Testimony on H.684, Senate Committee on Health and Welfare

To: Senator Claire Ayer, Chair,
Senate Committee on Health and Welfare
From: John Stitt, President
Vermont Association of Nurse Anesthetists
Date: April 2, 2018
Re: Nurse Anesthetists

On behalf of the Vermont Association of Nurse Anesthetists (VTANA), I would like to clarify some inaccuracies disseminated by the Vermont Medical Society (VMS) and the Vermont Society of Anesthesiologists (VSA) while H.684 was deliberated in the House.

Safe and High Quality Health Care

Certified Registered Nurse Anesthetists (CRNAs) are Advance Practice Registered Nurses (APRNs) who provide safe, skilled high quality anesthesia care. CRNAs practice in every setting in which anesthesia is delivered, including: traditional hospital surgical suites, obstetrical delivery rooms; critical access hospitals; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, plastic surgeons, and pain management specialists, as well as U.S. military, Public Health Services, and Department of Veterans Affairs healthcare facilities.

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 are 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.

We support the Office of Professional Regulation's initial proposal in H.684 to eliminate all needless collaborative practice agreements. We do not agree with the language as passed the House (and agreed to by VMS and OPR). We will continue to work with the HW committee, the SGO and the OPR to ensure that Vermonters receive safe, effective and skilled anesthesia care from Certified Registered Nurse Anesthetists.

Respectfully Submitted,
John Stitt CRNA APRN MSNA