



Oregon

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Before the
Senate Committee on Health Care

Senate Bill 39

The Oregon State Board of Nursing wishes to submit testimony regarding Senate Bill 39. The purpose of the bill is to update terms to better reflect modern nursing practice and make nursing license renewal easier.

The bill does four things: First, it updates the definition of nursing to better reflect what modern society asks nurses to do. The current definition is *decades* old and describes only a fraction of what nurses are today. Nursing expanded beyond direct patient care years ago. However, even today, nurses who don't provide hands-on patient care, such as nurse investigators, case coordinators, or nursing program educators, are questioned as to whether they are truly nurses.

Second, the bill changes the license renewal deadline to 11:59 p.m. on the licensee's birthday. The current license renewal deadline of 12:01 a.m. on a person's birthday has confused licensees for years, leading to late renewals and a potential interruption of their ability to work. People remember that they need to renew on their birthdays, but in reality they must renew the day *before* their birthdays. SB 39 solves that dilemma.

Third, the range of DEA schedules listed in statute for APRN prescribing is too specific, leading to statute being out-of-date whenever the DEA adds a new drug schedule. APRNs are allowed to prescribe schedules 2 through 5 and the statute should reflect just that.

Last, current language regarding delegation of administration of non-injectable medication is restrictive and not in line with modern nursing practice, particularly that of nurses in the community setting, whose patients rely on injectable medications such as insulin or cancer treatment drugs. The bill removes the term "non-injectable" and the restrictive and outdated language that specifies the physical locations where delegation can take place.

We have requested an amendment that adjusts the bill language on page 2, lines 10-14. We were recently made aware that the original language may affect non-nurses who work in nursing education programs or other settings. The amendment also makes clear that clinical nurse specialists and nurse practitioners may also delegate tasks to unlicensed personnel (page 5, lines 10 and 13).

We anticipate there will be no fiscal impact as a result of this bill, and we have received support or statements of neutrality from several stakeholders. There is no known opposition.

The Board would be happy to answer any questions the Committee may have. Thank you for the opportunity to submit testimony regarding SB 39.