

**Senate Health Policy Committee
Presentation-Physician Supervision of CRNAs
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PRESENTED BY:

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CONCLUSION

The Florida Legislature should remove barriers (i.e., physician “supervision”) from the law that keep CRNAs from practicing to the full extent of their education and training.



FANA

Founded in 1936, the Florida Association of Nurse Anesthetists (FANA) represents the almost 5,400 Certified Registered Nurse Anesthetists (CRNAs) licensed in Florida.



What is a CRNA?

Certified Registered Nurse Anesthetists (CRNAs) provide comprehensive anesthesia care to patients before, during, and after surgical and obstetrical procedures.

- Primary anesthesia providers in rural and underserved areas.
- Practice in every setting in which anesthesia is administered (e.g., hospitals, critical access hospitals, and ambulatory surgical centers).
- Practice in the offices of dentists and physicians, such as ophthalmologists, plastic surgeons, dermatologists, orthopedists, etc.
- VA and military hospitals.





“SUPERVISION” OF CRNAs IN FLORIDA



“Supervision” of CRNAs is Illusory

Florida law requires CRNAs to be “supervised,” not by anesthesiologists, but by ANY physician, MD, DO, or dentist regardless of that person’s training and experience with sedation.

This paradigm has existed since the beginning; thus, Florida CRNAs have always practiced without a requirement for anesthesiologist supervision.

CRNAs are often the only anesthesia provider in rural settings, including hospitals, in Florida.

CRNAs are the primary anesthesia providers in the military, working without anesthesiologist supervision.





SAFE CARE



CRNAs Provide Safe Care

Independent, third-party, peer-reviewed studies show that unsupervised CRNAs deliver anesthesia care as safely as anesthesiologists or CRNAs supervised by a physician.

Additionally, advances in anesthetics and technology have made the delivery of anesthesia safer than ever before.





STUDIES SHOWING SAFETY



1

“Scope of Practice Laws and Anesthesia Complications” by Brighita Negrusa, PhD and others (Medical Care, October 2016)

- Examined more than 5.7 million anesthesia cases.
- Cases had a wide range of complexity.
- Covered 38 states – with and without CRNA supervision.
- **Conclusion: Scope of practice restriction and physician supervision requirements for nurse anesthetists have no impact on anesthesia safety.**



2

"No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians" by Dulisse and Cromwell (Health Affairs, August 2010)

- Analyzed 481,440 anesthesia cases - States where physician supervision is required compared with 14 states with no physician supervision requirement.
- Mortality rate decreased for CRNAs providing solo anesthesia in both groups of states after 2001, when states were first allowed to "opt out" of physician supervision.
- Removal of the physician supervision requirement for nurse anesthetists did not result in increased risk to patients.
- Patient safety was not compromised by allowing nurse anesthetists to practice without physician supervision.
- **Conclusion: No increase in adverse outcomes.**



3

"Anesthesia Provider Model, Hospital Resources, and Maternal Outcomes" by Needleman and Minnick (Health Services Research, November 2008)

- Analyzed 1.141 million obstetrical patients from 369 hospitals in 7 states, including Florida.
- Compared nurse anesthetists, and a combination of nurse anesthetists and physician anesthesiologists.
- Study results confirmed a 2007 study (by Simonson) using Washington state data that showed no difference in OB anesthesia complication or mortality rates between hospitals using nurse anesthetists compared with hospitals that use only anesthesiologists.
- **Conclusion: OB anesthesia is equally safe in hospitals using either model.**



4

OB Anesthesia Study by Simonson, Ahern and Hendryx (Nursing Research, 2007)

- Analyzed 134,806 obstetrical patient records from Washington state hospitals between 1993 and 2004.
- **Conclusion: No difference in complication or mortality rates between hospitals using only CRNAs compared with hospitals using only anesthesiologists.**



5

"Surgical Mortality and Type of Anesthesia Provider" by Pine, Holt and Lou (AANA Journal, 2003)

- Analyzed 404,194 Medicare cases in 22 states between 1995 and 1997.
- **Conclusion: No difference in mortality rates between nurse anesthetists and anesthesiologists working independently, or nurse anesthetists and anesthesiologists working together.**



NO CONTRARY STUDIES

To date, there are no peer reviewed studies that contradict the findings in these studies that anesthesia delivered by unsupervised CRNAs is less safe than when it is delivered by a supervised CRNA or by an anesthesiologist.





COST-EFFECTIVE



CRNAs Provide Cost-Effective Care

Studies show that CRNAs practicing independently are 30-34% less expensive than anesthesiologists or supervised CRNAs. This is largely due to anesthesia subsidies that hospitals pay to anesthesiology groups for supervision of CRNAs.

In 2012, the average anesthesia subsidy was over \$160,000 per operating room or other anesthesia location in the hospital. Anesthesia subsidies ARE often a hospital's single largest provider-related cost.





INCREASED ACCESS



Increased Access to Anesthesia Care

Recent surveys found that Florida faces the largest shortage of anesthesiologists of any state and the third-largest shortage of CRNAs.





EDUCATION AND TRAINING



CRNAs ARE HIGHLY TRAINED IN ANESTHESIA DELIVERY AND ACUTE CARE

- Anesthesia educational programs for CRNAs average 29 months in length, (approximately 2,500 clinical hours).
- CRNAs must complete college with a nursing degree, obtain licensure as an RN, and work for at least one year in an acute care setting (hospital intensive care or critical care unit) before beginning an anesthesia educational program.
- On average, CRNAs have 3.5 years of experience as an acute care nurse before entering an anesthesia educational program.
- Thus, CRNAs have an average of 9,500 clinical hours in anesthesia and acute care nursing by the time they complete their anesthesia training.



COMPARISON

Certified Registered Nurse Anesthetists (CRNAs) and Anesthesiologists (MDs or DOs) A Comparison of Education and Training - October 2013

Provider Type	Required Pre-Anesthesia Education and Licensure	Clinical Requirement prior to Clinical Anesthesia Training	Training in Clinical Anesthesia	National Board Certification	% Board Certified
Certified Registered Nurse Anesthetist (CRNA)	Bachelor's Degree Licensure as a Registered Nurse (RN)	Minimum 1 yr Acute Care Nursing (3.5 years average experience as an acute care nurse in 2012)	Average 29 months with range 24 – 40 months in an accredited nurse anesthesia educational program Masters or Doctoral Degree	National certification exam administered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA).	100% (must pass certification exam to become CRNA)
Anesthesiologist (MD or DO)	Bachelor's Degree Medical School – Doctoral Degree	1 yr Clinical Base Year	36 month academic or hospital residency	National certification exam administered by the American Board of Anesthesiology (ABA).	74.8%





REMINDER



33 Other States Allow CRNAs to Practice Without Physician Supervision

No state has reversed independent practice for CRNAs once granted.



CONCLUSION

Florida's antiquated regulatory scheme prohibits CRNAs from practicing independently and to the full scope of their education and training.

This scheme unnecessarily limits patients' access and adds significant cost to the health care system.

