

09 April 2018

FROM:
401 East Murphy Avenue
Connellsville PA 15425

TO:
Hon Mark Mustio, House Professional Licensure Committee

SUBJECT:
Opposition to House Bill 789

1. I am a board-certified orthopedic surgeon working in a small community hospital in Fayette County. Virtually all of the anesthesia for my surgeries is administered by Certified Registered Nurse Anesthetists (CRNAs), working without an anesthesiologist, in collaboration with me as the operating surgeon as is currently permitted by the Pennsylvania State Board of Nursing, CMS and the Department of Health Regulations. Our patients do very well under the care of CRNAs, who are members of the operating team essential to our capability to take care of our local population. Many of my patients do not have the resources to travel to a larger hospital and would otherwise lack access to prompt surgical care.

2. I oppose the provision of House Bill 789 requiring physician supervision of CRNAs. As an orthopedic surgeon, I am the subject matter expert in my field. This does not include anesthesia. While I am operating, I am focused on taking care of my patient the best I can, which means that I am concentrating on the local anatomy and the steps I need to follow to complete the surgery as safely and expeditiously as I can. While I peripherally attend to the routine sounds of the anesthesia machine, I trust my CRNA to provide the appropriate anesthesia care as the board-certified anesthesia expert. The proposed bill is not needed, as CRNA practice is currently covered by the Commonwealth Board of Nursing.

3. As an orthopedic surgeon, I would not dream of dictating care to my colleagues in another field, be it another surgical specialty or a medical one. Likewise, I am not qualified to provide direct supervision to any anesthesia provider, anesthesiologist or CRNA.

4. My CRNAs are also cognizant of their own limitations and do not hesitate to consult another medical specialist pre-operatively or to have another anesthesia provider, whether it be another CRNA or an anesthesiologist, present during the surgery, if needed. This is similar to my own referral of a patient to a subspecialist.

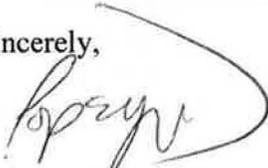
5. Over the course of my career, to include over 20 years service in the United States Air Force Medical Corps, I have worked with many CRNAs and anesthesiologists. I have never felt that the quality of care my patients received while under the care of an anesthetist was any different based on the type of anesthesia provider present. Many

recent studies show that there is no difference in patient safety or outcomes based upon whether the anesthesia provider is an anesthetist or an anesthesiologist.

6. House Bill 789 unnecessarily institutes a supervisory requirement for CRNAs that will result in increasing the costs of health care while artificially limiting care to patients in more rural counties, where few anesthesiologists are available. I oppose further consideration of this bill. This bill also creates undue liability concerns for physicians who are supervising CRNAs, even though the supervising physician exerts no direct control over the actions of the anesthesia provider, whether it is a CRNA or an anesthesiologist. The anesthesia provider is directly responsible for his or her own actions and decisions, just as the surgeon is directly responsible for his or her own actions based on the expertise of each in his or her own specialty.

7. Thank you for considering my comments. If you would like to discuss the issues I have raised above further, I am available at the above address, by e-mail at drpippimd@yahoo.com, or by phone at 724-626-2485.

Sincerely,

A handwritten signature in cursive script, appearing to read "Popey", enclosed within a large, sweeping loop that extends to the right.

Tracy L C Popey, MD
Orthopedic Surgeon
Highlands Orthopedic and Sports Medicine