



The New York State Society of Anesthesiologists, Inc.

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To: Legislative Day Participants; Board of Directors, NYSSA; GLAC Members, EAC Members
Re: Legislative Day May 9, 2023

Thank you for volunteering to participate in this year's in-person Annual Legislative Day! We believe it is critical that legislators hear directly from YOU, their constituents, about the critical role you play in protecting and preserving safe anesthesia standards in their constituents' hospitals, ambulatory surgical centers, and office-based settings.

The importance of preserving physician supervision of nurse anesthetists is to protect the safety of your patients; a standard of care in existence for decades that has and continues to be a key talking point with legislators. 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 standard supervision standard for all New York state patients regardless of the patient's socioeconomic status

We have all heard statements from opponents to our position (i.e. granting nurse anesthetist title and a scope of practice in accordance with the existing anesthesia standards of care protects patients and does not impose unreasonable barriers to the nurse anesthetist practice), our mission is to share the facts and ensure legislators are not misled by flawed patient safety studies advanced and false assertions. Clearly, as highlighted in our advocacy documents, when meeting with your legislators you will be outlining the fundamental differences between the NYSSA supported bill and the NYSANA supported bill. Your legislator will be confronted with two contrasting nurse anesthetist scope of practice bills:

- The bill NYSSA supports (Bichotte-Hermelyn A.1890 / Gounardes S.3000) that codifies the existing physician anesthesiologist supervised anesthesia care team; or
- The bill NYSSA opposes and which NYSANA supports (Cooney S.769) which advances an experimental model of anesthesia care – a collaborative model used in the primary care health care settings – which has never been tested in New York state.

In advocating to preserve NYS's safe anesthesia standards, it has been, and continues to be, our priority to be professional – nurse anesthetists are valuable members of the care team. However, we also clearly need to illustrate the patient safety differences between the physician anesthesiologist supervised anesthesia care (and your role in all phases of the delivery of anesthesia) and the collaborative nurse anesthetist model which fails in all respects to address the possible need for immediate medical intervention in the operating room.

We are requesting that you think about two or three examples to convey to your legislator wherein it was necessary for you to make an immediate medical intervention to save a patient because of the limitations of a nurse anesthetist's training and / or experience while working in the care team. The memos highlighted below will aid you in your presentation.

LEGISLATIVE REPRESENTATION

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Listed below and attached are the materials we request that you review prior to Legislative Day and the memos to be distributed to your legislators (copies will be made available). *[These documents can also be found the NYSSA website.]*

1. **Tri-Fold.** This document provides helpful information on the request you will be making to your legislator to support A1890 / S.3000 (Bichotte Hermelyn / Gounardes) and oppose S769 (Cooney) including the differences in training, the potential impact in granting nurse anesthetists broad perspective authority, refuting arguments advanced by NYSANA that granting a broad scope of practice as reflected in the Cooney bill (S769) will alleviate a shortage of anesthesia professionals in rural hospitals. (NOTE: a map is also attached which demonstrates that only 2 hospitals out of 206 do not have physician anesthesiologists or access to physician anesthesiologists.)

2. **Comparison Chart of Two Models of Anesthesia Care.** Differences between the physician anesthesiologist supervised care team and the collaborative nurse anesthetist model. It is recommended that you work through the points comparing the differences with your legislator. The purpose of this chart is to be a tutorial on what you do, why your training is critical in all phases (in particular intraoperatively and in the PACU), and the importance of preserving the physician anesthesiologist supervised care team which preserves your physical presence to respond immediately, while working together with CRNAs, to save a patient and compare it to the anesthesia delivery model advanced by the Cooney bill (S769). Significantly, the Cooney bill (S769) does not require a physician anesthesiologist to be involved as the “collaborative physician”; does not require the collaborative physician to have anesthesia TRAINING; and does not require the collaborative physician to BE PHYSICALLY PRESENT OR IMMEDIATELY AVAILABLE. Please keep in mind that there is a new Higher Education Chair (Assemblyperson Fahy), a new Higher Education Committee counsel, and new Higher Education Committee members who need to be educated about your role. As noted, it is critical to use examples to demonstrate how your interventions have saved patients’ lives. STATED ALTERNATIVELY, it is imperative that the legislators understand and appreciate your role as the patient’s advocate – unlike in the primary care setting, a patient is incapable of advocating for him / herself when unconscious and under anesthesia. Legislators need to understand (i) the strength and immediate reaction of the drugs prescribed and used; (ii) the medical challenges of patients undergoing surgery (e.g., patients with COVID); (iii) and the importance of your medical training to assess patients preoperatively, develop the appropriate anesthesia plan, and know how to apply medical training and experience to react immediately in the operating room.

3. **Comparison Chart of Two Bills.** This comparison chart highlights the differences between the provisions in each bill. Legislators need to be educated on the existing standards and the limited impact of Executive Order No. 4 – the emergency declaration that suspended supervision standard of nurse anesthetists. EO No. 4 does not create advanced nurse practice status for nurse anesthetists nor does it empower nurse anesthetists to prescribe.

4. **Map of Hospitals.** According to the New York state Department of Health, out of 206 hospitals that perform surgery only 2 do not have an anesthesiologist on staff and do not have access to a local anesthesiologist.

5. **Press Release Handouts.** “When Seconds Count ... Physician Anesthesiologists Save Lives.®”

6. **Legislative Day Agenda.** A breakfast buffet and legislative day briefing will be held in the fourth floor conference room of the Reid, McNally and Savage (RMS) offices on the 4th floor of

the One Commerce Plaza building (99 Washington Avenue Albany, NY 12210). Upon arrival at the building please check in at the security desk and then proceed to the fourth floor and follow the signs for the RMS offices in Suite 402. **Please note you will be required to show a photo I.D. at security.**

Parking

- There are a limited number of spaces available under the One Commerce Plaza building in the paid garage.
- On-Street metered parking on Washington Ave and Elk Street (behind building).
- Paid parking is available at 111 Washington Ave Garage (2nd building from 99 Washington Ave, Citizens Bank is in the building).
- For other parking options we recommend using the Park Albany Website linked [here](#) in order to make a parking plan prior to legislative day on 5/9.

The program begins at 8am with welcoming remarks followed by a legislative briefing where your lobby day material folder will be distributed. Legislative visits will occur thereafter. Please leave time to get through security when proceeding to your meetings. A map will be available in your legislative day materials folder as well as your teams schedule

Thank you again for participating in this years' Legislative Day!

Stuart, Bob, and Chuck