- Create restrictive barriers to the CRNA's scope of practice
- Limit patient access
- Increase healthcare costs

NYSSA's Factual Response to NYSANA's Claims

- Current scope of practice for CRNAs is physician supervision.
- The "barriers" being called "outdated" are really a set of protections:
  - Protection for patient safety
  - Protection from liability
  - Protection for the surgical team in the O.R.
  - Protection for CRNAs from undesired consequence of an emergency that would stretch their bounds of education and training

There are no barriers that restrict CRNAs from providing anesthesia services in all surgical venues throughout New York state provided the administration of anesthesia is done within the structure of the current NYS Health Code regulations and Office-Based Surgery Accreditation standards.

Rural Access to Safe Anesthesia Care

Neither enactment of the Cooney (S769) Bailey (S1594) bills nor extension of the Governor's Executive Order 4 (suspending the supervision requirement of nurse anesthetist) will have an impact on the redistribution of anesthesia providers to rural hospitals. There are approximately 4,458 physician anesthesiologists licensed to practice in New York state and only approximately 1200 nurse anesthetists. According to a recent survey conducted by NYSSA, of the 206 hospitals in NYS that perform surgery only 2 do not have physician anesthesiologists on staff or do not have access to a local physician anesthesiologists.

The impact of EO No. 4 in removing physician supervision of nurse anesthetists has been minimal because:

- the majority of hospitals did not remove the supervision standard because nurse anesthetists cannot prescribe;
- Medicare, Medicaid, and Workers Compensation continue to require physician supervision;
- those that elected to remove physician anesthesiologist supervision received multiple complaints from surgeons

However, preserving the long-established supervision standard in law is critical in order to establish a statewide standard of anesthesia care. This standard of anesthesia care requires the physician anesthesiologist or operative surgeon to accept supervisory responsibility of the nurse anesthetist and has proven to increase patient safety. The legislature has within its powers to address workforce shortages in anesthesiology (upstate and downstate) by advancing Certified Anesthesiologists Assistants (CAAs) through opening programs and licensing these professionals. To date, 20 states have licensed CAAs and additional states are now considering this profession. This initiative would bring revenue to the state and open the door for additional anesthesia providers.

Physician Anesthesiologists' Critical Role During the COVID-19 Pandemic

From the outset to the present, physician anesthesiologists (based upon their years of medical training and expertise) are assuming a leadership role in

providing critical medical care to COVID-19 patients.

- Physician anesthesiologists are trained to provide the following critical medical services: ventilation management, emergency intubation, placement of invasive monitoring lines and transesophageal echocardiography; all medical services that were, and are, essential throughout the COVID-19 pandemic period.
- COVID-19 patients require a higher level of medical skill and effort to treat. Physician anesthesiologists' education and clinical training allows physician anesthesiologists to make immediate medical assessments when seconds count.
  - COVID-19 patients are gravely ill. The virus infects patients' respiratory systems, which can result in pneumonia and, in severe cases, acute respiratory distress syndrome (ARDS) and death. The virus can also damage other vital organs, triggering a full range of complications, including heart and renal failure.
  - Most COVID patients are already in compromised health. Most patients hospitalized with COVID-19 (91.5%) already have at least one compromising health condition, such as high blood pressure, obesity, diabetes, or heart disease (CDC), further complicating their medical care.

Opioid Crisis: Physician Anesthesiologists, as Chronic Pain Experts, Play an Integral Role in Developing Interventions to Address the Opioid Crises

The opioid crisis affecting so many Americans is often linked to post-surgical pain and the medications to treat that pain. The Cooney (A769) and Bailey (S1594) bills grant nurse anesthetist extremely broad prescriptive authority during all critical phases of anesthesia delivery through the use of a collaborative practice agreement which requires only that the collaborative physician be reasonably available. There is no requirement that the physician anesthesiologist have direct involvement in the pre-anesthetic surgical assessment or post-operative care. The only educational requirement associated with the granting of broad prescriptive authority is completing an undefined program established by the Commissioner of Health. The opioid crisis continues, and this is not the time to grant broad prescriptive authority without more controls, direct oversight by a physician anesthesiologist (who has created guidelines to minimize opioid abuse). and explicit educational programming created by national experts.

As frontline physicians treating pain, we offer the following guidelines for safe perioperative patient care:

- Non-opioid agents should always be the first option for patients experiencing pain.
  - Opioids should be reserved for patients experiencing severe pain and for patients whose pain is not controlled by non-opioid medication.
  - Opioid-free surgery is a viable option for many minor or minimally invasive procedures
  - Opioids should never be given as monotherapy for pain before, during, or after surgery
- All surgical patients should be educated regarding the severity, duration, and nature of expected post-surgical pain.
- Information for the proper storage and disposal of unused opioids should be given to all patients.
  - Risks of drug diversion and abuse should always be provided at the time of prescription.

Adopted from the Michigan Society of Anesthesiologists.

36th Annual

NYSSA Legislative Day

Albany, New York

MAY 2023

When Seconds Count...

Physician Anesthesiologists Save Lives.®

The New York State Society of Anesthesiologists, Inc. ("NYSSA") is 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 providing the safest, highest quality patient care to the citizens of NYS.

The New York State Society of Anesthesiologists supports a Patient's Right to Equal Access to Physician Led Anesthesia Care regardless of the patient's payor status or other economic considerations.

The operating room is a critical care environment where the patient is most at risk and is totally reliant on the physician anesthesiologist (who serves as the patient advocate) to apply the highest standards of medical care. The NYSSA endorses the standard of anesthesia care that ensures that a physician anesthesiologist (with extensive medical education and training) is physically present and immediately available, while supervising a nurse anesthetist, to make crucial medical interventions when a patient's status is in jeopardy.

Without the existence of a statewide supervisory standard, patients receiving anesthesia in marginalized areas may not have the benefit of the direct, personal involvement of physician anesthesiologists and a two tier delivery system would evolve. New York state must continue to be the leader in upholding the high standard for safe anesthesia care created in 1989 when the New York state Health Code — Anesthesia Standards were promulgated.

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#SafeAnesthesia4NY

Legislature Confronted by Two Contrasting Nurse Anesthetist Title / Scope of Practice Bills

TDespite 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 New York state 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 Legislature's choice comes down to codifying a proven physician supervised anesthesia care team standard (which is wholly consistent with the Bichotte Hermelyn A1890 / Gounardes S300 bill) or advancing an experimental model of anesthesia care which is not been tested in NYS (such as the Cooney S0769 and Bailey S1594 bills). We believe the choice is clear: when a patient is undergoing surgery and rendered unconscious by use of anesthesia, when immediate medical intervention within minutes is needed to the save the patient, it is essential to preserve the requirement of a physician anesthesiologist being physically present and immediately available.

NYSSA Supports
A1890 (Bichotte Hermelyn) / S3000 (Gounardes)

Preserves and codifies the existing CRNA scope of practice consistent with the physician led care team -- a standard of anesthesia care that has resulted in unprecedented safe anesthesia care for decades

NYSSA Opposes
S0769 (Cooney) and S1594 (Bailey)

Dismantles the physician led care team by authorizing a CRNA to:

- independently prescribe and make preoperative patient assessments
- administer anesthesia — induction and emergence
- conduct post anesthesia care (including implementing acute and chronic pain modalities

All without any direction or supervision of physician anesthesiologists

NYSSA Supports
A1890 (Bichotte Hermelyn) / S3000 (Gounardes) Requires:

The physician anesthesiologist to be immediately available and physically present for medical intervention necessary for patient safety when supervising a CRNA, or
The operative physician to accept responsibility for the supervision of the CRNA

NYSSA Opposes
S0769 (Cooney) and S1594 (Bailey)

*The collaborating physician:

- Need NOT be an anesthesiologist (the physician most qualified to assume direction of the CRNA)
- Does NOT need to be physically present nor immediately available to perform medical interventions
- May communicate with the CRNA by telephone or electronic means
- May review the records up to every 3 months

*The collaborating party may be a hospital (the hospital's collaborator may be any physician with credentials)

*No restriction regarding the number of CRNAs in a collaboration if the CRNA(s) has been practicing for more than 3600 hours

NYSSA Supports
A1890 (Bichotte Hermelyn) / S3000 (Gounardes)

Guarantees the same level of anesthesia care that New York state patients currently receive regardless of:

- Patient's payor status
- Economic considerations
- Location and /or type of facility where anesthesia is delivered

NYSSA Opposes
S0769 (Cooney) and S1594 (Bailey)

- Creates a collaborative standard of anesthesia care that has never been tested in the operating room environment in New York state that:
- Will lower the present high standard of care
- May lead to adverse patient outcomes
- Fails to address circumstances when medical intervention is required by a physician anesthesiologist in the operating room - a critical care environment where medical interventions must be performed immediately
- Will create a two-tier delivery system - marginalized communities may not be afforded the benefit of physician anesthesiologists to staff the hospitals

- Will create no health care cost saving - under Medicare and Medicaid reimbursement for anesthesia services is the same whether it is administered by a physician anesthesiologist or a CRNA

Significant Differences between Physician Anesthesiologist and Nurse Anesthetist Education, Training, and Responsibilities

Physician Anesthesiologist

- Education:
  - Medical Degree (either M.D. OR D.O.) following bachelor's degree (8 years)
  - Postdoctoral internship (1 year)
  - Postdoctoral residency in anesthesiology (3 years)
  - Board certified physicians may complete an addition 1 – 2 years in subspeciality education and training in one of the recognized anesthesiology subspecialty areas after successful completion of postdoctoral residency
  - Total of 12 – 14 years after high school
- Medical education and training covers:
  - Continuum of the human life cycle including health and disease and functioning of all vital organs
  - Emphasis on diagnosis and treatment, indications and contradictions
  - Comprehensive medical care
  - Preventive care
  - Acute and chronic care
- 12,000 to 16,000 hours of clinical training: trained to provide comprehensive medical re to patients needing anesthesia, pain medicine or critical care services

Nurse Anesthetist

- Education:
  - Associate registered nurse degree (2 years) OR diploma registered nurse in nursing school after high school (3 years)
  - Work as nurse in an acute care setting (1 year)
  - Masters degree from graduate school of nurse anesthesia (not required prior to 1998) (2 - 3 years)
  - Total of 5 – 7 years after high school
- Medical education and training covers:
  - Basics of anatomy, physiology, and pharmacology
  - Principles and techniques of nurse anesthesia
- Almost 2,500 hours of clinical training: trained to administer and assist in the provision of anesthesia services

New York State Association of Nurse Anesthetists (NYSANA) Claims

NYSANA has advanced their proposals based on arguments and position papers that claim existing physician supervision requirements:

- Are outdated and unnecessary