

H.684 Senate Health and Welfare Committee Testimony
Friday, April 6th 2018
Nicole Stone, APRN, CRNA, MSN, RN, VtANA Past President

Good morning Chair Ayer, Vice Chair Lyons, Senators Cummings, McCormack and Ingram. Thank you for the invitation to join you today in addressing H.684.

My name is Nicole Stone. I am a Certified Registered Nurse Anesthetist or CRNA. I'm here today representing myself and the members of the Vermont Association of Nurse Anesthetists (VtANA). I currently serve on the board of the VtANA and am the immediate past president. I've lived and worked in Vermont since 2007 when I joined the staff at Porter Medical Center in Middlebury as a newly graduated CRNA. In 2016 I relocated to Underhill and am now working primarily at Northwestern Medical Center in St Albans.

I'm here today to express our support for H.684 as it was originally submitted in the House and our opposition both to the amendments made to the bill.

The Office of Professional Regulations (OPR) brought the bill to the legislature with an aim towards eliminating the currently required Collaborative Practice Agreements (CPAs) for new grads. The existing law is a remnant of a time when all APRNs were required to enter into CPAs in order to practice in Vermont. I believe the statute was enacted to help ensure safe APRN practice. However, since that time, it has been shown that there is no evidence that CPAs help improve patient care or contribute to patient safety.

The practice of anesthesia is innately a collaborative process and our practice demands that all providers involved collaborate as necessary, in that moment, to treat the patient. As a new CRNA I entered into a CPA with one particular provider, however, when I had a question or concern, I would raise it with any one of the more experienced providers on staff. The existence of the CPA had no bearing on whom I collaborated with. The provider collaborates with whoever is necessary as dictated by the patient's condition. These are minimum expectations of professionalism for any provider and that is certainly made very clear to CRNA students.

Furthermore, there is no compelling reason as to why collaborative practice agreements should apply specifically to the profession of APRNs. As far as I am aware, there is no similar statutory requirement for any other newly licensed professional in the state.

When VtANA became aware of the language agreed upon by OPR and VMS in the House, we let OPR and VMS know that we did not support it, and that we would address the issue when the bill came to the Senate. It is interesting to me that one of the 2 main parties to this agreement was VMS. I understand that they, along with us, are a part of the delivery of health care in Vermont, but this is regulation of our profession. While we welcome their thoughts and constructive input; we do not support any efforts to exert control over our profession. CRNAs have a long and proud tradition of strict and self-imposed professional regulation.

Unfortunately, our CRNA members here in Vermont and nationally have been the subjects of very calculated, deliberate and sophisticated efforts by some of our Anesthesiologist counterparts

and their national society, the aim of which is to call into question the safety of CRNA care despite the preponderance of evidence that supports us. Indeed, references provided to the House Government Operation Committee are loaded with patently false claims and hyperbole. In reality most of the efforts against us are an attempt to maintain some control over CRNA practice as it becomes increasingly more autonomous. We remain vigilant in protecting our ability to practice to our full scope thereby ensuring that Vermonters have access to quality anesthesia care even in the most rural parts of our state.

Our main objection to the amended language in H.684 is that CPAs for new grads will still be required for those in small practices, but new grads who are in larger practices can practice without a CPA, but they can only do so when a more experienced provider is primarily onsite. Never, to the best of my recollection, has Vermont required the presence of another provider while an APRN is working. If passed as amended, it is certainly unlikely that new CRNAs would choose option 2 anyhow. Most will likely enter into a CPA to avoid the “supervision” nature of the language and to avoid the possible problems that may arise with (2), such as the fact that CRNAs, new grads and those with experience alike provide on call, emergency anesthesia services everyday in almost every hospital in Vermont. Requiring that an additional provider be available onsite for the purposes of collaboration is unprecedented, unwarranted, not based on any evidentiary support, and would be a burden for hospitals needing to pay for those services.

The VtANA proposes the following (in order of preference) -

1. Accept H.684 in its original form as submitted to the House, eliminating CPAs for all APRNs or
2. Amend H.684 as passed by the House by striking the second sentence of (2) which refers to an onsite provider.

Thank you for your time and attention to this matter.

Nicole Stone, CRNA

Additional information:

Dulisse B, Cromwell J (2010). [No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians.](#) Health Affairs, 29:1469-1475.