

<u>Memorandum in Support -</u> <u>A 7268 (Assemblyman Gottfried) and S5435-A (Senator Cooney)</u>

Relates to certified registered nurse anesthetists

The New York State Association of Nurse Anesthetists (NYSANA) <u>strongly supports</u> A7268 (Gottfried)/S5435-A (Cooney), which creates licensure with a scope of practice for certified registered nurse anesthetists. NYSANA is the statewide professional association representing the interests of over 1,900 Certified Registered Nurse Anesthetists (CRNAs) and Student Registered Nurse Anesthetists (SRNAs) providing high-quality, safe and cost-effective anesthesia care to residents across New York State.

Currently in New York, CRNA practice is not codified in law. Instead, the scope of practice for CRNAs is defined through educational requirements and Health Department regulations. This legislation would create a scope of practice for CRNAs, allowing a CRNA to obtain a license, and practice to the full extent of their education and training. Oversight of the license will be under the NY State Education Department Office of Professions, as with all other nursing specialties.

CRNAs have been providing anesthesia care to patients for more than 150 years. Anesthesia is a recognized area of specialty in medicine and nursing. Regardless of whether the educational background is in nursing or medicine, all anesthesia providers provide anesthesia to facilitate diagnostic, therapeutic and surgical procedures. Nurse anesthesia is the nation's oldest advanced practice nursing specialty, dating back to the Civil War.

Anesthesia is safer today than at any other time. Current data demonstrates there is *no* significant difference in patient outcomes based on different types of anesthesia providers. Studies show the provision of anesthesia with a CRNA-only model costs hospitals significantly less than any other model utilized. Furthermore, the value and need for CRNAs was highlighted at a new level during the COVID-19 pandemic when CRNAs stepped into key leadership roles in treating COVID-19 patients. Just a few of the ways CRNAs helped was by educating nursing staff on advanced critical care skills, organizing COVID-19 airway teams, functioning as advanced practice registered nurses in the ICU and standardizing airway management and procedures. CRNAs rose to the challenge in ways that show their value, and the need for New York to finally adopt a defined scope of practice for the profession is upon us.

Unfortunately, New York is one of only two states that do not fully recognize CRNA practice. The time has come for New York to grant full recognition of CRNAs, which will lead to greater access to high quality care and help resolve problems that question liability, supervision and authority to administer anesthesia.

This legislation is based on the model used in the Nurse Practitioner Modernization Act of 2015. For newly graduated CRNAs with less than 3,600 hours experience, they will work under a written practice agreement with a licensed physician. For experienced CRNAs with over 3,600 hours of experience, there will be a collaborative relationship with a licensed physician. Given that all supervision requirements have been waived by executive order during the COVID-19 pandemic, and a years' worth of data proves that there were no negative patient outcomes as the result of supervision removal, we believe we are well past time for this legislation to be adopted.

For these reasons, NYSANA <u>strongly supports</u> A7268 (Gottfried)/S5435-A (Cooney), which creates a scope of practice for certified registered nurse anesthetists, and urges its swift passage.









Memorandum in Support - S5435-A (Senator Cooney)/A7268 (Assemblyman Gottfried)

Relates to certified registered nurse anesthetists

Our organization strongly support S5435-A/A7268, which would create licensure with a scope of practice for certified registered nurse anesthetists (CRNAs). CRNAs are masters and doctorate educated advance practice professionals, who are required to undergo robust education and training. This legislation would grant CRNAs the full authority to administer patient care commensurate with their advanced education, training and experience and to ensure anesthesia services are safe and affordable for every patient in New York.

New York is one of only two states in the entire country that does not recognize CRNAs and the critical services they provide. This legislation will increase access to high quality anesthesia services in rural, and other underserved areas, and encourage CRNAs to practice in this state and provide these needed services.

For these reasons, our organizations know that we must act promptly to remedy this situation and create a license and scope of practice for CRNAs.

American Nurses Association - New York
Healthcare Association of New York State
New York Organization of Nurse Executives & Leaders
The Nurse Practitioner Association New York State



A7268 (Gottfried)

S5435A (Cooney)

MEMORANDUM IN SUPPORT

Amending the Education Law in relation to creating the profession of nurse anesthetist

NYSNA represents more than 42,000 registered nurses throughout New York and is a leading advocate for universal access to high quality health care for all New Yorkers, regardless of ability to pay. As a union representing nurses, we also advocate for the establishment of safe standards of patient care and regulation of professional nursing scope of practice.

The proposed legislation (A7268/S5435A) would create a new licensed title of certified registered nurse anesthetist (CRNA) and establish formal parameters and regulations applicable to CRNA practice.

Under current law, CRNA practice is not formally codified and CRNAs are currently permitted to provide anesthesia services if they meet required education and training criteria and are under the direct supervision of an anesthesiologist or other licensed anesthetist who is present or readily available during the procedure.

The legislation would clearly define the scope of practice of CRNAs and allow licensed CRNAs to practice more independently and without direct physician supervision. CRNAs with less than 3,600 hours of practical experience would be required to maintain a written practice agreement with a physician that would provide some oversight of their practice. CRNAs with 3,600 or more hours of experience would be able to provide anesthesia services under a collaborative agreement with a physician.

This legislation is directly patterned on a similar model that successfully expanded the role and scope of practice of Nurse Practitioners, allowing them to fill an increasingly important role as primary and acute care providers.

New York is one of the few remaining states that does not formally recognize CRNAs as a licensed profession. During the COVID pandemic, however, the current restrictions on CRNA practice were suspended in order to maintain the availability of anesthesia services as medical staff shifted to treating COVID patients. There were no issues or negative effects on patient care reported. CRNAs have played a significant role in providing anesthesia services throughout the state, and their role is particularly important in medically underserved areas.

NYSNA believes that CRNAs should be allowed to independently practice to the full extent of their training and the scope of practice provided in this legislation. After enactment of this law and the establishment of the new CRNA profession, we would urge the legislature to consider further legislation to allow CRNAs to practice independently and to the full scope of their license.

NYSNA strongly supports enactment of this legislation.



MEMORANDUM OF SUPPORT: S.5435-A / A.7268

May 26, 2021

BILL NUMBER: S.5435-A (Cooney) same as A.7268 (Gottfried)

TITLE OF BILL: An act to amend the education law, in relation to creating the profession of nurse anesthetist.

PURPOSE OF BILL: This bill creates a scope of practice for certified registered nurse anesthetists.

<u>STATEMENT OF SUPPORT</u>: The provision of quality, accessible health care services to New Yorkers is an ongoing goal of AARP New York. We believe that nurses should achieve higher levels of education and training and should practice to the full extent of their education and training. Such policies put patients first by allowing New Yorkers to get the care they need whenever and wherever they need it.

CRNAs are master's-educated nurses who are required to undergo a vigorous licensure process in order to obtain certification. Studies in anesthesiology safety have demonstrated that there is no difference in the quality of care provided by CRNAs and their physician counterparts. By providing high-quality anesthesia care with reduced expense to patients and insurance companies, CRNAs help to control escalating healthcare costs.

However, without title recognition, there is no guarantee that those individuals representing themselves as CRNAs have, in fact, fulfilled the necessary licensure requirements. This compromises patient safety, especially in rural and underserved communities, where CRNAs are often the sole anesthesia providers.

Title recognition will ensure that only nurses who have been properly educated will provide specialized care and will prohibit health care facilities from improperly using unqualified individuals as CRNAs.

Without title recognition, CRNAs are unable to apply for direct reimbursement for services to patients provided through state sponsored Medicaid programs. This roadblock not only increases costs but limits the state's ability to provide care to millions of uninsured low-income residents.

Title recognition for CRNAs is not only essential for the public's protection, but also an important step towards safer and cost-effective health care that puts New York's patients first.

For the above reasons, AARP supports this legislation.

Please contact Bill Ferris or David McNally at (518) 434-4194 with any questions.

Given the importance of this issue and as part of our ongoing effort to let our members know of action taken on key issues, we will be informing them how their legislators vote on this legislation.

¹ https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2008.0966