

## PANA Introduces Scope of Practice Legislation

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President  
Pennsylvania Association of Nurse Anesthetists



### SB 580

On April 1, 2003, Senator Mary Jo White (R-21) introduced Scope of Practice legislation on behalf of the PANA. Last session Pennsylvania anesthesiologists attempted to dominate the practice of anesthesia in the Commonwealth by changing a nursing practice that has existed in Pennsylvania for over 100 years (HB 823). After successfully defeating this legislation, the PANA promised the legislature that we would come back with a Scope of Practice bill for CRNAs. That bill is SB 580. The PANA has used the Pennsylvania Nurse Practice Act as a template to guide the development of this legislation in which we are asking that CRNAs be recognized in statute as an anesthesia provider and clarify how CRNAs work in cooperation with physicians, dentists, and podiatrists. You can read SB 580 and other related information on the PANA website, [www.pana.org](http://www.pana.org), under the Members section.

### PANA Ballot Mailed July 28, 2003

Ballots for the 2003-2004 PANA Board will be in the mail on July 28, 2003. As I stated in the previous *Tidings*, the success of CRNAs in Pennsylvania is dependent upon the viability of the PANA. Running as a candidate for the PANA Board and subsequently voting for those CRNAs willing to serve the over 2000 members of our association are two ways in which Pennsylvania CRNAs can be involved. It is disheartening to the members on the PANA Board that, for the second year in a row, the ballot is all but unopposed. Given the struggles in Pennsylvania with HB 823 last session and the hard work ahead of us that will be required to pass SB 580 this session, the attempt to introduce Anesthesiology Assistants (AAs) into every state via the Veterans Affairs Department and in TRICARE health plan, and the recent policy published by JCAHO in which a facility can not recognize a CRNA as a Licensed Independent Practitioner and meet JCAHO requirements unless the facility is located in a state which has opted out under CMS regulations, the utter lack of interest in your own profession is bewildering. Your PANA Board has worked tirelessly to ensure that CRNAs continue to be a viable provider of anesthesia care in Pennsylvania, although, it takes more than the 13 members of the Board. It takes the participation of every one of the 2300 CRNAs in the state. I encourage every member of the PANA to cast their vote, return their ballot, and support your colleagues willing to serve their and your professional organization.

### PANA Receives Historical Marker

The Pennsylvania Historical and Museum Commission approved a historical marker nomination submitted by the PANA to commemorate Saint Vincent's Hospital in Erie, Pennsylvania, and Sister Mary Bernard of the Sisters of Saint Joseph. In 1877, Sister Mary Bernard entered Saint Vincent's Hospital to take up nursing and, within the year, was called upon to assume the duties of anesthetist, thereby emerging as the first identifiable nurse anesthetist. Saint Vincent's Hospital began what has now become over 80 nurse anesthesia educational programs in the United States; producing over 2000 CRNAs every year. The marker will be dedicated at Saint Vincent's Health Center in Erie, PA sometime in September, 2003. Dedication ceremony information will be posted on the PANA website.



# State Senator Mary Jo White

Senator Mary Jo White is a graduate of Quincy University, Quincy, Illinois, and the University of Pittsburgh School of Law.

In 1996, Senator White was elected to the Pennsylvania Senate to serve the 21st Senatorial District, which consists of Clarion, Forest and Venango Counties, and parts of Butler, Erie and Warren Counties. She was reelected in 2000.

Senator White's committee assignments include: Appropriations, Consumer Protection and Professional Licensure, Public Health and Welfare, Communication and Technology, and Judiciary. She is also the Chairman of the Environmental Resources and Energy Committee. In addition, she serves as a Vice Chair of the Center for Rural Pennsylvania, and serves on the Wild Resource Conservation Fund, the Joint Conservation Committee, the Environmental Quality Board, the PA Commission on Sentencing and the PA Public Television Network Commission.

For the 2001-2002 Legislative Session, Senator White was elected Caucus Administrator for the Republican Majority, becoming the first woman ever elected to a Senate Republican leadership position.

From 1974 to 1976, Senator White was the public defender for the County of Venango. She practiced law as an associate with the law firm of Dale and Woodard before joining the legal department of Quaker State Corporation. For 19 years, she served as an attorney and in other capacities with Quaker State Corporation, most recently as Vice President for Environment/Government Affairs.

Active in her community, Senator White is past Chairman of the Barrow Civic Theatre Foundation and has served on the Boards of the Venango County Association for the Blind and the Venango Community Foundation. She is concerned about rural health care, and has served as a member of the Rural Health Council and as the Chair of the Nursing Advisory Committee of Clarion University. She is a member of the Board of Trustees of Westminster College and of the Military Academy Selection Committee for the Fifth Congressional District.

Senator White resides in Franklin with her husband of 37 years, Judge H. William White. They have three children, H. William, III, David and Allison.

PROFILE

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## TIDINGS

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# FROM THE CAPITOL

TED MOWATT, CAE GOVERNMENT RELATIONS CONSULTANT

## Summary of Legislation

### Ryan Dies; Perzel Moves to Speaker

Matthew J. Ryan, the longest serving member of the House, passed away on March 29, after a long, courageous and painful bout with stomach cancer. First elected to the House in 1962, Ryan was in his second tenure as Speaker, having served in that capacity in the 1981-82 session, and then returned to the Chair when the Republicans took back control of the House in 1995, and had held it since then. He would have turned 71 this month. Several years ago the General Assembly honored Ryan by renaming the Capitol Annex the Matthew J. Ryan Office Building, acknowledging his greatest accomplishment, the renovation of the magnificent building which now bears his name.

Philadelphia Republican **John Perzel** is the new Speaker of the House of Representatives, replacing Ryan. Perzel was elected and sworn in on April 15. Perzel has been the Majority Floor Leader since first being elected to that position in 1995.

State Representative Sam Smith of Punxsutawney in Jefferson County was elected by the Republican Caucus to be the new Majority Floor Leader. Smith has been the GOP Whip since the beginning of the session. Lycoming County's Brett Feese moves up from Caucus Chairman to take Smith's position as Whip, while Chester County's Elinor Z. Taylor was elected to the Caucus Chair position from her previous job as Caucus Secretary. The House Republicans elected Rep. Mario Civera to Caucus Secretary. It is not known at this writing who would take Civera's Professional Licensure Committee Chair, but the two most prominent names in the ring were Reps. Tom Gannon and Raymond Bunt.

### Rep. Bard's Measure to Protect Doctors Passes House

Rep. Ellen M. Bard (R-153) joined with fellow state legislators to pass some of the most sweeping reforms to the medical liability system in years. Bard's measure protects doctors from unfair insurance practices.

Language contained in Bard's bill, **HB 20**, was included as an amendment to an omnibus bill of patient and doctor protections, **HB 158**. Specifically, Bard's measure requires health insurers to disclose fee schedules and all rules. It also requires health insurers to provide payment to physicians when more than one surgical procedure is performed on the patient by the same physician during one continuous operating procedure; and provides for causes of action and for penalties. Bard's legislation is endorsed by the Pennsylvania Medical Society and the Pennsylvania Orthopedic Association.

Bard's measure was part of a larger legislative package that addressed the medical liability problem in Pennsylvania. In a related move, the House passed a bill to allow for a constitutional amendment to enable caps on non-economic damages. Currently, Pennsylvania is one of four states where caps are prohibited under the state constitution. This measure may take some time to become law, since any proposed amendment to the constitution must first be passed in two consecutive sessions of the General Assembly and then be approved by Pennsylvania voters. The earliest that voters could see the measure on the ballot is 2005. The measures now go to the Senate for consideration.

### GOP Regains Two More Seats

State House Republicans easily won the two Special Elections held June 17 with **Tom Killion** getting 73% of the vote to succeed the late House Speaker Matt Ryan in the Delaware County election and **Mark Mustio** winning the Allegheny County House seat formerly held by newly elected State Senator John Pippy. Both races featured a particularly dismal turnout on a dismal day. Republicans now hold a 108 to 94 Majority in the State House, with an Erie County vacancy to be filled in July.

### Legislative Activity

**HB 100 RE:** Comprehensive Trauma Care System (by Rep. Curt Schroder, et al) An Act providing for the availability of and access to a comprehensive trauma care system; and imposing powers and duties upon the Department of Public Welfare. The bill establishes a freestanding act known as the "Pennsylvania Trauma Systems Stabilization Act" to provide the Department of Public Welfare the authority to provide grants to accredited trauma centers. The Secretary of the department has discretion to adjust amounts for changes in the number of trauma centers and changes in costs. PANA is working on an amendment to ensure that unintended language in the bill will not cause problems for CRNAs in certain facilities. **Amended on House Floor and passed, 5/12/03 (197-0). Referred to Senate Public Health And Welfare Committee, 5/21/03. Reported as amended, from Senate Public Health And Welfare Committee and read first time, 6/24/03.**

**HB 158 RE:** Public Disclosure of Physician Information (by Rep. Nick Micozzie, et al.

An Act amending the Medical Care Availability and Reduction of Error (Mcare) Act, further providing for reporting; and providing for public disclosure of information concerning physicians. This legislation would amend Act 13 of 2002 by requiring the publication of physician profiles on the Department of State's World Wide Web Site.

SECTION 1 amends Section 903 of the act to change the reporting requirement from the current 60 days to 30 days. The prothonotary would be required to report any complaints filed in the county to the appropriate licensing board within 30 days of the filing. Failure to comply with reporting requirements would be subject to a fine by the licensing board: \$500 (first offense), \$1,000 (second offense), and \$2,500 (third or subsequent offense).

SECTION 2 amends the act to add Section 911 to establish a data repository for the collection of information to create individual provider profiles. Physicians would be required to provide information regarding: sentencing for certain offenses; certain convictions relating to the pleading of guilty or no contest for certain criminal acts; final disciplinary actions; any revocation or involuntary restriction of hospital privileges; medical malpractice judgments or settlements in which a payment is awarded; medical and graduate school information; specialty board certification; years in practice; hospital privileges; appointments to medical school faculties; published articles in peer review literature; physician practice location and telephone number; and Medicare and Medical Assistance participation status. Physicians would have the opportunity to provide explanatory information for inclusion in the profile. Physicians would have access to their initial profile and have 30 days to correct any factual inaccuracies prior to publication. The licensing board would regulate the process for profile revisions and corrections. For violations of Section 911, the licensing board would have authority to impose a civil penalty not in excess of \$1,000 (first offense), \$2,500 (second offense) and \$5,000 (third and subsequent offenses).

The Governor's Office of Health Care Reform supports the legislation. **Amended on third consideration and passed House, 6/9/03.**

**HB 1127 RE:** Overtime (by Rep. Dan Surra, et al)

Amends The Minimum Wage Act of 1968, further providing for overtime wages. Provides that employees shall be paid at least two times their normal rate for all hours worked above 48 hours in a workweek. **Reported as committed from House Labor Relations Committee, read first time, and rereferred to House Rules Committee, 6/17/03.**

**HB 1580 RE:** Corporate Influence on Medical Decisions (by Reps. George Kenney and Frank Oliver)

Amends the Health Care Facilities Act, authorizing health care practitioners to practice the healing arts as employees or independent contractors in a health care facility. Facilities may not intervene with the practitioner's professional medical or ethical judgment. The Pennsylvania Health Care Facilities Act regulates and coordinates the creation and operation of health care facilities in Pennsylvania. However, the law does not specifically permit health care facilities to contract with, or employ physicians. The law implies that physicians are frequently employed by for-profit and not-for-profit entities that provide health care services to the public, but it is not specific.

At the same time, the Pennsylvania Health Maintenance Organization Act explicitly authorizes health maintenance organizations (HMOs) to contract with physicians or physicians' groups to provide health care services to HMO enrollees. Contracts must be filed with the Department of Health. **Passed House, 6/24/03 (197-0).**

**SB 387 RE:** Health Care Cost Containment Act Sunset Extension (by Sen. Mary Jo White, et al)

Amends the Health Care Cost Containment Act, further providing for membership of the council, its bylaws and terms of its members, for powers and duties of the council, for data submission and collection, for data dissemination and publication, for access to council data and for enforcement and penalties; requiring a certain report from the Legislative Budget and Finance Committee; and extending the sunset date of the act to June 30, 2009. As amended in the Committees, the bill adds several persons on the Council, including a nurse, and **a representative of a rural hospital**. The Council is scheduled to Sunset on June 30, so it is expected that this bill will pass this month. The House is expected to amend it significantly when it gets there, as there are continuing issues that various factions are fighting over. **Reported as amended from Senate Public Health And Welfare Committee and read first time, 6/10/03. Re-referred to Senate Appropriations Committee, 6/11/03. Re-reported as amended from Senate Appropriations Committee, 6/16/03. Read second time, 6/17/03.**

#### New Bills Introduced

**HB 1581 RE:** MA Inpatient and Outpatient Appropriation (by Rep. Matt Baker, et al)

Amending the General Appropriation Act of 2003, increasing the Federal and State appropriations for inpatient and outpatient medical assistance by \$27.2 million. **Referred to House Appropriations Committee, 6/11/03.**

**HB 1643 RE:** Practitioner Private Right of Action (by Rep. Merle Phillips, et al)  
An Act amending the act of August 12, 1971 (P.L.313, No.78), entitled "An act providing for elimination of discriminatory provisions relating to compensation for services and treatment under sickness and accident insurance contracts and providing for nondiscriminatory reimbursement of sickness and bodily injury claims thereunder," providing for private right of action. Allows providers a private right of action for being aggrieved by an insurer on behalf of the patient, and entitles an aggrieved party to recover actual compensatory damages, as well as three times the actual damages sustained, plus reasonable costs and attorney fees. **Referred to House Insurance Committee, 6/17/03.**

**HB 1644 RE:** Health Care Reimbursement (by Rep. Merle Phillips, et al)  
Amending the Insurance Company Law of 1921, providing for health care reimbursement. States, "Only health care providers licensed under the law covering their particular practice may determine the medical necessity and be reimbursed for all medically necessary services provided within the health care provider's scope of practice. Payment shall be made using the resource-based relative value system payment methodology of year 2000 with a conversion factor of seventy-five dollars (\$75.00) and a cost-of-living adjustment tied to the Federal Government's annual rate of inflation." **Referred to House Insurance Committee, 6/17/03.**

**SB 751 RE:** Respiratory Care Practitioners (by Sen. Charles Dent, et al)  
An Act amending the Medical Practice Act of 1985, further providing for respiratory care practitioners; and providing for refusal or suspension or revocation of respiratory care practitioner certificates, for automatic suspension and temporary suspension of respiratory care practitioners, for impaired professionals

and for continuing respiratory care education. **Referred to Senate Consumer Protection and Professional Licensure Committee, 6/3/03. Reported as committed from Senate Consumer Protection and Professional Licensure Committee, and read first time, 6/17/03. Re-referred to Senate Appropriations Committee, 6/18/03.**

**SB 752 RE:** Respiratory Care Practitioners (by Sen. Charles Dent, et al)  
Amends the Osteopathic Medical Practice Act, further providing for respiratory care practitioners certificates and permits; providing for refusal or suspension or revocation of respiratory care practitioner certificates, for automatic suspension and temporary suspension of respiratory care practitioners, for impaired professionals and for continuing respiratory care education. **Referred to Senate Consumer Protection and Professional Licensure Committee, 6/3/03. Reported as committed from Senate Consumer Protection and Professional Licensure Committee, and read first time, 6/17/03. Re-referred to Senate Appropriations Committee, 6/18/03.**

**SB 775 RE:** Safe Staffing Standards For Medical Doctor Residents (by Sen. Mike Stack, et al)

An Act providing for safe staffing standards for medical doctor residents working in hospitals and for penalties. Provides that, except in a case of emergency, a hospital that employs residents who are in an accredited program of graduate medical education training shall establish the following limits on working hours of residents who have inpatient care responsibilities:

- (1) The scheduled work week for a resident shall not exceed 80 hours per week.
- (2) On-call duty during night shift hours for a resident shall not be scheduled more often than every third night.
- (3) A resident shall not be scheduled for more than 24 consecutive hours in either patient care or educational sessions.
- (4) A resident shall have at least one 24-hour period of scheduled non-working time per week.
- (5) A resident shall not be scheduled for more than 12 consecutive hours of patient care in an emergency department.
- (6) A resident shall have at least eight hours of nonworking time between work shifts.

**Referred to Senate Consumer Protection and Professional Licensure Committee, 6/17/03.**

*Copies of bills described above can be obtained through the PANA office, or on-line at: <http://www.legis.state.pa.us/WU01/LI/BI/billroom.htm>*



*Western PA delegation meets with Congressman Mike Doyle during the AANA Mid-Year meeting in Washington, D.C.*

New CRNA 1/4 Page Ad

## Practice Committee Update

by Sue Humes, CRNA

The practice committee continues to be busy monitoring legislative, regulatory and accrediting agency activities to assure that CRNA practice in Pennsylvania is not restricted. It is our fervent hope that when SB 580 passes, that many of these questions of practice will be resolved. By way of a brief summary of issues:

- The Accreditation Association for Ambulatory Health Care (AAAHC) has been working on a change in their accreditation standards regarding supervision of nurse anesthetists. The AANA has been following this issue very closely.
- HGSA Office Based Anesthesia Policy. The PANA was actively involved in the development of this policy. The final form policy was recently published with supervision language that the PANA opposes. We are continuing to communicate our concerns to HGSA.
- HB 100 – The PANA has worked with the hospital association to amend this bill so CRNA practice is not affected in trauma center.
- Medical Assistance reimbursement to CRNAs – The PANA continues to be in contact with Medical Assistance to develop a mechanism for CRNAs to be able to be reimbursed directly for their services.
- JCAHO's position on CRNAs as Licensed Independent Practitioners – The PANA will follow AANAs activity on this issue.

This is a brief synopsis of the practice activities. If you wish more information on any of these topics please feel free to contact me at [sue.humes@paonline.com](mailto:sue.humes@paonline.com). A few of us can monitor these activities, but it takes the entire organization to be aware and respond when asked.

## Our Lobby Day Experience

By Susan Clark, CRNA, MS, Lobby Day Chair

Lobby Day for Advanced Practice Nurses (APNs) was held on June 2, 2003, at the State Capitol in Harrisburg. It was very successful, with over 100 APNs participating in the event. All informational packets were given out to the APNs for distribution to their representatives and senators in their district. At approximately 1:00 pm. all APNs assembled in the Main Capitol Rotunda for the rally and press conference. Senator Mary Jo White (R-21), Representative Patricia Vance (R-87) and Representative Mary Ann Dailey (R-146) addressed our various issues at the press conference. After the assembly and press conference all APNs

delivered informational packets and further discussed our issues with their representatives and senators. The event culminated in a Legislative Reception held in the East Wing Rotunda of the Main Capitol Building.

**PANA** would especially like to take the time to **thank** every member who participated in this important political process. Together we can make a difference with our legislators on our issues facing our profession. **Thank you so very much!!!**



# STUDENT VOICE

## Financing Our Future

By: Gina Lederhilger, RN, BSN, SRNA  
Diane Parkin, RN, BSN, SRNA

Only a few short months away from graduation, many senior students have begun to see the end of our formal education as student nurse anesthetists. We have begun to look for jobs, financial incentives, tuition reimbursement and even sign contracts at various locations. But, are we missing what is really important for our future? We spend so much time and energy into reviewing financial packages at various institutions to ensure our financial security in the future; but have we stopped to think about how we can ensure the future and integrity of our profession? What is a financial package worth if CRNAs are no longer practicing due to the push from physicians for anesthesiologist assistants (AAs)? Where is the job security in that? Physicians that currently are offering us positions with their group are also pushing for more AAs in Congress.

Did you know the U.S. Department of Defense has proposed authorizing AAs as providers of anesthesia care under the TRICARE health plan for military personnel and their family members? Did you also know that the Director of Anesthesia Services of the Veterans Affairs (VA) Department is also in the process of introducing AAs as a new anesthesia provider? There has not even been a congressional review (like CRNAs had) in regards to adding these new providers to the VA system. Dr. John B. Neeld, a past president of the American Society of Anesthesiologists (ASA) has been quoted as saying, "Our experience convinces us that you can't tell the difference between AAs and nurse anesthetists in terms of quality of care when they are supervised by an anesthesiologist" and Dr. David C. Mackey stated "AAs are educated by anesthesiologists in a medical school environment, and many of us firmly believe AAs are actually better trained than nurse anesthetists."

Currently, AAs have only two years of training and 2,500 hours of supervised experience. On the other hand, CRNAs complete a minimum of seven years of formal education and preparation and over 6,000 hours of direct patient care experience. For admission to school, AAs are only required to have a minimum GPA of 2.75, whereas CRNAs are required to have a minimum GPA of 3.00. AAs are not educated in all aspects of anesthesia, CRNAs are. AAs do not have mandatory healthcare experience prior to their anesthesia training, CRNAs do. AAs are not authorized to practice in all 50 states, CRNAs are. The National Commission for Certification of Anesthesiologist Assistants (NCCAA) allows AA students to take the AA certification examination up to 180 days before graduation. Does that mean the last 6 months of their program is not important? CRNAs are not eligible to take their certification exam until they have graduated from an accredited nurse anesthesia program. So with all that being said, do you think Dr. Neeld and Dr. Mackey could honestly justify their statements?

So, how do we truly *Finance Our Future*? Through ourselves, NOT our financial gains. By getting INVOLVED and being INFORMED at EVERY LEVEL of the issues regarding our profession. The future of our profession lives with us, the students. Unfortunately, those who have scuffled through the past 10 to 20 years continuing to write letters and lobby are our future retirees. Nearly 50% of these CRNAs will be retiring within the next 20 years. If we do not get involved NOW, we will not have a profession in 20 years. If we do not take the time to invest in our future, who do you imagine will? Therefore, when we think about investing in our future, we should think about becoming active voices for the profession on both a state and national level.

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