

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.

Physician led anesthesia care teams have proven to be the safest and most cost effective model to deliver anesthesia care.

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



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#SafeAnesthesia4NY

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- Prohibiting a private physician group from separately billing a patient for services provided at a hospital puts the physician group at a distinct financial disadvantage; the legislation provides not rights to the physician group that the hospital will pay the physician group on a timely basis the full amount due the physician group.
- The bill fails to address complicating circumstances to address a patient's cost sharing as required by a patient's insurance policy (co-pay, co-insurance, deductible, etc.) after a claim has been paid by the insurance company and how partial payments will be allocated between the multiple healthcare parties whose services are billed by the hospital.
- The bill will increase pressure on private physician groups to sell their practices to large hospital systems forcing physicians to become employees, which undermines the independence of the physician-patient relationship.

Physician Anesthesiologists’ Critical Role During the COVID-19 Pandemic

From the outset to the present, physician anesthesiologists (based upon their years of medical training and expertise) are assuming a leadership role in providing critical medical care to COVID-19 patients.

- Physician anesthesiologists are trained to provide the following critical medical services: ventilation management, emergency intubation, placement of invasive monitoring lines and transesophageal echocardiography; all medical services that were, and are, essential throughout the COVID-19 pandemic period.
- COVID-19 patients require a higher level of medical skill and effort to treat. Physician anesthesiologists’ education and clinical training allows physician anesthesiologists to make immediate medical assessments when seconds count.
 - COVID-19 patients are gravely ill. The virus infects patients’ respiratory systems, which can result in pneumonia and, in severe cases, acute respiratory distress syndrome (ARDS) and death. The virus can also damage other vital organs, triggering a full range of complications, including heart and renal failure.
 - Most COVID patients are already in compromised health. Most patients hospitalized with COVID-19 (91.5%) already have at least one compromising health condition, such as high blood pressure, obesity, diabetes, or heart disease (CDC), further complicating their medical care.
- Governor Cuomo, by reinstating the supervisory (physician led care) requirement of nurse anesthetists in the hospital setting effective May 8, 2020, recognized the critical role of physician anesthesiologists. This action ensured that all NYS patients, including COVID-19 patients, would be guaranteed the medical care of a physician anesthesiologist (or an operative surgeon) during surgery to assume the medical responsibility for the patient, regardless of the patient’s income or insurance plan or ZIP Code. A standard of care that has resulted in unprecedented safe anesthesia outcomes and is essential to maintain during the COVID-19 pandemic.

OPPOSE

Certification of CRNAs (Collaborative Practice) A7268 (Gottfried) / S5435A Cooney and S3381 (Bailey)

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.

Qualified OPPOSITION

Patient Medical Debt Protection Act A3470A (Gottfried) / S2521A (Rivera)

NYSSA supports a bill to amend the Public Health Law to ensure patients receive clear, concise, and timely bills with the intent to protect patients from medical debt. However, NYSSA cannot support a provision in the bill that prohibits a physician or other healthcare provider with any contractual or financial relationship with a hospital from separately billing a patient without further deletion or qualifying language.

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 provided or led anesthesia care team; or
 - Operative surgeon 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, 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 during 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](http://bit.ly/WSJ-NYSSA) 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.

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. Unsupervised anesthesia care leads to higher costs related to anesthesia complications.
- Defeat proposals that create 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 that create a "collaborative" relationship between nurse anesthetists and hospital entities - an unproven, unworkable anesthesia delivery system.
- 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 that 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.

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 A6986 (Bichotte Hermelyn) / S987 (Gaughran)

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.