaging and talking with the stroke neurologists. My role should be obtaining vascular access to avoid delays.

Since I am not able to touch the equipment, my only option for obtaining vascular access is using ultrasound. Although this is shown to be safe, it is suboptimal in this situation as one cannot see the landmarks as one can using fluoroscopy. Also, fluoroscopy is used to follow the guidewire safely up the aorta ensuring the wire does not advance into a side vessel or into the aortic arch with the catheter advance forward. Fluoroscopy allows for safe and proper placement of the catheter so the physician may start the procedure in a timely manner. With ultrasound, I can only see that I am above the femoral artery bifurcation, a vascular landmark, but no other landmarks to prevent a "high stick" that could lead to a retroperitoneal hemorrhage. The current bill requires another tech to be in the room assisting me to position the patient and administer fluoro while the other tech is setting up the room, increasing staff, and overall cost of care. Using ultrasound also increases the cost of care as this is a billable procedure, necessary only when the Provider is unable to palpate the pulse for safe vascular access. Cost would increase as access via ultrasound is a separately billed procedure.

However, with the proposed use of a tech to assist directly impacts my position and that of all NPs who would use fluoroscopy. OHSU Interventional Radiology interviewed only PAs for recent positions due to these limitations on NPs. Senate Bill 128 as written may open positions in Radiology by helping to alleviate hindrances related to performing procedures. NPs have consistently demonstrated high quality, safe and comparable outcomes compared to radiologist, trauma surgeons and physicians when providing care and performing same procedures. Nurse Practitioners working in interventional or diagnostic radiology in Oregon will be impacted in their current role and future opportunities in these settings.

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Nurse practitioners are uniquely equipped to bridge evolving gaps through the provision of safe, efficacious care, and generating revenue at lower costs. Discussion surrounding nurse practitioner use to bridge workflow gaps

According to *Meeting the evolving demands of neurointervention: implementation and utilization of nurse practitioners "* nurse practitioners are successfully being incorporated as procedural assistants in catheterization laboratories. Similar utilization of nurse practitioners in interventional neuroradiology holds the capacity to decrease physician workload, mitigate stresses contributing to burn-out, and reallocate more physician time to procedures."

According to *Rules and Regulations Relating to Roles of Nonphysician Providers in Radiology* Practices "Incorporating nonphysician providers into radiology practices is likely to become increasingly necessary for practices to thrive in the modern health care milieu. Furthermore, the existing body of literature suggests that with a defined and appropriate scope of practice and proper supervision, NPPs can provide care that is at least equivalent to that provided by attending physicians for narrowly defined tasks."

In summary, I ask you use scientific evidence formulate your opinion not perception. I ask you to support SB 128 to allow for NPs to use fluoroscopy when performing procedures as the literature validates the safe delivery of care to their patients.

I urge your support of SB 128.

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