

April 5, 2018

From:
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TO:
Pennsylvania House Committee on Professional Licensure
c/o Honorable Mark Mustio
416 Irvis Office Building
PO Box 202044
Harrisburg, PA 17120-2044

SUBJECT:
Opposition to House Bill 789

My name is Dr Thomas Findlan and I have been a surgical ophthalmologist for over 14 years, having performed greater than 10,000 eye cases. My training includes being a graduate of Purdue University and Philadelphia College of Osteopathic Medicine. I completed a 4 year ophthalmology residency at the University of Pittsburgh followed by a fellowship in cataract and glaucoma surgery at the University of Utah. I currently practice in the Pittsburgh area and serve as the medical director of a large free-standing surgery center. I am a board-certified, fellowship trained, ophthalmological surgeon working at two large hospitals as well as a free-standing ambulatory surgery center in Allegheny County. I am also the medical director and on the governing board at the free-standing surgery center, where I perform the majority of my surgeries.

When working without an anesthesiologist at the surgery center, the Certified Registered Nurse Anesthetists (CRNAs) work in collaboration with me as required by the Pa. State Board of Nursing, CMS, Pa. Department of Health, and The Joint Commission. The CRNAs are very competent and able to perform all types of anesthetic techniques based on the needs of the patient and the type of surgery. They provide very safe care with excellent outcomes to my patients, most of whom are elderly with many significant health problems. When necessary, they obtain appropriate consultations with other physician specialists regarding a particular patient's care or medical problems, just as I or another physician or anesthesiologist would do, such as to a cardiologist or neurologist regarding concerns outside of our own areas of expertise.

I oppose House Bill 789 requiring physician supervision of CRNAs. As a board-certified surgeon, I am considered to be an expert in my field of practice, just as CRNAs are in the field of anesthesia. There is not a need to have a law requiring physician supervision of CRNAs as these advanced practice nurses have completed a very rigorous educational and in-depth training program after the required critical care nursing experience, all of which is just as in-depth as that completed by anesthesiologists during their residency. The facility credentialing process at surgery centers and hospitals alike should be used to determine what practice privileges should be granted to individual practitioners, not

impose another unnecessary law that increases costs and creates undue restriction of practice and access to care to patients, especially in rural areas. This bill will also create false liability concerns for surgeons who work with CRNAs. Because the surgeons have no direct control over the actions of the CRNAs, there is currently no real or implied liability when working with a CRNA, however this proposed bill could also impact this concern.

Most states (over 35) have no supervision requirements concerning CRNAs in their rules or regulations. Many states have updated their regulations to reflect actual practice and removed the supervision requirement so that CRNAs have full scope of practice, prescriptive authority, and no supervision requirements. Health care facilities have the choice to use both CRNAs and physician anesthesiologists in a care team model or to use either as solo practitioners, which is frequently seen in rural areas due to the high cost of the physician anesthesiologist and their unavailability in many cases. Because patient outcomes are not statistically different between the 2 types of anesthesia providers and the increased use of CRNAs helps to reduce health care costs, the all-CRNA model is becoming more prevalent in many parts of the country, including in the Pittsburgh area. The insurers, including Medicare, do not differentiate in their reimbursement based on the type of anesthesia provider, which is further evidence of the lack of difference between the outcomes.

There is no data to support further restricting CRNA scope of practice in PA and therefore, I strongly opposes HB 789 and request that the House Professional Licensure committee does the same. We should allow Pennsylvania to improve the access to care to our residents through the use of CRNAs who are able to practice to the fullest extent of their education and license, as has become the national trend. This was also recommended in the Institute of Medicine Future of Nursing report that was released in 2010 and updated more recently as a way for advanced practice nurses to play an important role in transforming the health care system of our country. Pennsylvania should take the lead in recognizing the capabilities of our CRNAs, rather than allowing their practice to be restricted because of political and financial reasons.

Thank you for considering my opinion. Please feel free to contact me to discuss further at any time or visit our surgery center to see the CRNAs in action.

Sincerely,



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