



ORANA
OREGON ASSOCIATION of
NURSE ANESTHETISTS

From the desk
of
Representative
Rachel Prusak

Expanded Prescriptive Authority for CRNAs with Senate Bill 136

- ◆ Certified Registered Nurse Anesthetists (CRNAs) are well-established, proven-safe and cost-effective anesthesia providers. Currently, more than 350 CRNAs are actively serving Oregonians in all care settings, providing both anesthesia care and pain management services.
- ◆ More than 40% of CRNAs practice in rural areas of our state, and 80% of the anesthesia services to rural Oregonians are provided by these Nurse Anesthetists. CRNAs work in every setting in which anesthesia is delivered including hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers (ASCs), pain management facilities, and in the offices of dentists, podiatrists, and all types of specialty surgeons. CRNAs play an essential role in assuring that rural Oregonians have access to critical anesthesia and pain management services, often serving as the sole providers of these services in rural hospitals and affording these facilities the capability to provide any necessary procedures and services.
- ◆ CRNAs are an untapped resource in combating the opioid epidemic. Using a patient centered, multidisciplinary, multimodal treatment approach including interventional pain management can help reduce the reliance on opioids as a primary pain management modality, helping curb the prescribed opioid epidemic. CRNAs are well positioned to provide holistic pain treatment and management across the continuum of pain in all clinical settings.
- ◆ In 2013, the Legislature granted CRNAs the ability to prescribe medications within their scope of practice, but limited their prescribing authority by allowing for prescriptions of only 10 days. CRNAs were already authorized to independently select, order and administer medications within the care setting of practice. CRNAs are the only group of Advanced Practice Registered Nurses (APRNs) in Oregon with a limitation on their prescriptive authority.
- ◆ Much has changed in CRNA practice since 2013, specifically in relation to the utilization of CRNAs in pain management. Rural areas have limited access to providers capable of providing non-surgical or interventional pain management. As anesthesia professionals, CRNAs are uniquely skilled to provide both acute and chronic pain management and to treat patients suffering from a wide range of pain conditions. Many patients rely on CRNAs as their primary pain specialist and in rural areas may not have access to any other options.
- ◆ CRNAs, by virtue of education and individual clinical experience and competency, are able to practice pain management, and can minimize the use of and need for opioids to address chronic pain. Most commonly, CRNAs provide interventional services such as epidural steroid injections or injections of medication into a muscle or near a nerve to relieve pain. These services are similar to the types of services CRNAs provide in anesthesia settings. As pain management has expanded, however, so has the need to provide expanded services. Many healthcare professionals seek out pain professionals to manage those patients with chronic pain conditions, and CRNAs have the education, ability and expertise to provide these services to ensure patient access to chronic pain management care. Unfortunately, the inability for CRNAs to prescribe beyond 10 days restricts their ability to holistically treat these patients.

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