

THE NEW YORK STATE SOCIETY OF ANESTHESIOLOGISTS, INC.

PHYSICIAN ANESTHESIOLOGISTS:

- Are the anesthesia, pain management, and critical care physician 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

Equal Access to Physician Anesthesiologist Led Anesthesia Care Team

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

A bill backed by NYSSA to provide title to nurse anesthetists ("CRNA") while preserving the physician anesthesiologist led anesthesia team approach in a manner consistent with existing statewide standards of care and NYS Health Code. This bill will guarantee the existing standard of anesthesia care for all NYS patients regardless of payor status or economic considerations by preserving the role of the physician anesthesiologist in the delivery of anesthesia.

The OR is a critical care 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 Equal Access to 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 equal access to the physician led supervision safety standard for all NYS patients which increases safe patient outcomes that can mean the difference between life and death.

Key Points:

- Defeat proposals that remove the physician anesthesiologist from the treatment team, including peri-operative assessment of a patient, preparation of an anesthetic plan, and post anesthesia care, which is the current statewide requirement that a physician anesthesiologist must either administer anesthesia or supervise a nurse anesthetist.
- Defeat proposals creating a two-tier anesthesia delivery system. Without the current statewide uniform requirement, hospitals will be free to permit nurse anesthetists to administer anesthesia independently - a decision that would be based on patient payor status or other economic considerations.
- Defeat proposals that allow nurse anesthetists broad prescriptive writing authority - at a time when NYS is combating a prescription drug and opioid abuse crisis; it defies common sense to give 1,240 nurse anesthetists unrestricted prescriptive authority.
- Defeat proposals granting a nurse anesthetist title without defining their scope of practice. Not defining scope would (i) create ambiguity in the operating room when clarity is needed for the safety of the patient and (ii) permit the Board for Nursing to define scope of practice without guidance from the Legislature.
- By granting nurse anesthetists independent practice, healthcare costs will increase. Independent studies have shown that the odds of an adverse outcome are 80% higher when anesthesia is provided only by a nurse anesthetist as opposed to a physician anesthesiologist. Adverse outcomes lead to higher costs for patients in both monetary and physical terms when patients require longer hospital stays.



When Seconds Count...
Physician Anesthesiologists Save Lives.®

The New York State Society of Anesthesiologists, Inc. ("NYSSA") is 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 because: (i) NYS patients are guaranteed equal access to physician anesthesiologist provided or led care; (ii) physician anesthesiologists receive 12,000-16,000 hours of clinical training; (iii) implementation of American Society of Anesthesiologists' practice guidelines establishing best practice standards, better drugs, safer equipment; and (iv) physician anesthesiologists 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). Safe surgical anesthesia care should be guaranteed for all patients regardless of their payor status or other economic considerations.

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 S.5870 (Griffo)/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

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 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 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 establish that the nurse anesthetist's prescriptive authority is only for designated surgical patients.

At a time when NYS is combating a drug and opioid abuse crisis, this bill will exacerbate the crisis by granting nurse anesthetists prescriptive writing authority.

OPPOSE

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

By failing to provide the scope of practice of a nurse anesthetist, this bill fails to follow the entire regulatory framework governing the professions that began in 1971 and continues to present day and which is predicated upon the profession's defined scope of practice to ensure the profession is being practiced within an acceptable, defined scope. Granting a nurse anesthetist title without defining the scope creates ambiguity in the operating room when the safety of the patient undergoing surgery and the administration of anesthesia requires clarity of the scope because medical decision must be made within a matter of seconds and will create a pathway for the NYS Board for Nursing to define the nurse anesthetist scope of practice without guidance from the NYS Legislature. The result will create risks to patients when they are at the most vulnerable and powerless.

OPPOSE

CRNA Collaborative Practice S.3501 (Bailey) and A8007 (Gottfried)

These bills 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, two-tier anesthesia delivery system:

- Without a statewide uniform requirement, as currently exists, hospitals will be free to permit nurse anesthetists to administer anesthesia independently, a decision that could

be based on patient payor status or other economic considerations.

- 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.

- There are no healthcare savings; under Medicare / Medicaid reimbursement for anesthesia services is exactly the same whether it is administered by a physician anesthesiologist or a nurse anesthetist.

OPPOSE

Authorizes Payment by Insurance Companies to Nurse Anesthetists S.1465-A (Ritchie) and 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.