



## **A Response from the Pennsylvania Association of Nurse Anesthetists to Assertions Made by the Pennsylvania Society of Anesthesiologists Regarding House Bill 1256**

The Pennsylvania Society of Anesthesiologists (PSA) has vigorously lobbied the Pennsylvania legislature with both written and verbal information that is often highly inaccurate. We would like to address some of the allegations they have made in their lobbying efforts against HB 1256:

- The PSA has claimed that anesthesiologists supervise or directly provide anesthesia care in 99.7% of all cases in which anesthesia is administered in Pennsylvania Hospitals.
  - This statement ignores anesthesia care delivered outside of hospitals, in rural areas, and in critical care access facilities. 60% of all anesthetics are now delivered outside the OR and much of that is provided by CRNAs working in cooperation with physicians other than anesthesiologists. There are simply not enough anesthesiologists to “oversee” every anesthetic administered.
  - According to published reports, there has been an approximate 10% decline in the number of anesthesiologists in Pennsylvania between 1999-2005. Moreover, 24.5% of anesthesiologists indicate that they will stop practicing within the next five years or less. There will be a critical shortage of anesthesiologists in the next 5 years. Already, CRNAs provide the anesthesia care in the overwhelming majority of the 770,000 operations performed in ambulatory surgical centers. Nationally, CRNAs are the sole anesthesia providers in more than 65% of rural hospitals, enabling those healthcare facilities to provide obstetrical, surgical, and trauma stabilization services.
  - As reimbursements for anesthesia have dwindled, many anesthesiologist groups are now maximizing their “supervision” ratios so that one anesthesiologist is now overseeing up to four CRNAs at a time. This is being done to preserve salaries and while we understand that medicine is also a business, this see-change directly affects the actual amount of time each anesthesiologist spends with the patient and with the CRNA they are “supervising”. This maximum 4:1 ratio is stipulated in Medicare reimbursement language and while we believe that there is no scientific evidence to require a 4:1 ratio (perhaps it should be greater dependent upon the case complexity), the simple fact is that these greater ratios reflect the reality that anesthesiologists are not actually “supervising” care the way they would like you to believe they do.
- The PSA has claimed that the use of non-physicians providers to administer anesthesia does not reduce healthcare costs!
  - The current reimbursement mechanisms for both CRNAs and anesthesiologists are identical, however, insurers will sometimes refuse to pay CRNAs at the same rate at which they pay an anesthesiologist for the same service. Also, anesthesiologists often bill additionally for pre, intra, and postoperative medical services as a part of their care while CRNAs often provide that same care for free, in rural hospitals and locations where they work with physicians other than

anesthesiologists (such as a gastroenterology care center), because they are not permitted to bill for it.

- Across the nation, the average salary for an anesthesiologist is now in excess of \$350,000 while the average salary for a CRNA is \$140,000. CRNAs can and do provide more cost effective care. This is precisely why rural hospitals depend upon CRNAs and ambulatory surgery centers often employ only CRNAs or CRNA groups.
- Because quality outcomes are identical whether a CRNA or an anesthesiologist provides care, CRNAs provide a greater relative value to Pennsylvanians.
- The PSA has claimed that there is no shortage of anesthesiologists that would limit access to anesthesia care and therefore no reason not to have every CRNA “supervised” by an anesthesiologist.
  - (See first point-second paragraph)
  - While anesthesiologists are available in greater than 96% of Pennsylvania hospitals (evidenced by the fact that at least one anesthesiologist is listed as on staff at 96% of hospitals in PA), there simply are not enough anesthesiologists to “oversee” every surgical case. There never has been and never will be. The number of residents entering into anesthesiology as a specialty has reached a plateau nationally and as reimbursements for anesthesia continue to decline (65% of all hospitals in the US now provide financial support for their anesthesia departments), you can expect that trend to either continue or decline. The number of nurses completing anesthesia training has increased every year for the last decade and continues to rise in response to the national need for CRNAs. The ability of CRNAs to continue to work in COOPERATION with non-anesthesiologist physicians is critical to our ability to provide access to quality anesthesia care for Pennsylvanians.
- The PSA has claimed that “medical direction” of anesthesia care has been the federally mandated standard of care for nearly 35 years.
  - This is simply not true. There is no federal standard requiring that an anesthesiologist direct anesthesia care. Medicare guidelines state that when an anesthesiologist provides care to a patient while working with a CRNA, this is called “medical direction”. However, the same guidelines describe reimbursement to a CRNA for non-medically directed anesthesia care when that CRNA works without an anesthesiologist.
- The PSA has claimed that nurse anesthetists are not “advanced practice nurses” and are not qualified or authorized under Pennsylvania state law to prescribe medications or perform acts of medical diagnosis and treatment.
  - This is also just not true. CRNAs were, in fact, the first advanced practice nurses with their national society established in 1931 and a national certifying exam required of them in the 50’s. The first CRNA scope of practice was delineated in PA in the PA code in 1958. Today, board certification is required in order for a CRNA to continue to practice beyond the few months after graduation from an accredited school.
- The PSA has viciously attacked the quality of care provided by CRNAs by citing an erroneous retrospective study completed in 2000, known as the infamous “Silber Study”. This University of Pennsylvania study of 217,000 Medicare surgical patients concluded that in cases in which an anesthesiologist did not administer or provide medical direction for the anesthesia, there were 2.5 more deaths within 30 days of surgery, per 1,000 cases. A ridiculously high mortality rate.
  - This horribly flawed study has been totally refuted. It was so scientifically inaccurate that it was turned down for publication by multiple peer reviewed journals and one of its senior authors, David Longnecker, MD, the Chairman of the Department of Anesthesiology at the University of

Pennsylvania, himself stated that “The Silber study in no way compares the quality of care provided by different types of anesthesia providers.” The Silber study actually looked at “failure to rescue” rates for late surgical mortalities meaning that the study never really examined the intricacies of why patients died in comparison to the anesthesia provider. These were critically ill patients, many of whom died from causes totally unrelated to the provision of anesthesia, but because they died within a thirty-day period of time after receiving anesthesia care, the deaths were inaccurately attributed to the CRNA providers by inference by the PSA. This study has also been refuted by recent reports from the Institute of Medicine that estimate anesthesia mortality rates of about one death per 200,000-300,000 anesthetics administered in the U.S. (Pine, M., Holtt, K.D.& You-Bei, L. 2003). All across PA, CRNAs provide thousands of anesthetics every day with extremely low complication rates and without “supervision” from an anesthesiologist, rather by working in cooperation with the operating surgeon. Simply put, if the PSA wants to make such outrageous accusations against CRNAs, then show us the bodies. This is simply untrue.

- The PSA claims that anesthesiology is the practice of medicine, not nursing.
  - This has been the mantra of the American Society of Anesthesiologists since their inception. The American Association of Nurse Anesthetists successfully refuted several prominent court challenges, by anesthesiologists, against CRNA practice in the early years of the twentieth century. It has been an established fact for nearly a century that when CRNAs provide anesthesia, it is the practice of nursing and not the practice of medicine. This has been fact in Pennsylvania since Sister Bernard Sheridan, one of the first nurse anesthetists in America began providing anesthesia at St. Vincent’s Hospital in Erie, PA in 1877.
- The PSA has claimed that nurse anesthetists only provide assistance to the anesthesiologist.
  - This is a completely inaccurate characterization. Certified Registered Nurse Anesthetists are highly trained, advanced practice nurse anesthesia clinicians; prepared to provide a full array of anesthetic services and work, not only with anesthesiologists who provide “medical direction”, but also provide anesthesia care in cooperation with surgeons, dentists, and other physicians.
- Using scare tactics to make their case, the PSA has asked the question, “If you were having a serious problem like a heart attack in either the Emergency Room or Intensive Care Unit, wouldn’t you want a doctor directing your care rather than a nurse. Why would you want anything less when you are undergoing anesthesia and surgery in the operating room?”
  - The truth is that’s what CRNAs do—provide direct anesthesia care in the operating room day in and day out. The CRNA is the anesthesia provider who is present with you in the operating room during every minute of your surgery. Across the US, CRNAs provide 65% of all of the anesthesia care in a variety of practice settings, with anesthesiologists, with other physicians, and, in a few states and in the US Military, independently. CRNAs have been solo frontline providers in every war since WWI. Today, in Iraq, they are the only providers of anesthesia care “in country”. The truth is that anesthesiologists provide direct anesthesia care only in a minority of cases. While we deeply respect all that anesthesiologists bring to the specialty of anesthesia, it is usually the CRNA who stays with you in the operating room, vigilantly caring for you, monitoring your every beat of your heart and every breath you take!