



The New York State Society of Anesthesiologists, Inc.

110 East 40th Street, Suite 300, New York, NY 10016 USA

TELEPHONE: 212-867-7140 | FAX: 212-687-1005 | INTERNATIONAL: +00 followed by number | WEBSITE: www.nyssa-pga.org

MEMO IN SUPPORT

A6986 (Bichotte Hermelyn) / S0987 (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 existing quality of anesthesia care provided to all New York State patients. The existing anesthesia standard of care is summarized as follows: ***Since 1989 to the present, New York State patients, regardless of their patient payor status, economic considerations, or location or type of facility where anesthesia is administered, are guaranteed that (i) a physician anesthesiologist will administer the anesthesia, or (ii) a physician anesthesiologist will supervise a nurse anesthetist in the administration of anesthesia, or (iii) the operative physician must accept responsibility for the supervision of the nurse anesthetist.***

- 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 anesthesia 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.
- Without the incorporation of the existing statewide anesthesia standards, 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. If permitted, the resulting effect would be the creation of a two-tier anesthesia delivery system.
- We cannot allow disparities in medical care to be driven by economic considerations. For example, during the COVID-19 pandemic, studies confirmed that higher rates of COVID-19 mortality occurred in communities with less health care resources, which can be contributed to structural inequities in the delivery of health care including less testing and fewer patients receiving vaccinations.
- 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

LEGISLATIVE REPRESENTATION

Charles J. Assini, Jr., Esq. | NYSSA Legislative Counsel and Representative | **Higgins, Roberts & Suprunowicz, P.C.** | 1430 Balltown Road, Schenectady, New York 12309
TELEPHONE: 518-374-3399 | FAX: 518-374-9416 | E-MAIL: CJAssini@HRSLaw.us.com and cc: GKcarter@HRSLaw.us.com | WEBSITE: www.HRSLaw.us.com

Robert Reid, Shauneen McNally, Marcy Savage | NYSSA Albany Lobbyists | **Reid, McNally & Savage, LLC** | 1 Commerce Plaza, Suite 402, Albany, New York 12210
TELEPHONE: 518-465-7330 | FAX: 518-465-0273 | E-MAIL: Bobr@lobbywr.com and cc: Kellyk@lobbywr.com | WEBSITE: www.lobbywr.com

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.

- 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 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.

- 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 Hermelyn / Gaughran bill (A6986 / S0987) will preserve and enhance safe anesthesia.

Support equal access to physician led or physician provided anesthesia – **vote YES on A6986 (Bichotte Hermelyn) / S0987 (Gaughran).**

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