The New York State Society of Anesthesiologists, Inc.

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

TELEPHONE: 212-867-7140 | **FAX:** 929-205-7836 | **WEBSITE:** www.nyssa-pga.org

The New York State Society of Anesthesiologists, Inc. ("NYSSA") is a society consisting of approximately 4,307 physicians specializing in the field of anesthesiology. NYSSA is an organization dedicated to advancing the specialty of anesthesiology and to providing the safest, highest quality patient care to the citizens of New York State. The New York State Legislature is currently being presented with two sets of contrasting bills, as summarized below, to establish title and scope of practice for nurse anesthetists, which require careful consideration.

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 this safety standard, which exists in New York state Health Code, a hospital or ambulatory surgical center is required to protect the health and safety of the patient in accordance with accepted standards of MEDICAL practice and patient care which includes the requirement that anesthesia services shall be directed by a physician (qualified by education and experience) who has the responsibility for the clinical aspects and organization of all anesthesia services. Executive Order No. 4 is a temporary emergency order that does not alter fundamental anesthesia standards, including the granting of privileges, and does not create an advanced practice status for nurse anesthetists nor does it extend prescriptive writing authority to nurse anesthetists.

The NYSSA endorses and supports the Bichotte Hermelyn / Gounardes bill (A1890 / S3000) because it preserves the existing standard of anesthesia care as highlighted below and opposes the Cooney bill (S769) because the enactment of this legislation will render null and void the existing standard of care as highlighted below.

BILL: Bichotte Hermelyn (A1890) / Gounardes (S3000)

Description

- Grants title to a nurse anesthetist ("CRNA") and provides a scope of practice consistent with the physician led anesthesia care team mandated by existing NYS Health Department regulations.
- Preserves existing anesthesia standards of care that mandate that the physician anesthesiologist and / or operative physician accepts (i) medical responsibility for the surgical patient undergoing anesthesia and (ii) supervision of the nurse anesthetist.
- Ensures the physician anesthesiologist is immediately available and physically present for medical intervention when necessary for patient safety.
- Guarantees the same level of anesthesia care that NYS patients currently receive

BILL: Cooney (S769)

Description

- Grants title to a nurse anesthetist ("CRNA") and a scope of practice wherein a nurse anesthetist may independently in a hospital, ASC, and office-based surgery center: (i) prescribe the anesthetic plan, (ii) make the pre-operative assessment of the patients (including ordering and evaluating laboratory and diagnostic tests and radiographic imaging studies), (iii) administer anesthesia, and (iv) conduct post anesthesia care (including implementing acute and chronic pain management modalities) without a physician anesthesiologist's involvement or the operative surgeon accepting medical responsibility for the patient undergoing anesthesia.
- A collaborative physician need not be a physician anesthesiologist nor required to be immediately available or present to respond to perform medical interventions. Only requirement is a three month review of a nurse anesthetist's records. Furthermore, the collaborative party may be a hospital (any physician with credentials may serve as the hospital's collaborator) with absolutely no restrictions as to the number of nurse anesthetists with whom it may

LEGISLATIVE REPRESENTATION

Charles J. Assini, Jr., Esq. | *NYSSA Legislative Counsel and Representative* | 1036 Onondaga Road, Niskayuna, NY 12309

TELEPHONE: 518-461-3680 | **E-MAIL:** Chuck@AssiniLaw.com and cc: Grace@AssiniLaw.com

Reid, McNally & Savage, LLC | *NYSSA Lobbyists* | 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

regardless of a patient's payor status or economic considerations or location / type of facility where the anesthesia is administered.

— Preserves the physician's longstanding role to direct the administration of anesthesia services in a hospital or ambulatory surgical center as established by the NYS Health Code.

— Clarifies that only a physician can use the term "anesthesiologist" to avoid confusion by the patient.

Reasons to support

- ✓ Preserves involvement of the physician anesthesiologist and existing anesthesia standards of care which will guarantee that the unprecedented safe level of anesthesia care will continue.
- ✓ Physician anesthesiologists are the anesthesia pain management and critical care physician specialists who
  - o Receive up to 16,000 hours of clinical training;
  - o Follow the of American Society of Anesthesiologists' practice guidelines that establish best practice standards, better drugs, safer equipment;
  - o 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);
  - o Train to develop and implement the optimum anesthetic based on each patient's medical condition;
  - o Serve as the patient's advocate during surgery;
  - o Use their diagnostic skills to evaluate a patient's overall health and identify and respond to underlying medical conditions, which prevents complications; and
  - o Are available during pre-operative and post-operative times to provide treatment and pain management.

collaborate if the nurse anesthetist has been practicing for more than 3,600.

— Permits a nurse anesthetist to seek the patient's informed consent without the involvement of a physician anesthesiologist; the patient will not have the opportunity to discuss medical risks with a physician anesthesiologist.

— Renders null and void the time tested standard of anesthesia care established by the NYS Health Code and in existence for about 30 years.

Reasons to Oppose

- ✓ Creates a collaborative model of anesthesia care that has never been tested in the operating room environment in New York State.
- ✓ Will lower the present high standard of care.
- ✓ Fails to address the need for immediate medical intervention by a physician anesthesiologist that may arise in the operating room.
- ✓ Does not provide supporting independent analysis, peer review studies, or data to support the radical policy change.
- ✓ This model of care creates a two-tier delivery system; without a statewide uniform requirement of the physician anesthesiologist or operative surgeon accepting responsibility for the care of the patient undergoing anesthesia (as currently required pursuant to the NYS Health Code and Office Based accreditation standards). Hospitals, ACS, and office-based surgery practices will be permitted to allow nurse anesthetists to deliver anesthesia independently which may be based on the patient's payor status or other economic considerations.
- ✓ This bill is not consistent with the extent of a nurse anesthetist's training and existing practice; nor is it consistent with a majority of other states.
- ✓ There are no health care cost savings represented by this proposal; under Medicare and Medicaid, reimbursement for anesthesia services is exactly the same whether it is administered by a physician anesthesiologist or by a nurse anesthetist.
- ✓ The bill may lead to adverse patient outcomes; independent studies have shown that the odds of an adverse outcome are 80% higher when anesthesia is provided by only nurse anesthetists as opposed to a physician anesthesiologist.[1]
- ✓ Adverse outcomes lead to higher costs for patients in both monetary and physician terms when patients require longer hospital stays.

[1] Memtsoudis SG, Ma Y, Swamidoss CP, Edwards AM, Mazumdar M, Liguori GA: "Factors influencing unexpected disposition after orthopedic ambulatory surgery." J Clin Anesth 2012; 24(2):89-95.