Testimony on Senate Bill 1561 February 11, 2020 Senate Committee on Judiciary Laurel Hallock Koppelman, DNP, FNP-C, APRN

Good morning Chair Prozanski, Vice Chair Thatcher and members of the committee. Thank you for accepting my written testimony in support of Senate Bill 1651, with the forthcoming proposed amendments. My name is Dr. Laurel Hallock Koppelman, and I am a nurse practitioner working at Oregon Health and Science University. I cannot be present today because I'm seeing patients at the Family Medicine clinic at Richmond, a Federally Qualified Health Center and Safety Net Clinic. A majority of the clientele I serve have insurance through Medicare and Medicaid, and are some of the most vulnerable in our fair state. I write because the oversight to include Nurse Practitioners and other APRNs in legislation to allow signatory authority for medical marijuana is a hardship that impedes service to patients and reduces points of access for persons who need help the most.

I am a Family Nurse Practitioner and a primary care provider. I work with patients to manage their chronic illnesses such as diabetes, heart failure and high blood pressure. I prescribe medications to include opioids and insulin. I place IUDs and perform pap smears. I provide well child exams for infants through teenagers and Medicare wellness exams for our seniors. I provide care for those with substance use disorders and prescribe buprenorphine to help those who use heroin or use opioids inappropriately. I am authorized in the State of Oregon to provide this health care, as Nurse Practitioners have been authorized for the past 40 years.

But I do not have all the tools at my disposal to care for patients. If a patient presents to my clinic for a signature on a medical marijuana card, that patient must first be seen by their primary care provider to determine if the treatment would be appropriate. That primary care provider may be a Nurse Practitioner (NP), Physician Assistant (PA) or a Medical Doctor (MD). After that visit, the patient must then make another appointment with an MD on another day for the actual signature on the medical marijuana card application. Currently, only MDs and DOs may sign for medical marijuana cards. I am fortunate because I work in a clinic with both NPs and MDs. But the patient must come to the clinic at the very least on two separate occasions. Consider the cost to the patients that this includes:

- 1. Gas money to drive their car to clinic
- 2. Riding one to two or even three busses each way to arrive to clinic
- 3. If a Medicare patient: will need to pay a co-pay for EACH visit (\$10 to \$40 for each visit)
- 4. Taking time away from work to attend TWO medical appointments (loss of income)

This is just one example of financial burden placed on patients attempting to access health care. But this is in Multnomah County where there are numerous clinics, excellent public transportation and a multiplicity of MDs to sign off on these cards. The rest of Oregon isn't as fortunate.

Consider my colleague, nurse practitioner Roger Fogg in Grants Pass. He opened his own clinic in the area just so the residents of the towns would have a place to go for health care and wouldn't

have to drive more than an hour away to get help. If a patient sees Roger, they will not be able to have a Medical Marijuana card regardless of their health. The clinics staffed by Nurse Practitioners across Oregon (and we know that NPs are providing the majority of rural care across our state) may not have an MD on site or one that may only come in to sign documents once or twice a year.

In our adjacent state, Washington, NPs, PAs and MDs can sign for medical marijuana cards as can Naturopathic Doctors and Chiropractors. Not so in Oregon. In a state where we pride ourselves on providing care equitably to all Oregonians, it is important to understand how this oversight of making only MDs and DOs qualified to sign Medical Marijuana cards reduces privilege to our rural residents and burdens those with modest incomes throughout our state.

Please support Senate Bill 1651 with the forthcoming amendments.

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