The New York State
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Testimony Before The New York State Assembly Health Panel
November 17, 2021

Oral and Written Testimony of
The New York State Society of Anesthesiologists, Inc. ("NYSSA")

Oral Testimony Presenters:
Christopher Campese, M.D., M.A., M.S., FASA, NYSSA President
Chantal M. Pyram-Vincent, M.D., M.P.H., FASA, NYSSA District 3 Director

Introduction

Dr. Campese's testimony will provide a brief overview of the critical role physician anesthesiologists assumed to address the immediate needs of highly compromised and critically ill patients admitted to hospitals during the pandemic and the importance of maintaining the current standard of physician anesthesiologist led anesthesia care.

Dr. Pyram-Vincent's testimony will outline that the Executive Orders issued by the former Governor Cuomo and Governor Hochul to allow the suspension of the physician supervision of nurse anesthetists, which was unnecessary because of there was no shortage of physician anesthesiologists. Dr. Pyram-Vincent will also demonstrate that the COVID-19 pandemic taught us that the physician anesthesiologist led care team model saves patients' lives and the importance of preserving the same high level of anesthesia care that has been in existence in New York state for nearly 30 years for all patients regardless of their socio-economic status or healthcare plans. Finally, Dr. Pyram-Vincent will focus on the importance of addressing physician and patient wellness to achieve improved quality of care for patients.

Oral Testimony of Dr. Christopher Campese

Members of the Assembly:

My name is Christopher Campese and I currently hold the Chair of the Department of Anesthesiology at Glen Cove Hospital / Northwell Health System in Glen Cove, NY and am

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serving as the 2021 President of the New York State Society of Anesthesiologists. I want to thank the members of this committee for taking the time and interest to investigate the important issues that are currently facing all health care workers as we navigate our way together out of the COVID pandemic.

There is no other way to state this but to simply say that New York's doctors, nurses, technicians, mid-level providers and all the other support teams working in the health care space are nothing less than true American heroes. These are individuals who have placed their lives and the lives of those they love on the line each day as they came to work and did battle with an unseen virus, to meet their calling of caring for the sick and the dying.

This health care crisis has been unparalleled in our era of modern medicine, and speaking for the physician anesthesiologist community, we have dealt with and continue to face incredible changes to our practices and our profession that are occurring at breakneck speed. Our written testimony addresses a number of topics which you asked us to address. One issue, however, our society believes is paramount: Patient Safety. Our doctors' number one job is to keep people safe. We have shared this concern directly with Governor Hochul and former Governor Cuomo who have both waived critical patient safety standards for the administration of anesthesia in Executive Orders. Our society finds that the continued waiver of these standards increases patient risk and jeopardizes patient outcomes unnecessarily. We have asked the Governor to repeal that section of the emergency order.

Anesthesiology is the medical specialty focused on the total perioperative care of people before, during and after surgery. It encompasses anesthesia, intensive care medicine, critical emergency medicine and pain medicine and our doctors take on these responsibilities with the utmost seriousness. From the inception of the pandemic, physician anesthesiologists across the state have assumed a prominent role in the following areas:

(1) responding immediately to patients' critical medical needs, including performing intubations and being deployed to COVID-19 units to care for critical care patients in ICUs;

(2) collaborating with other healthcare providers and hospital leaders to develop and implement COVID-19 response protocols as well conducting training for health care providers and implementing best practices for personal protective equipment (PPE) use and reuse ; and

(3) administering anesthesia to very high risk non-elective surgical patients with COVID-19 .

[For additional information with respect to the role of physician anesthesiologists during the COVID-19 pandemic, please see Written Testimony below.]

Every day we are asked to meet our fellow human beings, premature neonates to super-centenarians, in their most vulnerable moments and hold their lives and breath in our hands, ushering them safely and in comfort to the other side of a surgical procedure.

Our 4000 + members are honored to do this work and to serve the people of New York State. I thank you for your attention to the subjects here this morning and I look forward to responding to your questions.

Oral Testimony of Dr. Chantal Pyram-Vincent

Members of the Assembly, thank you for having us here to today.

I am Dr. Chantal Pyram-Vincent, a Brooklyn native now residing in Westchester County and practicing in Manhattan.

Covid-19

The COVID pandemic has affected and up-ended all our lives. We had to choose between staying home with our children and rendering care to ailing New Yorkers: considering the possibility of contracting the virus, spreading it to our loved ones and the subsequent effects. At the peak of the pandemic, many lines were blurred. Makeshift hospitals were created; medical students were allowed to graduate early and joined the workforce as interns, risking their futures.

Executive Order

That was the context surrounding Former Governor Cuomo's Executive Order suspending physician supervision of nurse anesthetists and midlevel providers and allowing retired physicians to be re-licensed. The Executive Order was in effect for two months in the hospital setting, at a time when elective surgeries were canceled surgical volume requiring anesthesia decreased 70%-80% from pre-pandemic levels. Our skills are highly transferable in that we perform and manage the most intubations of any specialty; have the second highest critical care expertise after intensivists; utilize ventilators on a daily basis; place patients in the prone position while ensuring not to dislodge lifesaving airway and intravenous access. However, the perceived shortage of physicians did not occur in Anesthesiology despite our high demand.

Physician anesthesiologists not only possess the technical skills, but manage the perioperative care of those individuals to sustain their lives. We do this by considering the patient's pathophysiology and frequently have to make decisions within seconds. In the ambulatory care setting, unanticipated events occur as well, though less frequently. That is why we supported the full reversal of previous Executive Orders re: supervision. The reinstatement by Governor Hochul *[Executive Order #4]* was unwarranted as there was no shortage of physician anesthesiologists in NYS and is alarming due to the potential harm to New Yorkers.

Disparities

We are aware of the disparate care received based on zip codes and socioeconomic status, which COVID highlighted. Minoritized communities had higher rates of morbidity and mortality but decreased access to diagnostic testing and antibody therapies. Keeping Governor Hochul's current Executive Order in place can further worsen existing disparities as an unintended negative consequence. Safety net hospitals and marginalized communities would be the most affected. We value and respect the contributions of all team members, nurse anesthetists, and health care workers who have sacrificed for this State. But we stand firm that all New Yorkers deserve physician-led care and physician anesthesiologists in care team models to continue the high standard of care NYS is known for.

Wellness

The quadruple aim adds the importance of physician and provider wellness in accomplishing the Triple Aim of healthcare: improved patient quality of care; improved population health and a reduction in healthcare costs through enhanced efficiency. Our society has taken action by collaborating with other physician groups to provide mental health resources to our membership. In addition to the stressors of the pandemic, physicians of color were not immune to the ongoing racial turmoil throughout the country. To address inclusion within our membership, we have worked to: magnify the voice of physicians from historically marginalized backgrounds, provide mentorship and increase involvement in pipeline programs. Diversifying our healthcare workforce and facing our upstream challenges head-on will help us advocate, treat and manage our NYS residents more equitably.

Written Testimony from The New York State Society of Anesthesiologists, Inc. ("NYSSA")

1. **Role of physician anesthesiologist during the COVID-19 pandemic**.

a. Assuming a leadership role in the hospitals setting. Physician anesthesiologists' training, as acute care physicians working under high stress situations, prepared our members to assume a leadership role in the hospital settings in advancing specific COVID-19 patient initiatives. Specific initiatives undertaken by NYSSA members during COVID-19 pandemic included:

i. Leading and contributing to facility critical care service needs;

ii. Repurposing anesthesia gas machines for use in ICUs;

iii. Deploying team-based models of care involving physician anesthesiologists, nurse anesthetists, and anesthesiologist assistants to COVID-19 patients in the ICU and the operating room;

iv. Establishing intubation, insertion of special catheters, and proning teams;

v. Jointly developing the COVID Activated Emergency Scaling of Anesthesiology Responsibilities in the Intensive Care Unit (CAESAR ICU Initiative), a resource to assist physician anesthesiologists deployed to COVID-19 units to care for critical care patients in ICUs, overflow units, and even convert operating rooms and recovery rooms into ICUs;

vi. Updating emergency preparedness standards;

vii. Promulgating best practices for personal protective equipment (PPE) use and reuse;

viii. Building upon Centers for Disease Control and Prevention (CDC) guidelines for appropriate testing and surveillance protocols for patients receiving surgical, procedural, and diagnostic care;

ix. Launching the ICU Resource Hotline, a resource for physician anesthesiologists with questions relating to care of the critically ill patient;

x. Launching COVID-19 online modules, that provided education through patient case reviews of practical considerations for all practitioners nationally and internationally.

b. Applying clinical training to administer anesthesia to high risk surgical patients with COVID-19.

i. During the height of the COVID-19 pandemic, elective surgeries were suspended. The volume of surgeries and procedures requiring anesthesia dropped 70%-80% from the volume prior to the public health care emergency.

ii. The emergency surgical procedures requiring anesthesia (such as cardiac, transplant and, pediatric cases) during the pandemic ; namely those surgeries that could not be delayed , created clinical challenges because of the complex nature of these surgeries and due to the fact that several of these patients had COVID-19 and compromised respiratory systems. Physician anesthesiologists applied their advanced medical knowledge and clinical training (up to 16,000 hours) to develop clinical guidelines to address these more challenging conditions .

iii. The operating room is a unique environment. If a patient undergoing anesthesia develops life threatening complication, immediate medical intervention is required, in particular with high risk surgical procedures and high risk surgical patients including those patients with compromised immune systems and other challenging medical conditions due the patient's deteriorating health .

c. Throughout the COVID-19 pandemic there was no shortage of physician anesthesiologists.

i. There are approximately 4,000 physician anesthesiologists in New York State. Physician anesthesiologists outnumber nurse anesthetists in New York state at a rate greater than four to one.

ii. The level of anesthesia care in existence prior to the COVID-19 pandemic continued at the same level during the COVID-19 pandemic. This ensured that all patients requiring critical care services and / or emergency surgery with anesthesia received care by a physician anesthesiologist who either performed personally or in the anesthesia care team model regardless of which hospital they were admitted into or the patient's healthcare plan.

iii. Former Governor Cuomo's Executive Order suspending physician anesthesiologist supervision of nurse anesthetists in the hospital setting was in effect for only two months.

iv. Physician anesthesiologists , as noted above , assumed a more prominent role during the COVID-19 pandemic.

d. Governor Hochul has signed Executive Order #4 effective September 27 to November 27, 2021.

i. Executive Order #4 adopted by Governor Hochul mirrors, to a large extend, the former Governor's Executive Order with respect to the delivery of healthcare including the suspension of supervision of nurse anesthetists by physician anesthesiologists.

ii. Even prior to the adoption of the Executive Order #4, to NYSSA's knowledge, no physician anesthesiologist has been terminated from a hospital or ambulatory surgical center due to vaccination status. In fact, a sampling of anesthesiology leadership across the state did not reveal a single physician anesthesiologist who was furloughed due to failure to comply with the vaccination mandate. This indicates that there is no shortage of physician anesthesiologists who can continue to provide critical medical care for COVID-19 patients as well as other anesthesia services (including supervision of nurse anesthetists) in our state.

e. NYSSA and ASA collaborated with other professional organizations during the COVID-19 pandemic. To protect anesthesia providers during intubation, a procedure putting anesthesia providers and intensive care personnel at a high risk of exposure to COVID-19, a joint position statement from the American Society of Anesthesiologists (ASA), Anesthesia Patient Foundation (APF), American Academy of Anesthesiology Assistants (AAAA), and American Association of Nurse Anesthetists (AANA) was adopted to promote best practices to strive to ensure the protection of all healthcare providers.

2. **Preservation of existing anesthesia care healthcare standards set forth in the New York State Health Code**.

a. During the COVID-19 pandemic, initiatives were advanced in the Legislature (supported by hospital associations) to, in essence, make permanent the suspension of the supervision requirements of nurses anesthetist by physician anesthesiologists or the operating surgeon, and, instead introduce a nurse practitioner model for anesthesia care. Collaboration does not equate to supervision as that term has been applied in accordance with the New York State Health Code. Collaboration, wherein a collaborative physician or hospital entity not be physically present nor immediately available (but only connected by email), is incapable of providing immediate medical intervention by the physical presence of a qualified physician anesthesiologist.

b. The nurse practitioner model:

i. has never been tested in the operating room in New York state;

ii. will lower the standard of care and create two standards of care;

iii. fails to address critical issues that arise in the operating room;

iv. does not provide supporting independent analysis, peer-reviewed studies, or data to support this radical policy change; and

v. will impact every patient undergoing a surgical procedure with anesthesia.

Closing.

NYSSA supports the current and longstanding New York state physician led anesthesia care team model standard. A standard of care which has significantly improved anesthesia outcomes in surgical procedures over the last 30 years.

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