To: Senator Claire Ayer, Chair, Senate Committee on Health and Welfare
From: Jason Johns, CRNA
Date: April 4, 2018
Re: Testimony on H.684, Senate Committee on Health and Welfare

Dear Senator Ayer,

I am an Advanced Practice Registered Nurse (APRN), more specifically a Certified Registered Nurse Anesthetist (CRNA) and a resident of Vermont for the majority of my life. I am very concerned about H.684 as this bill will have a direct negative impact on Vermonters and those who provide their care.

This bill, as amended, will hinder my ability to provide the necessary care to those in rural Vermont. I practice under the current collaboration agreement at Northeastern Vermont Regional Hospital in St. Johnsbury. Our hospital has a small group of CRNAs, all of which are responsible to take independent call on nights, weekends and holidays. This after hours call requirement is essential in providing safe anesthesia care to the communities we serve when they require it. The current collaboration agreement as well as practice guideline requirement has had no impact on my daily ability to provide anesthesia services and is unnecessary. This bill, as amended, will have negative consequences for our hospital and the rural communities we care for. This is due to the fact that I, as well as a fellow CRNA, would no longer be able to take independent call as there would not be another collaborating CRNA "on site". Furthermore, I would hope that, as clinicians and professionals, we would not require a law that simply states that we collaborate with others. This is an expectation of being a professional. Law should not regulate the culture of an organization or for that matter, this type of professional behavior. My specialty, anesthesiology, requires constant collaboration with those in health care from many specialties, regardless of their title and this degree of collaboration will not end when my collaboration agreement does.

Despite this issue being outside their purview, the Vermont Medical Society (VMS) as well as the Vermont Society of Anesthesiologists (VSA) are creating a problem where one does not exist. The original language in H.684 was more than reasonable and put forth by those who regulate the nursing profession, which is neither of the above groups. The VMS/VSA took it upon themselves to push an agenda that is unrelated to the topic at hand. While these organizations have done their best to devalue our profession and APRNs as a whole by using scare tactics. The reality is, as demonstrated by the current studies below, that the care provided by APRN CRNAs is at least as safe as the care provided by physician anesthesiologists.

It is nothing less than reasonable to expect professionals to collaborate when needed to provide the best and safest care. Having a law in place requiring that is simply unnecessary. I desire that H.684 will return to the original language and intent put forth by the Vermont Board of Nursing as well as the Office of Professional Regulation.

I appreciate your time and consideration on this matter. I also hope you see the value of APRNs in caring for those in our communities.

Please take a moment to review some of the statements below from the Vermont Association of Nurse Anesthetists:

VSA offered inaccurate and misleading testimony in the House by suggesting that CRNAs may pose a risk to the health and safety of Vermonters. There is no credible evidence to support this claim. CRNAs have the experience and training to provide safe patient care. CRNAs, not anesthesiologists, were the first professional group to provide anesthesia in the United States and are the oldest recognized group of advance practice registered nurse specialists. We work with all levels of patients in 9 of the 13 hospitals in Vermont in which surgical services are provided. Our training includes graduate-level education in one of the nationally accredited programs of nurse anesthesia. We are required to take and pass the national certification examination administered by the National Board on Certification and Recertification of Nurse Anesthetists in order to practice anesthesia and must recertify every two years;

Collaboration

CRNAs (and all APRNs in Vermont, other than newly admitted APRNs), are not required by law to collaborate with a physician or other APRN. Since the removal of the previous requirement, there have been no adverse effects on patient care, nor have there been any disciplinary actions by the Board of Nursing that implies otherwise. Forty states, and the District of Columbia, have no supervision requirement concerning CRNAs in state nursing laws/rules, medical laws/rules, or their generic equivalents.

No Justification for Different Regulations for CRNAs – Misleading Studies

VSA suggests that CRNAs should have different regulations than other APRNs. They cite studies by Silber (2000) and Memtsoudis (2012) in a mistaken and unfortunate attempt to show that CRNA care is inferior to that of anesthesiologists: Claims about the outcomes shown by the studies are uncorroborated by the evidence and should be rejected. The Silber study, based on data gathered more than two decades ago (between 1991-94), was critiqued extensively and independently by the Medicare agency, which stated that the article "did not study CRNA practice with and without physician supervision." Medicare also stated, "One cannot use this analysis to make conclusions about CRNA performance with or without physician supervision."

The Memtsoudis paper suffers from numerous methodological flaws that invalidate the faulty deductions. The Centers for Disease Control and Prevention, the source of the data grounding this paper, specifically addresses the unreliability of these data elements in its survey highlights. Moreover, the study did not adjust for major factors common in health services research, including race, comorbidity, insurance status, and metropolitan statistical area.

Reliable Studies

In contrast to the studies cited by VSA, the studies cited below have found that:

- There are no differences in patient outcomes when anesthesia services are provided by CRNAs, physician anesthesiologists, or CRNAs supervised by physicians.
- When CRNAs practice to their full authority, there was no measurable impact on anesthesia-related complications.
- A CRNA acting as the sole anesthesia provider is the most cost-effective model of anesthesia delivery.

Study citations:

- Hogan, Paul F., Rita Furst Seifert, Carol S. Moore, and Brian E. Simonson. Cost Effectiveness Analysis of Anesthesia Providers. Nursing Economics 28(3), 2010: 159.
- The Lewin Group (2016). Update of Cost Effectiveness of Anesthesia Providers. Lewin Publications, May 13, 2016.
- Dulisse B, Cromwell J (2010). No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians, Health Affairs, 29:1469-1475.