TESTIMONY OF
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BEFORE THE
House Professional Licensure Committee
ON THE ISSUE OF H.B. 789

Wednesday, April 18, 2018
Harrisburg, Pa.

Chairman Mustio, Chairman Readshaw and members of the committee: Good morning and thank you for inviting us here today to provide testimony on House Bill 789. On behalf of the Pennsylvania Association of Nurse Anesthetists (PANA), which represents more than 3,700 certified registered nurse anesthetists (CRNAs) and students (SRNAs) throughout the commonwealth, we appreciate the opportunity to share our collective views about this measure, which we oppose.

Before we discuss the merits of the bill, let me begin with a brief introduction: I am the current President of PANA, having served as a CRNA now for 21 years. I am also the Program Director of the Crozer-Chester Medical Center/Villanova University Nurse Anesthesia Program --- one of 12 nurse anesthesia educational programs in Pennsylvania.

You may be interested to know that we have more nurse anesthesia educational programs than any other state. Our programs collectively graduated 261 students in 2017 and 252 students in 2016. Retention of these advanced professional nurses should be a priority for Pennsylvania. Instead, many opt to relocate to other states where they have the opportunity to utilize the full scope of their education and training in clinical practices.

For those who may not be familiar with our profession, which actually began in Pennsylvania and has a history stretching back more than 150 years. CRNAs are the hands-on provider of anesthesia care, practicing in every setting where anesthesia is administered, including hospital operating and delivery rooms; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, and plastic surgeons; and pain management centers.

These highly skilled professionals are by the patient's side during the entirety of surgical procedures, from open-heart surgery to routine outpatient procedures. When seconds count, it is the CRNA who is there. More than 49,000 CRNAs safely administer well over 34 million anesthetics nationwide each year.

House Bill 789 has the potential consequence of limiting access to care for Pennsylvania residents and potentially increasing the cost of that care without improving the quality of care. It would also make an outdated regulation a law, with

no data to support the need for this legislation, and no data to indicate further restricting a CRNA's scope of practice is necessary. In fact, quite the opposite is true.

When administering anesthesia with a physician, nurse anesthetists are the experts in their field, and working in cooperation with their physician colleagues is a model that has been proven over time. That's exactly what's happening in Pennsylvania right now, with nurse anesthetists working cooperatively with physicians and not solely under their supervision.

A "scope of practice" bill like House Bill 789 would put Pennsylvania at odds with national trends. Thirty-three states and the District of Columbia have no supervision requirements for CRNAs in hospital licensing rules, hospital regulations or their generic equivalents. In fact, 17 states have removed supervision entirely from both regulation and statute. Patient safety data from these states do not differ compared to national statistics.

Many states have updated the regulation to reflect actual practice and removed the supervision requirement. For example, CRNAs in Delaware have full scope of practice without supervision requirements. However, many hospitals in Delaware opt to maintain an anesthesia care team practice utilizing both CRNAs and physician anesthesiologists. The option to utilize CRNAs independently is helpful in areas where anesthesiologists are not available or when hospitals opt to utilize an all-CRNA model practice, as is frequently seen in rural or smaller facilities.

In fact, CRNAs remain the primary providers of anesthesia care in rural America, enabling health-care facilities in these medically underserved areas to offer obstetrical, surgical, pain management and trauma stabilization services. Without these advanced practice nurses, some 1,500 facilities would not be able to maintain these services, forcing many rural Americans to travel long distances for such services. In some states, CRNAs are the sole providers in nearly 100 percent of the rural hospitals. CRNAs are, in fact, far less costly for hospitals to employ, so rural hospitals are able to staff emergency services with in-house CRNAs 24 hours a day, 7 days a week so that every Pennsylvania resident has access to these needed services.

Again, outcomes are not statistically different. Lynn Detterman, President and CEO of Mercy Health's Rural Market in Ohio testified before the Ohio House Health Committee there that one year after adopting an all-CRNA practice model, safety metrics in every category actually improved while maintaining a full scope of anesthesia services to its patients.

None of this is surprising. Numerous medical studies show there is no statistical difference in patient outcomes when a nurse anesthetist provides treatment, compared to an anesthesiologist, even for rare and difficult procedures. **For the benefit of the committee, I have included several of those studies in an addendum attached to my testimony.**

There is a reason CRNAs are able to ensure patient safety standards while allowing hospitals and other care centers to find cost efficiencies in care management. That is because of the high level of our education and training.

In Pennsylvania, nurse anesthetists must graduate with a minimum of a master's degree from a nurse anesthesia accredited program, complete thousands of additional hours of clinical work and pass a national board certification prior to being able to practice.

Nurse anesthesia programs award either a master's degree or doctoral degree and range in length from 24-48 months. To be admitted into a program, applicants must have a bachelor's degree in nursing (or other appropriate baccalaureate degree), an unencumbered Registered Nurse (RN) license and a minimum of one year of critical care experience as an RN. In 2016, on average, CRNAs had an average of 2.9 years of critical care experience before beginning nurse anesthesia training programs.

The programs are highly competitive. To illustrate, the Villanova program fills classes two to three years before matriculation with highly-qualified applicants currently working in high-acuity Intensive Care Units (ICUs) across the country. To note, critical care nurses and even new RN graduates are not required to be supervised by regulation or statute and they practice to their full RN scope of practice in ICUs. They titrate multiple medications while managing patients on ventilators, dialysis, cardiopulmonary bypass, and other high-tech cardiac assist devices in adults, children and babies.

This critical care experience equates to 6,032 hours of clinical experience. Nurse anesthesia programs provide, on average, 2,604 hours of additional clinical education specific to anesthesia. In total, CRNAs complete approximately 9,000 clinical hours including their ICU clinical experience, anesthesia clinical training and undergraduate nursing clinical experience before board certification as a CRNA. This extensive clinical preparation and experience is the foundation for CRNAs as expert anesthesia clinicians.

To draw a comparison: A student physician's clinical hours are spread across many different disciplines. Most of these do not deal with anesthesia until they begin their residency programs, which are similar in length and structure to a nurse anesthesia program. *In fact, in institutions which have both physician and nurse anesthesia programs, the students are often side-by-side in the same classes, seminar, and clinical rotations.* A student nurse anesthetist completes over 2,500 clinical hours that are devoted entirely to anesthesia or related care. That is why, as we noted earlier, CRNAs are the hands-on providers of anesthesia care in Pennsylvania.

Moreover, the educational requirements and credentialing process of nurse anesthetists continues to grow even more stringent. Students accepted into accredited entry-level nurse anesthesia programs on or after Jan. 1, 2022, will

graduate with doctoral degrees. These CRNA educational programs are 36-48 months in length, which is similar to the physician anesthesia residency programs.

Beyond that, CRNAs like myself are required to be nationally certified and must be recertified every four years. Nurse anesthetists' recertification includes meeting advanced practice requirements and obtaining a minimum of 100 continuing education credits.

The data are overwhelming that CRNAs are experts in anesthesia and are safe practitioners. Numerous studies bear this out. That is why the national trend is to allow their scope of practice to reflect their extensive training and education. There is simply no data or reason to restrict CRNA scope of practice in Pennsylvania, as House Bill 789 proposes, which is why we oppose the bill.

Chairman Mustio, Chairman Readshaw and members of the committee: Once again, we appreciate the opportunity to present and thank you for your time.

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ADDENDUM: Reports & Studies

Numerous medical studies show there is no statistical difference in patient outcomes when a nurse anesthetist provides treatment, even for rare and difficult procedures.

The Cochrane Collaboration: No Differences in Care Provided by CRNAs and Anesthesiologists

Summary: Researchers studying anesthesia safety found no differences in care between nurse anesthetists and physician anesthesiologists based on an exhaustive analysis of research literature published in the United States and around the world. Based on the collaboration's findings, the greater utilization of CRNAs to the fullest extent of their scope of practice and skills promotes patient access to safe, cost-effective anesthesia care, especially now when it is desperately needed.
https://docs.wixstatic.com/ugd/cc9e6c_15a797d375d54571a78bad5a233331e7.pdf

Policy Perspectives: Competition and the Regulation of Advanced Practice Nurses

Summary: The Federal Trade Commission (FTC) recently urged state legislators and policy makers to be mindful when evaluating proposals that limit access to care provided by advanced practice registered nurses such as CRNAs. The FTC reports that "[r]estrictive physician supervision requirements exacerbate well-documented provider shortages, that "[e]xcessive supervision requirements may increase health care costs and prices," and that "[f]ixed supervision requirements may constrain innovation in health care delivery models."
https://campaignforaction.org/ftc-expanded-aprn-scope-practice-good-competition-consumers/

Cost Effectiveness Analysis of Anesthesia Providers

Summary: The LewinGroup, a nationally recognized health-care policy and research organization, issued a report --- "Cost Effectiveness Analysis of Anesthesia Providers"-- that found CRNAs provide high-quality, efficacious anesthesia care, even for rare and difficult procedures; and that as demand for health care continues to grow, increasing the number of CRNAs will be a key to containing costs while maintaining quality care.
https://docs.wixstatic.com/ugd/cc9e6c_30427baada100a1bc8f833ed56ff2ca9.pdf

No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians

Summary: Health Affairs published a report --- "No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians" --- that recommends the Centers for Medicare & Medicaid Services (CMS) allow certified registered nurse anesthetists in every state to work without the supervision of a surgeon or anesthesiologist. The cooperative nature of nurses working with physicians determines the best health care for a patient.

https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2008.0966

The Future of Nursing: Leading Change, Advancing Health
Summary: A study from the Institute of Medicine of the National Academies shows that expanding the role of nurses in the U.S. health-care system will help meet the growing demand for medical services. That study --- "The Future of Nursing: Leading Change, Advancing Health" --- makes clear that nurses will play a fundamental role in transforming health care, if policies exist to enable them to practice to the full extent of their education and training.
https://docs.wixstatic.com/ugd/cc9e6c_bf047816854d6fbdaec51e40a23d3ebf.pdf

MedPage Today: Can CRNAs Work Alone?
Summary: Sedation for outpatient endoscopy procedures had similar outcomes when certified registered nurse anesthetists (CRNAs) managed the protocol with or without anesthesiologist supervision, a review of more than 100,000 patient records showed. Overall adverse event rates were low, and none of the most common or serious adverse events occurred more often when CRNAs handled sedation by themselves or with an anesthesiologist.
https://www.medpagetoday.com/MeetingCoverage/ACG/42402

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