March 8, 2016

The Honorable Marilyn Avila, House Co-Chair
The Honorable Josh Dobson, House Co-Chair
The Honorable Louis Pate, Senate Co-Chair

RE: Modernization of Nursing Practice in North Carolina. The healthcare 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. Nurse Anesthetists 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

Dear Chair Avila, Chair Dobson, Chair Pate and Members of the Joint Legislative Oversight Committee on Health and Human Services:

My name is Bob Gauvin and I come before you today as a Regional Director for the American Association of Nurse Anesthetists. I am a practicing nurse anesthetist, veteran and business owner. Thank you for the opportunity to bring a national perspective of Nurse Anesthesia here to North Carolina. Nurse anesthetists (CRNAs) have been providing anesthesia care to patients in the United States for more than 150 years. CRNAs provide anesthesia in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other qualified healthcare professionals. They 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; and U.S. military, Public Health Services, and Department of Veterans Affairs healthcare facilities.

As a Veteran I can speak directly to CRNA care delivered to our active duty, reserve and retired veterans. Nurse anesthetists have been the main providers of anesthesia care to U.S. military personnel on the front lines since WWI, including current conflicts in the Middle East. Nurses first provided anesthesia to wounded soldiers during the Civil War.

CRNAs are the primary providers of anesthesia care in rural America, enabling healthcare 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. In addition to delivering essential healthcare in thousands of medically underserved communities I must again stress that CRNAs are the main providers of anesthesia care for women in labor and for the men and women serving in the U.S. Armed Forces, especially on frontlines around the globe. They serve as the backbone of anesthesia care in rural and other medically underserved areas of the United States. A recent study[1] published in the September/October 2015 Nursing

[1] Liao CJ, Quraishi JA, Jordan LM (2015). Geographical imbalance of anesthesia providers and its impact on the uninsured and vulnerable populations. *Nursing Economic$*, 33(5):263-270.

Economic$ found that CRNAs are providing the majority of anesthesia care in U.S. counties with lower-income populations and populations that are more likely to be uninsured or unemployed. They are also more likely found in states with less-restrictive practice regulations where more rural counties exist[2].

So the question becomes why? I'm sure like other states here in North Carolina you have areas that are more popular and have more affluent communities. It should come as no surprise that these communities have more practice restrictions on the most cost-effective providers. I consider myself a common sense businessman and the data and evidence supporting the utilization of CRNAs to the full scope of their training is overwhelming.

A CRNA acting as the sole anesthesia provider is the most cost effective model of anesthesia delivery, according to a groundbreaking study 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," 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. On the other end of the cost scale, the model in which one anesthesiologist supervises one CRNA is the least cost efficient 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.[3]

As you reform Medicaid here in North Carolina it will be imperative that you eliminate barriers to CRNA practice as the data shows cost effectiveness directly relates to access for patients. Important findings from the Institute of Medicine (IOM) released in October 2010 assert that expanding the role of nurses in the U.S. healthcare system will help meet the growing demand for medical services. The IOM report urges policymakers to remove policy barriers that hinder nurses—particularly advanced practice registered nurses such as CRNAs—from practicing to the full extent of their education and training. The report, titled "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 healthcare 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

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[2] Quintana, J. "Answering today's need for high-quality anesthesia care at a lower cost," *Becker's Hospital Review,*, January 20, 2016, available at http://www.beckershospitalreview.com/hospital-physician-relationships/answering-today-s-need-for-high-quality-anesthesia-care-at-a-lower-cost.html.

[3] Hogan, P., Seifert, R., Moore, C., Simonson, B. "Cost Effectiveness Analysis of Anesthesia Providers." *Journal of Nursing Economic$.* May/June 2010. 28, No. 3. 159-169.

healthcare representatives.[4] I must also note that numerous other non-partisan groups around the country have reached the same conclusion. The Massachusetts Health Policy Commission and the FTC have all weighed in on this issue.

Hospital administrators, health care facilities of all types, policymakers and healthcare providers must find ways to improve patient access to safe, quality care without further burdening the healthcare system. Advanced practice registered nurses (APRNs) such as Certified Registered Nurse Anesthetists (CRNAs) are meeting this challenge. CRNAs align with the needs of today's healthcare system because they deliver the same safe, high-quality anesthesia care as other anesthesia professionals but at a lower cost, helping to control rising healthcare costs.[5] Health care facilities should be allowed to choose the right provider for the right patient at the right time and not be forced through regulatory means to employ costly alternatives.

The evidence is clear as to the cost effectiveness of CRNAs but there are those who continue to question the quality and safety of the care we provide. 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.

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,” 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.[6] 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.

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, hospital and facility bylaws and must according to NC statute collaborate with other health care professionals. CRNAs never have and never will function in a vacuum.

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

[5] Quintana, J. “Answering today’s need for high-quality anesthesia care at a lower cost,” *Becker’s Hospital Review,*, January 20, 2016, available at http://www.beckershospitalreview.com/hospital-physician-relationships/answering-today-s-need-for-high-quality-anesthesia-care-at-a-lower-cost.html.

[6] Dulisse, B., Cromwell, J. “No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians.” *Health Affairs.* August 2010. 2010(29): 1469-1475.

It is entirely appropriate for CRNAs to work collaboratively with physicians. 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.

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.[7]

The healthcare 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.[8] Thank You.

Sincerely,

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[7] *Source*: AANA Insurance Services analysis of CRNA malpractice premiums, comparing 1988 premium information from the St. Paul Fire and Marine Insurance Company (which at the time was the country's largest insurer of CRNAs, but which no longer offers liability insurance for healthcare professionals) to 2014 data from the CNA Insurance Company (currently the country's largest insurer of CRNAs).

[8] Quintana, J. "Answering today's need for high-quality anesthesia care at a lower cost," *Becker's Hospital Review,*, January 20, 2016, available at http://www.beckershospitalreview.com/hospital-physician-relationships/answering-today-s-need-for-high-quality-anesthesia-care-at-a-lower-cost.html.

Additional research sources:

A 2008 study titled, “Anesthesia Provider Model, Hospital Resources, and Maternal Outcomes.” That study, led by Drs. Jack Needleman, PhD, MS and Ann Minnick, PhD, RN, FAAN, concluded that obstetrical anesthesia is equally safe in hospitals that use only CRNAs or a combination of CRNAs and anesthesiologists, compared with hospitals that use only anesthesiologists.[9]

A 2007 study titled, “Anesthesia Staffing and Anesthetic Complications During Cesarean Delivery.” That study, led by Daniel Simonson, CRNA, MHPA, concluded there is no difference in complication rates or mortality rates between hospitals that use only CRNAs compared with hospitals that use only anesthesiologists.[10]

A 2003 study titled, “Surgical Mortality and Type of Anesthesia Provider.” The study, led by Dr. Michael Pine, a board-certified cardiologist, concluded that patients are just as safe receiving their anesthesia care from CRNAs or anesthesiologists working individually as from CRNAs and anesthesiologists working together.[11]

[9] Needleman, J, Minnick, AF. “Anesthesia Provider Model, Hospital Resources, and Maternal Outcomes.” Health Services Research. November 2008. DOI: 10.1111/j.1475-6773.2008.00919x.

[10] Simonson, DC, Ahern, MM, Hendryx, MS. “Anesthesia Staffing and Anesthetic Complications During Cesarean Delivery.” Nursing Research. 2007; 56:9-17.

[11] Pine, M, Holt, KD, Lou, YB. “Surgical Mortality and Type of Anesthesia Provider.” AANA Journal. 2003; 71:109-116.