Dear Senator Ayer and fellow Members of the

Senate Committee on Health and Welfare:

I am writing to express concern about H.684 as passed by the House.

As an autonomously practicing Nurse Anesthetist in Vermont, I fear the language concerning Collaborative Practice Agreements for APRNs with less than 24 months and 2,400 hours of advanced nursing practice will be open to broad interpretation - particularly, “One of those more experienced licensees shall be **primarily** located **on site** when the APRN is providing clinical health care services **and accessible by phone** or otherwise by alternative means, as defined by Board rule.” I fear this is a stepping stone to be used for a supervision requirement of new graduate APRNs now, and for all APRNs in the future, resulting in reduced access to care for my fellow Vermonters.

As the American Association of Nurse Anesthetists notes, Nurse Anesthetists are rural America’s primary anesthesia professional. Our role will only increase with time, as it has been demonstrated over and over again that Nurse Anesthetists provide anesthesia services at a level of quality that meets, and often exceeds, that of Physician Anesthesiologists at a fraction of the cost. The high quality of Nurse Anesthetist administered anesthesia is born out by the numerous surgeons in Vermont, not to mention the United States, who allow their patients to receive anesthesia services from fully autonomous and independently practicing Nurse Anesthetists.

Furthermore, H. 684, as passed by the House, has the significant possibility of decreasing a rural hospital’s ability to provide 24/7 anesthesia services due to a Nurse Anesthetist with less than two years experience being unable to take solo call since their collaborator would not “be **primarily** located **on site”**. The anesthesia services this would impact are required for surgery, labor epidurals, and the numerous other procedures that we, Nurse Anesthetists, provide to Vermonters. Please put a stop to this attack on Vermonter’s access to care.

This unwarranted assault on APRNs, specifically Nurse Anesthetists, from the Vermont Medical Society and Vermont Society of Anesthesiologists, stems from a fear based reaction to limit healthy competition in the healthcare arena in an effort to ensure continued relevancy for anesthesiologists. As the Federal Trade Communication notes in *Policy Perspectives: Competition and the Regulation of Advanced Practice Registered Nurses*, "Competition in health care benefits consumers by helping to control costs and prices, improve quality of care,...and expand access to health care services and goods" - Nurse Anesthetists accomplish all of these things!

The removal of the Practice Guidelines and Collaborative Practice Agreements, as submitted in the original bill by the Office of Professional Regulation, confirms APRNs as the valuable providers of healthcare that we are. This will serve to ensure Vermonters have the unhindered access to high quality care they deserve.

Moreover, collaboration is a professional norm, not a requirement that should be regulated by the State - State regulated collaboration equals increased red tape, decreased healthcare competition, and reduced access to care.

Please take the time to fully consider the impact H. 684, as passed by the House, will have on Vermonters. As a Vermonter, I ask you to accept the language as originally submitted by the Office of Professional Regulation to ensure access to care for all Vermonters is preserved.

I am happy to discuss this important issue with you further and answer any questions you may have.

Chris Mann, Certified Registered Nurse Anesthetist

St. Johnsbury, VT
406.579.6627
Mann.ChrisD@gmail.com

I am happy to answer any questions you have.
Chris Mann, CRNA
St. Johnsbury, VT
406.579.6627
Mann.ChrisD@gmail.com

Certified Registered Nurse Anesthetist

CRNA FAST FACTS

1 There is no statistically significant difference in the risk of anesthesia complications based on the degree of restrictions placed on CRNAs by state SOP laws. *(Negrusa et al, Medical Care Journal, 2016)*

2 There is no difference in patient outcomes when anesthesia services are provided by CRNAs, physicians, or CRNAs supervised by physicians. *(Dulisse, 2010–Health Affairs)*

3 Nurse anesthesia care is 25 percent more cost effective than the next least costly anesthesia delivery model. *(Hogan, 2010–Nursing Economic$)*

4 Practicing in every setting, with and without anesthesiologists, CRNAs ensure patient access to healthcare and predominate in rural and other medically underserved areas.

5 Researchers studying anesthesia safety found no differences in care between CRNAs and anesthesiologists. *(Lewis, 2014-Cochrane Database of Systematic Reviews)*

- Nurse anesthetists have been providing anesthesia to patients in the United States for more than 150 years.
- CRNAs are advanced practice registered nurses who administer approximately ***43 million anesthetics*** to patients each year. More than 50,000 U.S. nurse anesthetists and student nurse anesthetists are members of the American Association of Nurse Anesthetists (AANA).
- In some states, CRNAs are the ***sole anesthesia professionals in nearly 100% of rural hospitals***, ensuring patient access to obstetrical, surgical, trauma stabilization and pain management services.
- CRNAs have been ***recognized Medicare Part B providers*** since 1986.
- ***CRNAs work in every setting in which anesthesia is delivered***, including hospitals, ambulatory surgical centers and physician offices.
- Nurse anesthesia ***predominates in Veterans Hospitals and in the U.S. Armed Forces***.
- ***CRNA services include*** pre-anesthesia evaluation, administering the anesthetic, monitoring and interpreting the patient's vital signs, and managing the patient throughout surgery.
- ***Providing acute and chronic pain management*** services is within the professional scope of practice of CRNAs.

Learn more about **CRNAs** at **AANA**.com

AANA
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS | Office of Federal Government Affairs
25 Massachusetts Avenue NW, Suite 320 | Washington, DC 20001 | 202.484.8400 | info@aanadc.com