



The New York State Society of Anesthesiologists, Inc.

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MEMO IN SUPPORT

A7100 (Bichotte) / S5885 (Gaughran)

Equal Access to Physician Led or Physician Provided Anesthesia Title and Scope of Practice for Nurse Anesthetists

The New York State Society of Anesthesiologists, Inc., is committed to preserving the quality of anesthesia care currently provided to all New York State patients. This bill grants title to nurse anesthetists and establishes a scope of practice consistent with the physician-led anesthesia care team mandated by existing New York State Department of Health regulations and office-based accreditation standards. New York State is experiencing unprecedented safe anesthesia care as a result of: (i) more physician-anesthesiologists who are highly trained medical specialists with 12,000 to 16,000 hours of clinical training in anesthesia, pain, and critical care medicine; (ii) use of new technologies; (iii) ongoing research by physician-anesthesiologists; and (iv) maintenance of the physician-led anesthesia care team (where the physician-anesthesiologist or operative physician accepts responsibility for the patient) that is a statewide legal standard embodied in the Health Department's regulations. The physician-led anesthesia care team has resulted in physician-anesthesiologists and nurse anesthetists working cooperatively together.

- Current New York State legal standards governing nurse anesthetists with respect to the delivery of anesthesia, as regulated by the New York State Department of Health, should not be weakened or diminished since this body of law provides a standard that requires: (i) a physician anesthesiologist to administer the anesthesia; or (ii) a physician anesthesiologist to supervise a nurse anesthetist in the administration of anesthesia; or (iii) the operative physician who accepts responsibility for supervising the nurse anesthetist. Without the incorporation of the existing state-wide standard, hospitals would be free to permit nurse anesthetists to administer independently. This decision could be based on the patient's payor status, other economic considerations, and / or the patient's ZIP Code.

- Since the medical supervision standard embodied in current New York State law has resulted in unprecedented safe anesthesia delivery, there is no valid reason for change. A nurse anesthetist is authorized by Health Department regulations to administer

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anesthesia in all licensed facilities and permitted by the Office-Based Accreditation Standards to administer anesthesia in the office-based surgical office setting.

- It is not possible to define the scope of practice of a nurse anesthetist without defining the roles of both the physician anesthesiologist and the operating physician; the physician anesthesiologist is the physician specialist involved in the delivery of anesthesia care.

- Furthermore, it is not possible to define the role of the nurse anesthetist without preserving the requirement of supervision. All schools of nurse anesthesia in New York teach the student nurse anesthetist to work under medical direction. Clinical training of student nurse anesthetists provides the direct and personal supervision that the Health Code requires. It provides no training in independent practice. Defining a nurse anesthetist's scope of practice without consideration of the training of the health professional places our citizens at risk.

- The operating room is a unique environment. Each surgery and procedure has risks. When seconds count, when a life hangs in the balance, when medical emergencies or other complications occur, physician-anesthesiologists draw upon their extensive medical education, years of clinical training, and experience to make critical decisions that save lives.

- Physician-anesthesiologists often prevent complications, use their diagnostic skills to evaluate a patient's overall health, and identify and respond to underlying medical conditions.

- Physician-anesthesiologists deliver anesthesia; and/or lead the anesthesia care team; and supervise anesthesiology residents, nurse anesthetists, anesthesiologist assistants, and other health care professionals to provide the best possible patient outcomes.

- Nurse anesthetists play an important role on the anesthesia care team, but it is essential to remember: A nurse cannot replace a physician, it's too risky to administer anesthesia without the supervision of a physician.

- Enactment of the Bichotte bill (A7100) will preserve and enhance safe anesthesia.

Support equal access to physician led or physician provided anesthesia – **vote YES on A7100 (Bichotte) / S5885 (Gaughran).**

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