October 3, 2019

Ruby Jason, Executive Director

Oregon State Board of Nursing

17938 SW Upper Boones Ferry Road

Portland, OR 97224

Re: Local Public Health engagement in next steps regarding Standing Orders

Ms. Jason,

The Oregon Coalition of Local Health Officials, (CLHO) represents the collective interests of Local Public Health Authorities across Oregon, including Health Officers and Public Health Administrators. Local Public Health Authorities across Oregon work every day to prevent and protect the public’s health from the spread of disease. We are writing to request that you consider the following three recommendations from local public health as you consider next steps for your Standing Orders work.

Recommendations:

1. **Support the use of standing orders to provide access to a limited number of important preventive services across Oregon.**

Local public health authorities provide important services of public health benefit that are needed across Oregon to quickly prevent the spread of diseases These include communicable disease testing, preventive antibiotics, and immunizations). In many counties these services also include contraception in order to avoid untimely pregnancies. Actions by the Oregon State Board of Nursing could inadvertently limit access to these vital services across Oregon if the use of standing orders is further limited through the Oregon Administrative Rule process.

1. **Include local public health personnel in the Administrative Rule stakeholder processes**

Public health provides services to Oregonians in a host of non-clinical settings such as gymnasiums during an outbreak, homeless shelters, correctional facilities, mobile vans and schools. This work is often conducted by Registered Nurses under standing orders and is intentionally community-based. The Health Officers (under whose license standing orders are written in local public health) and Public Health Administrators are deeply invested in this work from the clinical and program perspectives, respectively. These two perspectives must be included in future work to guide Administrative Rule changes moving forward so there aren’t unintended consequences.

1. **Tuberculosis (TB) treatment without licensed independent practitioner oversight is not appropriate for standing orders**

Local Public Health Authorities are required to have a Public Health Officer. This particular recommendation regarding the use of standing orders for tuberculosis comes specifically from the Health Officer caucus of the Coalition of Local Health Officials.

The report on the stakeholder meetings released by the Oregon Center for Nursing (OCN) references the broad scope of nurse standing orders and the lack of clarity around language and certain practices.

Standing orders for immunizations, antibiotic prophylaxis, and sexual transmitted infection (STI) treatment are straightforward. The treatment of active and latent tuberculosis is more complex and we agree that licensed independent providers should be involved in the clinical decision-making and ordering of treatment. Current TB standing orders are within the scope of nurse practice as they authorize information gathering (for example skin tests, blood tests, CXRs and sputum testing) for review by a licensed independent clinician.

The Health Officers support nurse standing orders for core public health communicable disease prevention such as: vaccines, preventative post-exposure antibiotics, single dose treatments for STIs, orders for testing related to active and latent TB.

Health Officers in Oregon agree that active and latent TB treatment without direct licensed independent practitioner oversight is not appropriate for nurse standing orders and should not factor into recommendations related to a revised interpretive statement from the Oregon State Board of Nursing (OSBN).

Thank you,