



The New York State Society of Anesthesiologists, Inc.

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MEMO IN SUPPORT

A1890 (Bichotte Hermelyn) / S3000 (Gounardes) 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 providing quality anesthesia care to all New York State patients. The anesthesia standard of care, as set forth under NYCRR Section 405.13 (Hospitals) and Section 755.4 (Ambulatory Surgery Centers)¹, is summarized as follows: **Since 1989, 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.
- It is the patient's best interest for the physician anesthesiologist or operative physician to 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 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

¹ Subject to Executive Order No. 4. From the outset of the COVID pandemic to the present, physician anesthesiologists (based upon their years of medical training and expertise) have assumed a leadership role in providing critical medical care to COVID patients. The high standard of anesthesia care in New York State has been maintained.

LEGISLATIVE REPRESENTATION

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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. New York State is experiencing unprecedented safe anesthesia care as a result of: (i) more physician-anesthesiologists who are 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 / Gounardes bill (A1890 / S3000) will preserve and enhance safe anesthesia.

Support equal access to physician led or physician provided anesthesia – vote YES on A1890 / S3000 (Bichotte Hermelyn / Gounardes).