



# Oregon

Kate Brown, Governor

## Board of Nursing

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Before the  
House Committee on Health Care

### Senate Bill 39A

The Oregon State Board of Nursing wishes to submit testimony in support of Senate Bill 39A. The purpose of the bill is to update statute 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 faculty, 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 39A 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Third, the range of DEA schedules listed in statute for APRN prescribing is too specific, leading to statute being out-of-date whenever the DEA adds a new drug schedule.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 The bill removes the term "non-injectable" and the restrictive and outdated language that specifies the physical locations where delegation can take place. The bill also makes clear that clinical nurse specialists and nurse practitioners may also delegate tasks to unlicensed personnel. As mentioned earlier, SB 39A does not change how nurses in any setting do their jobs; rather, it brings the law in line with current nursing practice.

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.

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