

THE NEW YORK STATE SOCIETY OF ANESTHESIOLOGISTS, INC.

PHYSICIAN ANESTHESIOLOGISTS:

- Are the anesthesia, pain management, and critical care specialists.
- Are directly involved in the vast number of anesthetics delivered each day.
- Obtain advance degree education and up to 16,000 hours of training that includes not only the administration of anesthetics but also the diagnoses and treatment of diseases in all patients, despite age or severity of disease.
- Function as their patient's primary care physician in the operating room to treat potentially life threatening medical complications that can arise suddenly during surgery.
- Are available during preoperative and postoperative times to provide treatment and pain management.

SUPPORT

Safe Anesthesia—Nurse Anesthetist Scope of Practice

S.4422 (DeFrancisco)/A.1829 (Morelle)

A bill backed by NYSSA to provide title to nurse anesthetists ("CRNA") while preserving the physician led anesthesia team approach in a manner consistent with existing standards of care and NYS Health Code. This bill will improve and clarify the existing standard of anesthesia care by describing the role of the physician-anesthesiologist and nurse anesthetist.

The OR is a unique environment where life-saving medical decisions must be made within seconds. This bill will ensure preservation of existing NYS standards that mandate the physician-anesthesiologist and/or operative physician accept medical responsibility for the surgical patient undergoing anesthesia and supervision of the nurse anesthetist.

Maintain Patient Safety

Support Physician Supervision of Anesthesia

Despite advances in medicine, every procedure and surgery has risks. Given the risks associated with the delivery of anesthesia, we must preserve the physician led supervision safety standard which increases safe patient outcomes that can mean the difference between life and death.

Key Points:

- The Institute of Medicine describes anesthesiology as a "complex, high-risk dynamic patient care system" and concluded that the ASA is the leader in patient safety.
- The independently funded, single-state and peer-reviewed "gold standard" study, "Anesthesiologists Direction and Patient Outcomes," found that there were 25 excess deaths per 10,000 Medicare general and orthopedic surgical cases when physician-anesthesiologists did not provide or direct anesthesia care.
- Under Medicare, there is no additional cost to the taxpayer for anesthesia care provided by physician-anesthesiologists or the anesthesia care team than by nurse anesthetists.
- The current physician led supervision safety requirement contained in the NYS Health Code is consistent with coordinated and team-based care, including the Anesthesia Care Team, one of the most common and safest ways anesthesia care is delivered in NYS.

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When Seconds Count...

Physician Anesthesiologists Save Lives.®

The New York State Society of Anesthesiologists, Inc. ("NYSSA") is a society consisting of approximately 3,650 physicians specializing in the field of anesthesiology. NYSSA is an organization dedicated to advancing the specialty of anesthesiology and providing the safest, highest quality patient care to the citizens of NYS.

NYS is experiencing unprecedented safe surgical anesthesia care as a result of advances in medical knowledge; physician-anesthesiologist training, implementation of American Society of Anesthesiologists' practice guidelines establishing best practice standards, better drugs, safer equipment; and physician-anesthesiologists who unconditionally accept medical and legal responsibilities in the delivery of surgical anesthesia care as mandated by the NYS Health Code (including the supervision of nurse anesthetists).

For an objective synopsis of the approach anesthesiologists have adopted to dramatically improve anesthesia delivery, please see [The Wall Street Journal](#) article entitled "Once Seen as Risky, One Group Of Doctors Changes Its Ways" at: <http://bit.ly/WSJ-NYSSA>

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SUPPORT

Identification Transparency for Healthcare Professional (Photo ID Badge) Bill A.0560 (Stirpe)

NYSSA supports passage of a bill to:

- require clear and accurate advertisements, including identifying the type of license held by the health care professional; and
- establish requirements for photo identification name badges to include professional titles, to be worn by health care professionals in order to prevent patient confusion.

Recent studies confirm patient confusion regarding the many types of health care providers. Accurate information empowers patients with knowledge of whether the provider is a medical doctor. While some non-physicians call themselves “doctor” by virtue of a non-medical doctorate, 9 out of 10 patients believe only a medical doctor should be able to use the title. Eighteen states have adopted similar laws.

OPPOSE

Nurse Anesthetist Title Bill S.1385 (Gallivan)/A.0442 (Paulin)

A bill backed by NYSANA to amend the Education Law to provide for the certification by the education department of certified registered nurse anesthetists (CRNAs). The same bill was vetoed by Governor Cuomo in 2012 because the bill “... fail[s] to clearly address critical issues such as scope of practice, supervision, and the oversight role and regulatory jurisdiction of the affected agencies, namely the State Education Department and the Department of Health. These omissions create a risk of inconsistent standards and confusion to consumers. The administration will work with the sponsors to address these issues of public concern, but for the above-stated reasons, I cannot approve [the bill] ...” We agree with the Governor’s assessment.

OPPOSE

CRNA Prescription Writing Authority S.1957 (Latimer)/A.4500 (Gottfried)

A bill supported by the New York State Association of Nurse Anesthetists (NYSANA) purports to grant to nurse anesthetists limited prescription writing authority during the peri-anesthetic period. This bill is **unnecessary** because:

- All controlled substances are ordered through the DEA number of the physician-anesthesiologist or operative surgeon, who are mandated by existing New York State Health Code standards to supervise nurse anesthetists.
- Nurse anesthetists lack the training to medically assess surgical patients undergoing anesthesia; therefore:

- Nurse anesthetists lack the ability to independently select the most suitable drug for a particular patient among the various types of drugs available, including Schedule II drugs, and to make medical judgments as to the causes underlying abnormal patient responses.

- Supervision and consultation with a physician-anesthetist or operative surgeon is necessary.

The language of this bill:

- Fails to define the “peri-anesthetic period”.
- Fails to restrict the nurse anesthetist’s prescriptive authority to their own patients

OPPOSE

CRNA Collaborative Practice S.3501 (Bailey)

A bill that would render null and void the longstanding standards of care established by NYS law for the delivery of anesthesia by permitting a nurse anesthetist to administer anesthesia and provide pain therapies without the physical presence and supervision of a qualified physician.

A collaborative relationship would create a new, unproven, and lower standard of care for the following reasons:

- The operating room is a unique environment. If a patient undergoing anesthesia develops life-threatening complications, immediate medical intervention is required. A collaborative physician off-site is incapable of providing immediate medical intervention.
- The collaborating physician need not be a physician-anesthesiologist and an immediate and effective intervention by the physician most qualified to provide this intervention, namely the physician-anesthesiologist, would not be mandated.

OPPOSE

Authorizes Payment by Insurance Companies to Nurse Anesthetists S.1465 (Ritchie)/A0115 Cahill

A bill to amend the Insurance Law to authorize health insurance reimbursement for nurse anesthetists providing services at the discretion of insurance companies.

The language of this bill is totally inadequate because it fails to define the nurse anesthetist’s scope of practice consistent with the current standards that mandate physician supervision of nurse anesthetists in hospitals and ambulatory surgical centers.

- NYS Medicaid Policy for Reimbursement (effective 01/01/2011) mandates that the anesthesiologist medically direct a nurse anesthetist employed by the anesthesiologist or if the nurse anesthetist is self-employed or employed by the hospital. To be consistent with NYS Medicaid Policy for Reimbursement, the language in this bill should reflect that nurse anesthetists be medically directed by an anesthesiologist.
- NYS Workers Compensation Ground Rule for Anesthesia Payment (effective 6/2012) mandates that an anesthesiologist supervise a nurse anesthetist. Supervision of a nurse anesthetist requires that the anesthesiologist be present in the office suite or operating area at all times during the procedures.