

April 5, 2018

To: Senator Claire Ayer
Chair, Senate Committee on Health and Welfare

From: Leah Pearl, Certified Registered Nurse Anesthetist

As a Certified Registered Nurse Anesthetist (CRNA) at Northeastern Vermont Regional Hospital (NVRH), I am testifying to express my concern about H. 684. I support H. 684, as originally introduced in the House—striking Practice Guidelines and Transition to Practice requirements, including Collaborative Provider Agreements (CPAs), for Advanced Practice Registered Nurses (APRNs), including CRNAs. There is no evidence to support an entry to practice requirement. In fact, significant data exists indicating the safe care that highly educated APRNs bring to the healthcare market.

Elimination of Collaborative Provider Agreements for New Graduates:

There is no evidence to support a need for CPAs—they disregard the professional and ethical standards already in place for APRNs. The requirement of having to file a formal CPA is excessive and unwarranted. As a CRNA, I collaborate on a daily basis with a variety of providers including APRNs, MDs, RNs, PAs, etc. Collaboration is essential amongst all healthcare professionals for best patient outcomes—from your first day as a provider to your last. CPAs do not dictate that necessity.

Education / Training:

I was prepared directly out of my training to work as an autonomous Nurse Anesthetist—ready to provide the full spectrum of anesthesia services while still collaborating, as all professionals do, with my colleagues. I am currently in my “transition to practice” period and practice under a CPA. Firsthand, I can tell you my CPA does not dictate the care I provide to patients—as a professional, I know when it is essential to seek collaboration with any variety of providers. A piece of paper that I file with the Office of Professional Regulation (OPR) does not necessitate nor negate that need.

CRNAs are highly trusted, educated, and competent providers. I urge you to review the attached charts that outline the education and training comparison of both CRNAs and anesthesiologists. These documents outline the extensive knowledge and skills CRNAs obtain prior to practicing.

Rural Access / Workforce:

My practice setting, in the Northeast Kingdom, is dependent solely on CRNAs to provide 24/7 anesthesia coverage to ensure access to care for rural Vermonters. It is evident that CRNAs play a critical role in maintaining the necessary access to anesthesia services for Vermonters. As noted in Nursing Economic\$, CRNAs are the primary anesthesia providers in counties with lower-income populations and populations with higher rates of the uninsured or unemployed¹.

The State of Vermont would be limiting access to care for Vermonters if the amended language, as passed in the House, stands. The unfounded addition of “primarily on-site” language is unnecessary and would be catastrophic for Critical Access Hospitals that rely heavily on CRNA coverage. As the amended language currently reads, it could be broadly interpreted as a requirement for supervision. This would result in my inability to provide anesthesia services on call—resulting in decreased access to care for my fellow Vermonters. This additional excessive level of regulation is a major setback for APRNs and in no way improves the safety of the patients I serve.

In conclusion, I ask you to accept the language as originally submitted by OPR to ensure access to care for my fellow Vermonters is preserved. I thank the committee for the opportunity to testify on this important bill and the widespread implications it will have for the State if the amended language stands. Please support H. 684 as originally introduced by OPR.

Thank you for your time and consideration.

Sincerely,

Leah Pearl, CRNA, MSNA

References

1. 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

CRNA Education and Training

Certified Registered Nurse Anesthetists (CRNAs) are highly educated, advanced practice registered nurses who deliver anesthesia to patients in exactly the same ways, for the same types of procedures and just as safely as anesthesiologists.



CRNAs have a minimum of **7 to 8½ years** of education and training specific to nursing and anesthesiology before they are licensed to practice anesthesia.



Baccalaureate prepared RN



Average **2.9 Years** Critical care nursing experience prior to entering nurse anesthesia program¹



Classroom and clinical education and training



Master's or Doctoral Degree from a COA-accredited nurse anesthesia educational program²

By 2025, all anesthesia program graduates will earn doctoral degrees

Nurse anesthetists obtain an average of

8,636 Clinical Hours



of training prior to becoming a CRNA.

Constant Learners



CRNAs must pass a **National Certification Examination** for entry into practice and be recertified every **4 years** so they are current on anesthesia techniques and technologies. They must also pass a Continued Professional Certification exam every **8 years**. Anesthesiologists are recertified **every 10 years**.



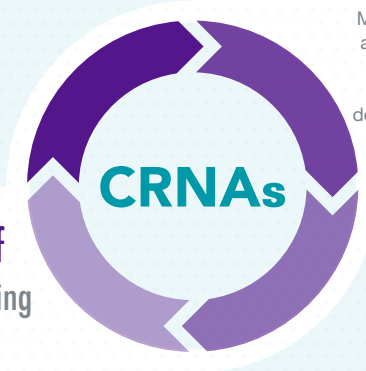
Minimum **60 hours** of approved continuing education and **40 hours** professional development activities every 4 years



Documentation of substantial anesthesia practice



Maintenance of current state licensure



CRNAs are qualified to administer **every type of anesthesia in any healthcare setting**, including pain management for acute or chronic pain.



Manage difficult cases



Use advanced monitoring equipment

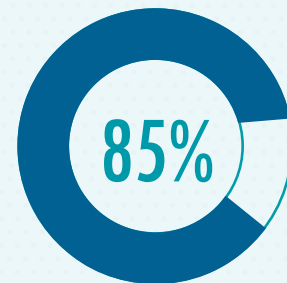


Interpret diagnostic information



Respond appropriately in any emergency situation

Research shows that CRNAs are



less costly to educate and train than anesthesiologists.³

As the demand for healthcare continues to grow, increasing the number of CRNAs will be key to containing costs while maintaining quality care.

1. CRNAs are the only anesthesia professionals with this level of critical care experience prior to entering an educational program.
2. Council on Accreditation of Nurse Anesthesia Educational Programs
3. Update of Cost Effectiveness of Anesthesia Providers, Lewin Group Publications, May 2016

Certified Registered Nurse Anesthetists (CRNAs) and Anesthesiologists (MDAs)
A Comparison of Education and Training
October 2013

| Provider Type | Required Pre-Anesthesia Education and Licensure | Clinical Requirement prior to Clinical Anesthesia Training | Training in Clinical Anesthesia | National Board Certification | % Board Certified | Marginal Cost of Pre-Anesthesia and Anesthesia Graduate Education¹ |
|--------------------------|--|--|---|--|--------------------------|--|
| CRNAs | Bachelor's Degree ² Licensed as a Registered Nurse (RN) in a state ³ | Minimum 1 yr Acute Care Nursing ⁴ (2.9 years average experience as an acute care nurse in 2012) ⁵ | Average 31 months with range 24 – 42 months ⁶ in an accredited nurse anesthesia educational program Masters or Doctoral degree ⁷ | National certification exam administered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA). ⁸ Requirements for testing: licensure as an RN and completion of COA accredited nurse anesthesia masters or doctoral program. ⁹ | 100% | \$161,809 |
| Anesthesiologists | College courses in biology, physics, English and chemistry ¹⁰ "Comply with criteria for resident eligibility as specified in the Institutional Requirements" ¹¹ | 1 yr Clinical Base Year ¹² | 36 month academic ¹³ or hospital residency | National certification exam administered by the American Board of Anesthesiology (ABA) ¹⁴ . Requirements for testing: licensure as an MD and completion of ABA accredited anesthesiology residency. ¹⁵ | 74.8% ¹⁶ | \$1,083,795 |

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- ¹ Hogan PF, Seifert RF, Moore CS, Simonson BE. "Cost Effectiveness Analysis of Anesthesia Providers". *Nursing Economics*: May-June 2010/Vol. 28/No. 3; p 167.
- ² Council on Accreditation of Nurse Anesthesia Educational Programs (COA). Standards for Accreditation of Nurse Anesthesia Educational Programs. Standard III, Criteria C13.
http://home.coa.us.com/accreditation/Documents/Standards%20for%20Accreditation%20of%20Nurse%20Anesthesia%20Education%20Programs_January%202013.pdf Accessed 10.03.2013.
- ³ Council on Accreditation of Nurse Anesthesia Educational Programs (COA). Standards for Accreditation of Nurse Anesthesia Educational Programs. Standard III, Criteria C13.
http://home.coa.us.com/accreditation/Documents/Standards%20for%20Accreditation%20of%20Nurse%20Anesthesia%20Education%20Programs_January%202013.pdf Accessed 10.03.2013.
- ⁴ Council on Accreditation of Nurse Anesthesia Educational Programs (COA). Standards for Accreditation of Nurse Anesthesia Educational Programs. Standard III, Criteria C13.
http://home.coa.us.com/accreditation/Documents/Standards%20for%20Accreditation%20of%20Nurse%20Anesthesia%20Education%20Programs_January%202013.pdf Accessed 10.02.13
- ⁵ National Board of Certification and Recertification for Nurse Anesthetists. *NBCRNA Annual Report of NCE Performance Data*.
- ⁶ Council on Accreditation of Nurse Anesthesia Programs Annual Report 2012.
- ⁷ Council on Accreditation of Nurse Anesthesia Educational Programs (COA). Standards for Accreditation of Nurse Anesthesia Educational Programs. Standard III, Criteria C2.
http://home.coa.us.com/accreditation/Documents/Standards%20for%20Accreditation%20of%20Nurse%20Anesthesia%20Education%20Programs_January%202013.pdf Accessed 10.02.2013.
- ⁸ <http://www.nbcrna.com/certification/Pages/default.aspx> Accessed 10.03.2013.
- ⁹ National Board of Certification and Recertification for Nurse Anesthetists. *2013 120th National Certification Examination (NCE) Candidate Handbook*.
<http://www.nbcrna.com/certification/SiteAssets/Pages/default/2013%20NCE%20Handbook%20v%2004302013.pdf> Accessed 10.02.2013
- ¹⁰ Association of American Medical Colleges (AAMC). *Admission Requirements*. <https://www.aamc.org/students/applying/requirements/> Accessed 10.03.2013.
- ¹¹ Accreditation Council for Graduate Medical Education. *ACGME Program Requirements for Graduate Medical Education in Anesthesiology*, p 14.
- ¹² Accreditation Council for Graduate Medical Education. *ACGME Program Requirements for Graduate Medical Education in Anesthesiology*, p 3-5.
- ¹³ American Medical Association. *Physician Characteristics and Distribution in the U.S. 2013 Edition*. P 2-3.
http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/040_anesthesiology_f07012011.pdf Accessed 10.02.2013
- ¹⁴ http://www.theaba.org/home/examinations_certifications. Accessed 10.03.2013.
- ¹⁵ American Board of Anesthesiology. *Booklet of Information: Certification and Maintenance of Certification February 2013*. p 10.
- ¹⁶ American Medical Association. *Physician Characteristics and Distribution in the U.S. 2013 Edition*. p 2-5.
http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/040_anesthesiology_f07012011.pdf Accessed 10.02.2013.