

Ashley Norris, Certified Registered Nurse Anesthetist
Testimony – Senate Government Operations Committee
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My name is Ashley Norris and I am a Certified Registered Nurse Anesthetist, or CRNA. I work at Porter Medical Center in Middlebury as lead of the Anesthesia Department, as well as President-elect of the Vermont Association of Nurse Anesthetists. I am speaking as a representative of the 47 CRNAs currently practicing in the state. I am here to testify on Section 15 of H.684 as it relates to advanced practice nurse practitioners, or APRNs.

Current Law and H.684 Amendments

Under current law, APRNs, with the exception of new grads, are not required to have a collaborative practice agreement pursuant to the Board of Nursing rule changes that occurred several years ago (which some of you may remember). As introduced, H.684 eliminated that requirement for new grads. We supported, and continue to support, that original proposal by OPR. I also want to let you know that we are in agreement with the elimination of the practice guidelines.

Elimination of Collaborative Practice Agreements for New Grads

Collaborative practice agreements do not improve patient safety or health outcomes, and only serve as an onerous and unnecessary administrative (and sometimes financial) burden on new APRNs. They can be agreements with a more experienced provider that is clear across the state. They are not needed, because healthcare in general is an innately collaborative field; this agreement was simply a piece of paper required for licensure and had no impact on patient safety or quality of care.

We do not agree with the language as passed in the House. It was agreed to by VMS and OPR only. It is not supported by the very professionals regulated by that language. The language actually adds an unnecessary supervision component that doesn't currently exist (and for which there is no evidence that it is necessary). It is taking a step backwards from the historically safe, cost-effective and skilled anesthesia delivery that has taken care of Vermonters for decades. It requires that, in practices with 2 or more more-experienced health care providers, at least one of those providers needs to be onsite with a new APRN. That is both unnecessary and in most rural hospitals in our state, completely unattainable the 24/7/365 that APRNs provide care.

Some of the testimony presented in the House Government Operations Committee by anesthesiologists was inaccurate and misleading. It suggested that CRNAs may pose a risk to the health and safety of Vermonters. There is no credible evidence to support this claim. There have been no adverse effects without this formal collaborative agreement, on patient care, nor have there been any disciplinary actions by the Board of Nursing that implies otherwise.

As a new grad (and now), I took independent call at Porter, as has been the historic use of CRNAs there, responding to all kinds of emergency situations without an anesthesiologist or other CRNA supervision. My extensive training and education, which led me to this level of high quality care, is what is responsible for our superior patient safety record at Porter. This is not unique in the state, new grads are well-trained with extensive experience before even eligible to sit for board certification exam. Oversight and practice restrictions have no basis in patient safety or quality care.

Training, Education, and Practice

CRNAs are APRNs who provide safe, skilled high quality anesthesia care. CRNAs practice in every setting in which anesthesia is delivered, CRNAs are also the primary providers of anesthesia care in rural America, enabling healthcare facilities in these medically underserved areas to offer obstetrical, surgical, and trauma stabilization services. In some states, CRNAs are the sole providers in nearly 100% of rural hospitals.

CRNAs, not anesthesiologists, were the first professional group to provide anesthesia in the United States, and are the oldest recognized group of APRNS. Our training includes graduate-level Masters and Doctoral level education in one of the nationally accredited programs of nurse anesthesia. We are required to take and pass the national certification examination in order to practice anesthesia and must re-certify every two years.

Pass Section 15 of H.684 as Introduced

If H.684 passes as it was introduced, the quality care that surgeons and new CRNAs currently provide to patients will not change. Surgeons and new CRNAs will maintain the close cooperation that currently occurs throughout the surgical or diagnostic portions of patient care. Determining what policies best serve a facility's particular patient population should be a local facility decision, and Vermont facilities will continue to be able to adopt their own policies regarding anesthesia practice, as they do today.

Thank you for allowing me to speak about this vastly important bill that has ramifications that would negatively impact the access, cost-efficiency, quality and safety to the health of Vermonters.