TESTIMONY OF GIOVANNA MAHAR, PRESIDENT OF THE NEW YORK STATE ASSOCIATION OF NURSE ANESTHETISTS (NYSANA) BEFORE THE ASSEMBLY STANDING COMMITTEE ON HEALTH, HIGHER EDUCATION AND LABOR ON DELIVERY OF HEALTH CARE PROFESSIONAL SERVICES; LESSONS FROM COVID-19

November 17, 2021

Assembly Health Committee Chair Gottfried, Assembly Higher Education Committee Chair Glick, Assembly Labor Committee Chair Joyner and members of the respective committees, I thank you for this opportunity to submit testimony for your consideration as you look at the delivery of health care professional services; lessons from COVID-19. My name is Giovanna Mahar, and I am the President of the New York State Association of Nurse Anesthetists (NYSANA).

NYSANA is the statewide professional association representing New York's nearly 1600 Certified Registered Nurse Anesthetists (CRNAs) and Resident Registered Nurse Anesthetists (RRNAs). NYSANA has been advocating for state recognition for CRNAs as advanced practitioners commensurate with their national certification, advanced education, clinical training and experience for over 30 years. I want to take a moment to thank Assemblyman Gottfried for sponsoring our scope of practice legislation and recognizing the important role that CRNAs play in healthcare. I also want to thank Assemblyman Gottfried, and the committee, for exploring this pressing issue. There are many lessons to be learned from the COVID-19 experience, and we believe that one of the most important lessons is that CRNAs must finally be recognized as advanced practice providers in New York State.

I have been a Certified Registered Nurse Anesthetist (CRNA) for 12 years. After I became a CRNA, I left the state to practice in Massachusetts. I practiced there for 4 years, returning home

to Albany in 2013. I have spent the last 8 years practicing at Albany Medical Center as a CRNA and educator. I am currently the Assistant Program Director for the Center for Nurse Anesthesiology at Albany Medical College.

In New York, CRNA practice is not codified in law. Instead, the scope of practice for CRNAs is defined through Health Department regulations and educational requirements. As a result, CRNAs do not have their own licensure in the state, as afforded every other advanced nursing specialty. Furthermore, the DOH Regulations impose unnecessary restrictions to practice and require a CRNA must practice under direct physician supervision. On March 23, 2020, Executive Order 202.10 was issued. One of the many provisions in that EO was a waiver of NYCRR §405.13 and §755.4, which allowed CRNAs to administer anesthesia without physician supervision. This waiver was in place throughout the duration of the pandemic and ended on June 25, 2021, when the state of emergency was ended. This supervision waiver was once again reinstated on September 27, 2021 when Governor Hochul issued Executive Order 4 in response to the state of emergency created by the health care worker shortage in New York. We strongly believe the Executive Orders were helpful and appropriate. The waiver of the supervision requirement was significant and allowed CRNAs to step up during the pandemic and during the current state of emergency in many ways. Suspending these requirements also provided New York's hospitals and healthcare facilities maximum flexibility for CRNA utilization during a period of tremendous uncertainty and stress.

Because I'm an educator I would like to take a moment to shine a light on the RRNAs. Let us not take this group of individuals lightly, as they are critical care nurses often with multiple years of ICU experience. During the pandemic, when students in health care programs were being pulled from the clinical arena, the critical care trained RRNAs continued to provide care for patients

during anesthetic procedures. In fact, these nurses had first-hand experience managing the procedures for patient isolation and personal protective equipment (PPE).

During the pandemic CRNAs across the state lead the way in a variety of settings. NYSANA put together a taskforce to track the experiences of our members. We heard from CRNAs who were on the frontlines of the pandemic, and how they organized COVID-19 airway teams, converted operating rooms into ICUs, consulted on prone positioning, assisted pulmonologists with mechanical ventilation parameters and management, oversaw sedation and prescribing, placed invasive lines, and performed intubations. During this time, CRNAs also functioned as Advanced Practice Registered Nurses as they managed patients in COVID intensive care units, which included such things as ordering and prescribing, supervising ventilator management, and placing invasive monitoring like central line and arterial line access. CRNAs worked as part of Rapid Response and Airway Management Teams. When the call for help was issued, CRNAs answered that call. It was demonstrated in real time the increased value CRNAs provide to the healthcare system when unnecessary practice barriers are removed, and as a result are allowed to practice to the full extent of their education and training.

Importantly, there has long been a narrative that if physician supervision were removed, there would be negative outcomes and impacts on patients in New York. Following the eighteen months of direct experience in New York there have been no negative patient outcomes related to the removal of supervision requirements. NYSANA strongly believes that there needs to be enacted statutory changes to continue what the Executive Orders allowed during the declared emergency. The takeaway lesson from the pandemic about CRNAs is that it is well past time to recognize CRNAs in New York with a full scope of practice that properly reflects their education

and training. We believe that Assemblyman Gottfried's bill, A7268, will do just that, and must be passed and signed by the Governor to get this bill through in 2022.

This is not just a takeaway lesson from the pandemic alone. In May 2021, the National Academy of Medicine issued a report: *The Future of Nursing 2020 - 2030: Charting a Path to Achieve Health Equity*. Key Message 1 from the report was that "policymakers need to permanently lift artificial regulatory and practice barriers that keep nurses from practicing to the top of their education and training and that restrict people's access to high quality care." The report further found:

"Eliminating restrictions on the scope of practice of advanced practice registered nurses and registered nurses so they can practice to the full extent of their education and training will increase the types and amount of high-quality health care services that can be provided to those with complex health and social needs and improve both access to care and health equity."

While the COVID-19 pandemic has put a spotlight on this issue and really driven home how badly this legislation is needed, we cannot ignore the importance of this legislation even when there is not a global health pandemic. CRNAs are critical to patient access, healthcare delivery and managing healthcare costs even when there is not a pandemic. If CRNAs are suited for care during a pandemic, they are certainly suited for care in times without such urgency and illness.

<u>Access</u>

Nurse anesthetists have been providing anesthesia care to patients in the United States for nearly 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 the Department of Veterans Affairs healthcare facilities.

Nurse anesthesia services are critical to rural health care services. According to the American Association of Nurse Anesthetists (AANA), CRNAs are the primary providers of anesthesia care in rural America, enabling healthcare facilities in these medically underserved areas to offer obstetrical, surgical, pain management and trauma stabilization services. In some states, CRNAs are the sole providers in nearly 100 percent of the rural hospitals. Unlike metropolitan or urban areas that have access to a robust population and providers in all areas, rural health providers must deliver a broad array of services to a limited population with limited resources. A recent study[i] published in the September/October 2015 Nursing Economic$ found that CRNAs are providing the majority of anesthesia care in U.S. counties with lower-income populations, higher unemployment and populations that are more likely to be uninsured, unemployed or on Medicaid. Interestingly, the number of CRNAs is higher in states with less-restrictive practice regulations where more rural counties exist.

Delivery

A routine day for a CRNA is diverse. By the very nature of the specialty, patients requiring anesthesia services may include a one-year-old needing ear tubes or the 4-10 age group for tonsillectomy and move to a 99-year old with multiple medical problems who fell and fractured her hip. The routine schedule of a CRNA rarely takes place from 9-5. While many surgeries are scheduled and planned, CRNAs are needed 24/7 to address the emergency situations that arise such as an emergency Cesarean section or a car crash victim who needs immediate surgery. More than 30 years of scientific study has demonstrated that CRNAs administer safe, quality care with patient outcomes equivalent to those of anesthesiologists. CRNAs practice in every

setting where anesthesia is offered, for every type of procedure including complex procedures like open-heart surgery and every category of patient, from pediatrics to geriatrics. This includes metropolitan hospitals in New York City such as Sloan Kettering; level one trauma centers like Erie County Medical Center; suburban locations such as Mercy Hospital of Buffalo, and a majority of the rural healthcare facilities: United Memorial Medical Center in Batavia, Mount St. Mary's Hospital in Lewiston, and Wyoming County Community Health System in Warsaw. It has been well-established that when anesthesia is provided by CRNAs, it is the practice of nursing and when provided by a physician it is the practice of medicine. Similar to other specialties, there is overlap among anesthesia specialists. Regardless of who the anesthesia provider is, however, CRNAs administer anesthesia services in exactly the same way: their techniques are the same, the equipment, anesthesia agents and drugs used are the same and, most importantly, their patient outcomes are the same.

History and recent national surveys indicate the demand for anesthesia care and services will outpace the supply of providers over the next several years. New York State is the only state that does not have a scope of practice law which enables CRNAs to practice to the full extent of their training and education. This limitation will impact patient access and care because the demand will outpace the supply. The lack of appropriate scope of practice recognition is causing RRNAs (Resident Registered Nurse Anesthetists) to leave the State upon graduation and causing CRNAs to move to other states where they can practice to the full extent of their education and training. This lack of supply for qualified anesthesia providers is going to be even more pronounced in the rural areas of the State that are already struggling to find enough providers to meet their demand. Allowing CRNAs to practice as advanced practice nurses, as is currently afforded to Nurse Practitioners, will not only continue to ensure patient access among vulnerable populations, but

also help New York State meet increasing demand and better respond to the changing health care landscape. The State's population continues to grow therefore the need for anesthesia services also continues to grow. The successful passage of our bill will help ensure a sufficient workforce needed to care for an aging population or for the increased demand for anesthesia providers.

Cost-Effectiveness

The current state of our health care budget is challenging. Hospitals, nursing homes, providers and patients are being impacted by rising healthcare costs and decreased healthcare funding. CRNAs play a critical role addressing this challenge by providing safe, quality anesthesia care at a cost that ensures access to anesthesia for millions of Americans.[1] By more fully utilizing these advanced practitioners, facilities experience greater efficiencies in the delivery of care but also additional revenues that can free up resources for other critical services.

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. 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.

While it is true that Medicare and other payers reimburse roughly the same for anesthesia services regardless of the provider, the higher compensation rates paid to anesthesiologists must be shouldered by the hospitals and, inevitably, patients. Bottom line: utilizing the services of a CRNA translates into greater patient access and to more efficient and cost-effective care for our hospitals at a time when they must fully utilize every available resource they have.

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[1] 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.

Three studies, 2 from the Lewin Group and one from the Research Triangle Institute starting in 2010 and the last in 2016, found that a CRNA acting as the sole anesthesia provider is the most cost-effective model of anesthesia delivery (Lewin 2010). The second study noted that there are no differences in patient outcomes when anesthesia services are provided by CRNAs, physician anesthesiologists, or CRNAs supervised by physicians (RTI 2010); and the final study noted that when CRNAs practice to their full authority, there was no measurable impact on anesthesia-related complications (Lewin 2016). The results also show that CRNAs acting as the sole anesthesia provider cost 25 percent less. 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.[2]

Interestingly, 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.[3]

Conclusion

In conclusion, the New York State Association of Nurse Anesthetistsis committed to the belief that CRNAs play a critical role in the delivery of health care services, and the lesson that we must learn from the COVID-19 pandemic is that it is beyond time for New York to join the 49 other states in passing a scope of practice for CRNAs. CRNAs provide safe, reliable and quality

[2] 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.

[3] *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).

anesthesia care to New Yorkers and provide access in areas that would otherwise be underserved. We look forward to continuing to fulfill this roll and once again thank you for having this important conversation.