Key Points:

- Approve proposals that grant title to nurse anesthetists which:
  - Establish a scope of practice consistent with the physician-led anesthesia care team mandated by existing Health Dep't regulations;
  - Define terms such as "immediately available" and "physically present;" and
  - Is consistent with the Legislature's responsibility to grant title to a professional who serves the public.
- 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; or remove the operative surgeon accepting supervision of the administration of anesthesia.
- 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, (ii) permit the Board for Nursing to define scope of practice without guidance from the Legislature, and (iii) undermine the regulatory framework of the professions, that began in 1971 and continues to present day, which is predicated upon defining the profession's scope of practice to the profession is being practiced within an acceptable define scope.
- Defeat proposals that increase health care costs by granting nurse anesthetists independent practice. 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.
- Defeat proposals the permit nurse anesthetists to use the title "nurse anesthesiologist" which is used to intentionally confuse the patient and is in contravention to existing law.

OPPOSE
CRNA Collaborative Practice
S2563 (Bailey) and A1745 (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
A0176 (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.

34th Annual
NYSSA Legislative Day
Albany, New York

MAY 21, 2019

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.

The New York State Society of Anesthesiologists supports a Patient's Right to Equal Access to Physician Led Anesthesia Care regardless of the patient's payor status or other economic considerations.

Safe anesthesia care should be guaranteed for all patients regardless of their payor status or other economic considerations.

THE NEW YORK STATE SOCIETY OF ANESTHESIOLOGISTS, INC.
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Stuart Hayman, MS, Executive Director
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#SafeAnesthesia4NY

Unprecedented Safe Surgical Anesthesia Care

Why Has This Occurred?

New York State is experiencing unprecedented safe surgical anesthesia care because:

- NYS patients are presently guaranteed the right to equal access to anesthesia care by:
  - Physician anesthesiologist; or
  - Physician anesthesiologist led anesthesia care team; or
  - Operative physician assuming responsibility for supervision of the administration of anesthesia care.
- Physician anesthesiologists are the anesthesia, pain management, and critical care physician specialists who:
  - Receive up to 16,000 hours of clinical training;
  - Follow the of American Society of Anesthesiologists' practice guidelines that establish best practice standards, better drugs, and safer equipment;
  - 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);
  - Train to develop and implement the optimum anesthetic based on each patient's medical condition;
  - Serve as the patient's advocate before, during, and after surgery;
  - Use their diagnostic skills to evaluate a patient's overall health and identify and respond to underlying medical conditions, which prevents complications; and
  - Are available during pre-operative and post-operative times to provide treatment and pain management.

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***

Maintain Patient Safety

Supports Equal Access to Physician Led Anesthesia Care

Despite advances in medicine, every procedure and surgery has risks. Given the risks associated with the delivery of anesthesia, when life threatening emergencies may arise that require immediate medical intervention, we must preserve equal access to the physician led supervision safety standard for all NYS patients, which increases safe patient outcomes. Under the existing standard, a physician anesthesiologist or operative physician must accept legal and medical responsibility for the care of the patient undergoing a procedure, including the supervision of a nurse anesthetist.

Opioid Crisis

Physician Anesthesiologists, as Chronic Pain Experts, Play an Integral Role in Developing Interventions to Address the Opioid Crises

The opioid crisis affecting so many Americans is often linked to post-surgical pain and the medications to treat that pain. As frontline physicians treating pain, we offer the following guidelines for safe perioperative patient care:

- Non-opioid agents should always be the first option for patients experiencing pain.
  - Opioids should be reserved for patients experiencing severe pain and for patients whose pain is not controlled by non-opioid medication.
  - Opioid-free surgery is a viable option for many minor or minimally invasive procedures
  - Opioids should never be given as monotherapy for pain before, during, or after surgery
- All surgical patients should be educated regarding the severity, duration, and nature of expected post-surgical pain.
- Information for the proper storage and disposal of unused opioids should be given to all patients.
- Risks of drug diversion and abuse should always be provided at the time of prescription.

Adopted from the Michigan Society of Anesthesiologists.

SUPPORT
Patient's Right to Equal Access to Physician Anesthesiologist Led Anesthesia Care Team
A7100 (Bichotte)

A bill backed by NYSSA to provide title to nurse anesthetists ("CRNA") while preserving the physician anesthesiologist led anesthesia team, or the operative surgeon accepting responsibility for the administration of anesthesia, 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 the patient's payor status or economic considerations or location / type of facility where the anesthesia is administered by preserving the role of the physician anesthesiologist in the delivery of anesthesia or the operative surgeon in supervising 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.

SUPPORT
Identification Transparency for Healthcare Professional (Photo ID Badge) Bill
A1154 (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
A2898 (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.