TESTIMONY OF
Dr. Juan F. Quintana, DNP, MHS, CRNA
Former President, American Association of Nurse Anesthetists (AANA)
BEFORE THE
House Professional Licensure Committee
ON THE ISSUE OF H.B. 789

Wednesday, April 18, 2018
Harrisburg, Pa.

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Summary: Testimony against H.B.789, which attempts to limit the scope of practice of Certified Registered Nurse Anesthetists (CRNAs) by adding de facto supervision language to the practice of CRNAs and encumbering surgeons with no expertise in anesthesia with the supervision of anesthesia services. This bill also undermines the implicit authority of the Pennsylvania Board of Nursing over the practice of CRNAs.

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Chairman Mustio, Chairman Readshaw and members of the committee: Thank you for welcoming me today.

The health-care landscape in the United States is changing, and professionals whose services result in cost-effective, efficient, high-quality, safe outcomes will be needed more than ever. Certified Registered Nurse Anesthetists (CRNAs) play a critical role in meeting that challenge by providing safe, high-quality anesthesia care efficiently at a cost that ensures access to anesthesia for millions of Americans. As the author of the bill, state Rep. Jim Christiana indicates on his website, anesthesia is safer today than ever in Pennsylvania. House Bill (H.B. 789) is therefore a solution looking for a problem. The bill attempts to add unnecessary regulation to the morass of regulations that exist in health care for a problem that doesn't exist.

My name is Dr. Juan F. Quintana, DNP, MHS, CRNA, and I come before you today as a former President for the American Association of Nurse Anesthetists to speak against adding barriers like supervision and increasing limitations on the ability of CRNAs to provide the full scope of care during the perioperative period. Thank you for the opportunity to bring a national perspective of nurse anesthesia here to Pennsylvania. I come to you with 21 years of practice as a nurse anesthetist, a veteran and a business owner.

In Gallup polls, nursing has been voted the most honest and ethical health-care profession 16 years running. CRNAs have been providing anesthesia care to patients in the United States for over 150 years. CRNAs provide anesthesia in cooperation and partnership with surgeons, anesthesiologists, dentists, podiatrists, and other health-care professionals. We practice in every setting in which anesthesia is delivered: traditional hospital surgical suites and obstetrical delivery rooms; critical access hospitals;

ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, plastic surgeons, and pain management specialists; Public Health Services; and U.S. Department of Veterans Affairs facilities and the U.S. military, where CRNAs provide anesthesia services for frontline combatants.

More and more states are realizing the value of CRNAs. Increasingly, efforts across the nation are directed at reducing the barriers for CRNAs to improve access and reduce costs for health-care services to the American people. This bill is moving in exactly the opposite direction of the needs of Pennsylvania by enacting a new unnecessary law that would fly in the face of growing evidence proving CRNAs administer excellent, safe, high-quality, cost-effective services that naturally improve access to services, especially in more rural areas. The data and evidence supporting utilization of CRNAs to the full scope of their education is overwhelming. CRNA's outstanding outcomes in the practice of anesthesia are well documented.

In the Lewin Group's most recent study, **"Scope of Practice Laws and Anesthesia Complications: No Measurable Impact of CRNA expanded Scope of practice on Anesthesia-related Complications,"** ***(1)*** which was published in the October 2016 issue of *Medical Care*, they looked at almost 6 million cases --- five times larger than any previous study. The Lewin Group's study found no evidence that the odds of a complication differed by scope of practice, limitations or barriers applied to the scope of practice ***or*** by delivery model. However, the data continue to show cost effectiveness directly relates to access to services. Simply speaking, efforts to limit the scope of practice or add barriers to the services administered by CRNAs did note improve outcomes or care for patients.

This study was preceded by other studies verifying the safety, quality and cost effectiveness of CRNAs.

A CRNA acting as the sole anesthesia provider is the most cost-effective model of anesthesia delivery, according to a groundbreaking study again conducted by Virginia-based The Lewin Group and published in the May/June 2010 issue of the *Journal of Nursing Economic$*. The study, titled **"Cost Effectiveness Analysis of Anesthesia Providers,"** ***(2)*** considered the different anesthesia delivery models in use in the United States today, including CRNAs acting solo, physician anesthesiologists acting solo, and various models in which a single anesthesiologist directs or supervises one to six CRNAs. The results show that CRNAs acting as the sole anesthesia provider cost 25 percent less than the second lowest cost model. The results of the Lewin study are particularly compelling for people living in rural and other areas of the United States where anesthesiologists often choose not to practice for economic reasons.

CRNAs are the primary providers of anesthesia care in rural America, enabling health-care facilities in these medically underserved areas to offer obstetrical, surgical, and trauma stabilization services. In some states, CRNAs are the sole providers in nearly 100 percent of rural hospitals. They serve as the backbone of anesthesia care in rural and other medically underserved areas of the United States.

According to the results of a landmark national study conducted by RTI International and published in the August 2010 issue of *Health Affairs*, there are no differences in patient outcomes when anesthesia services are provided by CRNAs, physician anesthesiologists, or CRNAs supervised by physicians. The study, titled **"No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians,"** ***(3)*** examined nearly 500,000 individual cases and confirms what previous studies have shown: CRNAs provide safe, high-quality care. The study also shows the quality of care administered is equal regardless of supervision. For any group or individual to assert otherwise without evidence and data clearly has motives that don't include what's best for patients and the healthcare system as a whole.

Supporting the idea of eliminating barriers and permitting professionals like CRNAs the ability to practice to the full scope of their education are important findings from the Institute of Medicine ***(4)*** released in October 2010, asserting that expanding the role of nurses in the U.S. health-care system will help meet the growing demand for medical services. The IOM report urged and continues to urge policy-makers to remove policy barriers that hinder nurses --- particularly CRNAs --- from practicing to the full extent of their education and training. The report, "The Future of Nursing: Leading Change, Advancing Health," offers further evidence that advanced practice registered nurses should be a major part of the solution to the nation's health-care issues, especially ensuring access to care in medically underserved areas. The IOM report was the work of the IOM's committee on the Robert Wood Johnson Foundation (RWJF) Initiative on the Future of Nursing, which consists of doctors, nurses, academicians, and other health-care representatives. I must also note that numerous other non-partisan groups around the country have reached the same conclusion. Groups like The Massachusetts Health Policy Commission and the FTC also have weighed in on this issue.

Hospital administrators, health-care facilities of all types, policy-makers and health-care providers must find ways to improve patient access to safe, quality care without further burdening the health-care system. CRNAs align with the needs of today's health-care system because they deliver the same safe, high-quality anesthesia care as other anesthesia professionals but at a lower cost, helping to control rising health-care costs. Health-care facilities should be allowed to choose the right provider for the right patient at the right time and not be forced through regulation to employ costly alternatives without any evidence to necessitate such regulation.

The evidence is clear: The Institute of Medicine, American Association of Nurse Anesthetists (AANA), and American Society of Anesthesiologists concur that anesthesia is approximately 50 times safer today than it was during the 1980s. As the hands-on providers of more than 40 million anesthetics given to patients each year in the United States, CRNAs play a critical role in ensuring this high standard of patient care.

Nationally, the average 2014 malpractice premium for self-employed CRNAs was 33 percent lower than in 1988 (66 percent lower when adjusted for inflation). Working with CRNAs does not increase the liability of other health-care providers, and managed care

plans recognize CRNAs for providing high-quality anesthesia care with reduced expense to patients and insurance companies. The cost efficiency of CRNAs helps control escalating healthcare costs.

In closing I would like you all to keep in mind that regardless of any legislation that is passed, CRNAs must still adhere to national certification and accreditation standards, as well as hospital and facility bylaws. CRNAs never have and never will function in a vacuum.

It is entirely appropriate for CRNAs to partner with all physicians in the care of patients. CRNAs, like anesthesiologists, are experts in administering anesthesia and responding to emergency situations that require airway management, administration of emergency fluids and drugs, and basic or advanced life-support techniques. A CRNA's anesthesia expertise complements a surgeon's surgical expertise. When emergencies arise, standard operating procedures (including those pertaining to Advanced Cardiac Life Support, or ACLS) for responding to them do not distinguish between types of anesthesia providers. They are identical for anesthesiologists and CRNAs. In fact, in an operative setting, an observer would have difficulty determining whether an anesthetist was a nurse anesthetist or an anesthesiologist.

The health-care landscape in the United States is changing, and professionals whose services result in cost-effective, high-quality, safe outcomes will be needed more than ever. CRNAs play a critical role in meeting that challenge by providing safe, quality anesthesia care at a cost that ensures access to anesthesia for millions of Americans. Across the nation, CRNAs are in the room caring for your children, mother or father and with the patient for every breath, every heartbeat and every second. Thank You.

Source Material:

1.) “Scope of Practice Laws and Anesthesia Complications: No Measurable Impact of CRNA Expanded Scope of Practice on Anesthesia-related Complications,” The Lewin Group, Medical Care, October 2016.
https://journals.lww.com/lww-medicalcare/Citation/2016/10000/Scope_of_Practice_Laws_and_Anesthesia.4.aspx

2.) “Cost Effectiveness Analysis of Anesthesia Providers,” The Lewin Group, Journal of Nursing Economic$, May/June 2010.
https://www.aana.com/docs/default-source/research-aana.com-web-documents-(all)/nec_mj_10_hogan.pdf?sfvrsn=4cc4bb1_4

3.) “No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians,” RTI International, Health Affairs, August 2010.
https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2008.0966

4.) “The future of nursing: Leading change, advancing health,” Institute of Medicine, 2010.
http://iom.nationalacademies.org/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health/Press-Release.aspx