



The New York State Society of Anesthesiologists, Inc.

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MEMORANDUM IN OPPOSITION S1465/A0115 (Ritchie/Cahill) Authorizes Payment by Insurance Companies to Nurse Anesthetists

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

- In the practice of anesthesia, the supervising physician-anesthesiologist, as the leader of the anesthesia team, is responsible for all aspects of the continuum of patient care: pre-, intra-, and post-procedure. Nurse anesthetists and, in other states, Anesthesiologist Assistants (AAs) are important members of the physician-led anesthesia care team. However, anesthesia billing is, and should continue to be, by the responsible and supervising member of the anesthesia care team – the physician-anesthesiologist.
- To protect patient safety, while a patient is sedated, the physician-anesthesiologist must be physically present and immediately available during the procedure. Appropriately, the supervising physician-anesthesiologist is responsible for leading any acute resuscitation needs, including emergency airway management.

This legislation seeks to allow nurse anesthetists to bill and, presumably, to practice independently in hospitals and ambulatory surgery centers, which undermines the safe anesthesia practice standards embodied in State law and regulation. In addition:

- New York State Medicaid Policy for Anesthesia Reimbursement (effective 01/01/2011) mandates that the physician-anesthesiologist medically direct a nurse anesthetist employed by the physician-anesthesiologist or if the nurse anesthetist is self-employed or employed by the hospital. To be consistent with New York State Medicaid Policy for Anesthesia Reimbursement, the language in this bill should reflect that nurse anesthetists be medically directed by a physician-anesthesiologist.
- “Medical direction” requires that the following seven conditions be met. The physician must perform the following activities:
 - (1) perform a pre-anesthesia examination and evaluation;
 - (2) prescribe the anesthesia plan;
 - (3) personally participate in the most demanding procedures of the anesthesia plan, including induction and emergence;
 - (4) ensure that any procedures in the anesthesia plan that the physician does not perform are performed by a qualified anesthetist;

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LEGISLATIVE REPRESENTATION

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- (5) monitor the course of anesthesia administration at frequent intervals;
 - (6) remain physically present and available for immediate diagnosis and treatment of emergencies; and
 - (7) provide indicated post-anesthesia care.
- New York State Workers Compensation Ground Rule for Anesthesia Payment (effective 6/2012) mandates that a physician-anesthesiologist supervise a nurse anesthetist. Supervision of a nurse anesthetist requires that the physician-anesthesiologist be present in the office suite or operating area at all times during the procedures.

The existing standards for the delivery of safe anesthesia care have served the people of New York State well and should not be altered.

The New York State Society of Anesthesiologists, Inc., urges you to REJECT legislation that would compromise patient safety!

Put patient safety first!

Support medical care by physician anesthesiologists – **vote NO on S1465 (Ritchie) and A0115 (Cahill).**

S1465/A0115 (Ritchie/Cahill)

Senate:

Sponsor: RITCHIE

Co-sponsors:

Assembly:

Sponsor: CAHILL

Co-sponsors: FAHY, STECK, WOERNER

Multi-sponsors:

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