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for every patient.

April 5, 2018

Senator Jeanette K. White  
Chair, Senate Committee on Government Operations

Senator Claire Ayer  
Chair, Senate Committee on the Health and Welfare

Dear Senator White and Senator Ayer:

I am the president of the American Association of Nurse Anesthetists (AANA), which represents more than 50,000 nurse anesthetists (including Certified Registered Nurse Anesthetists (CRNAs) and student nurse anesthetists) nationwide. The AANA submits the following comments in support of the Vermont Association of Nurse Anesthetists concerning House Bill 684, and encourage you to support the ability of Vermont CRNAs to continue to provide high quality, cost-effective care to Vermont patients without unnecessary restrictions.

#### **Potential Impact of HB 684 in Vermont**

CRNAs have been providing anesthesia care to the citizens of Vermont and this country for over 150 years. Vermont CRNAs contribute significantly to access to cost-effective, safe, high quality anesthesia care for patients in Vermont. Adding restrictions will create unnecessary and unwarranted barriers to CRNA practice, increase cost and limit access to care for the residents of Vermont.

#### **National Trend**

Further restricting CRNA practice is not supported by evidence and is contrary to the national trend, which is toward allowing each practitioner to practice to the full extent of his/her education and training. Currently, 40 states and the District of Columbia have no supervision requirement concerning nurse anesthetists in nurse practice acts, board of nursing rules/regulations, medical practice acts, board of medicine rules/regulations, or their generic equivalents. This national trend is further supported by the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education<sup>1</sup>, adopted in 2008 and endorsed by over 40 nursing organizations.

#### **CRNA Scope of Practice**

As healthcare professionals, CRNAs practice according to their expertise, state statutes and regulations, and institutional policy. The AANA supports the full scope of CRNA practice as set forth in the AANA's "Scope Nurse Anesthesia Practice" and "Standards for Nurse Anesthesia Practice"<sup>2</sup>.

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<sup>1</sup> <https://www.aacn.org/~media/aacn-website/nursing-excellence/standards/aprnregulation.pdf?la=en>

<sup>2</sup> <https://www.aana.com/practice/practice-manual>

CRNAs collaborate with all members of the patient care team to ensure patient safety and comfort. They are responsible for the patient's safety before, during and after anesthesia and stay with the patient for the entire procedure. CRNAs are uniquely prepared to care for patients suffering from acute and/or chronic pain and are educated, trained and experienced in managing emergency situations.<sup>3</sup>

Practice by CRNAs and other APRNs to the full extent of their education and training is also supported by the 2010 Institute of Medicine (IOM) report titled, *The Future of Nursing: Leading Change, Advancing Health*<sup>4</sup> (the IOM report). The IOM report includes the "key message" that: "Nurses should practice to the full extent of their education and training." [page 3-1] The IOM report further indicates "...regulations in many states result in APRNs not being able to give care they were trained to provide. The committee believes all health professionals should practice to the full extent of their education and training so that more patients may benefit." [page 3-10]

### **CRNAs Provide High Quality, Cost-Effective Care**

There is overwhelming evidence that CRNAs provide superb, cost-effective anesthesia care. Nurse anesthetists have been, since their inception, professionals who are acknowledged by the surgeons with whom they practice to be experts regarding anesthesia.

The excellent safety record of CRNAs is reflected in a landmark national study conducted by RTI International and published in the August 2010 issue of *Health Affairs*, which determined that there are no differences in patient outcomes when anesthesia services are provided by CRNAs, physician anesthesiologists, or CRNAs supervised by physicians. The study, titled "No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians," examined nearly 500,000 individual cases and confirms what previous studies have shown: CRNAs provide safe, high-quality care. The study also shows the quality of care administered is equal regardless of supervision.<sup>5</sup>

A CRNA acting as the sole anesthesia provider is the most cost-effective model of anesthesia delivery, according to a groundbreaking study conducted by Virginia-based The Lewin Group and published in the May/June 2010 issue of the *Journal of Nursing Economic*<sup>6</sup>. The study, titled "Cost Effectiveness Analysis of Anesthesia Providers," considered the different anesthesia delivery models in use in the United States today, including CRNAs acting solo, physician anesthesiologists acting solo, and various models in which a single anesthesiologist directs or supervises one to six CRNAs. The results show that CRNAs acting as the sole anesthesia provider cost 25 percent less than the second lowest cost model. On the other end of the cost scale, the model in which one anesthesiologist supervises one CRNA is the least cost efficient model. The results of the Lewin study are particularly compelling for people living in

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<sup>3</sup>Quintana, J. "Answering today's need for high-quality anesthesia care at a lower cost," *Becker's Hospital Review*, January 20, 2016, available at <http://www.beckershospitalreview.com/hospital-physician-relationships/answering-today-s-need-for-high-quality-anesthesia-care-at-a-lower-cost.html>.

<sup>4</sup>[http://www.nap.edu/catalog.php?record\\_id=12956](http://www.nap.edu/catalog.php?record_id=12956)

<sup>5</sup>Dulisse, B., Cromwell, J. "No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians." *Health Affairs*. August 2010. 2010(29): 1469-1475.

rural and other areas of the United States where anesthesiologists often choose not to practice for economic reasons.<sup>6</sup>

Cost effectiveness directly relates to access for patients. In addition to delivering essential healthcare in thousands of medically underserved communities, CRNAs are the main providers of anesthesia care for women in labor and for the men and women serving in the U.S. Armed Forces, especially on frontlines around the globe. They also serve as the backbone of anesthesia care in rural and other medically underserved areas of the United States. A recent study<sup>7</sup> published in the September/October 2015 *Nursing Economic\$* found that CRNAs are providing the majority of anesthesia care in U.S. counties with lower-income populations and populations that are more likely to be uninsured or unemployed. They are also more likely found in states with less-restrictive practice regulations where more rural counties exist<sup>8</sup>.

Based on the foregoing, we support the Vermont Association of Nurse Anesthetists concerning HB 684 and encourage you to support the ability of Vermont CRNAs to continue to provide high quality, cost-effective care to Vermont patients without unnecessary restrictions. Please do not hesitate to contact Anna Polyak, RN, JD, the AANA's Senior Director, State Government Affairs, at 847-655-1131 or [apolyak@aana.com](mailto:apolyak@aana.com) if you have any questions or require further information.

Sincerely,



Bruce A. Weiner, DNP, MSNA, CRNA  
President, American Association of Nurse Anesthetists

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<sup>6</sup> Hogan, P., Seifert, R., Moore, C., Simonson, B. "Cost Effectiveness Analysis of Anesthesia Providers." *Journal of Nursing Economic\$*. May/June 2010. 28, No. 3. 159-169.

<sup>7</sup> Liao CJ, Quraishi JA, Jordan LM (2015). Geographical imbalance of anesthesia providers and its impact on the uninsured and vulnerable populations. *Nursing Economic\$*, 33(5):263-270.

<sup>8</sup> Quintana, J. "Answering today's need for high-quality anesthesia care at a lower cost," *Becker's Hospital Review*, January 20, 2016, available at <http://www.beckershospitalreview.com/hospital-physician-relationships/answering-today-s-need-for-high-quality-anesthesia-care-at-a-lower-cost.html>.