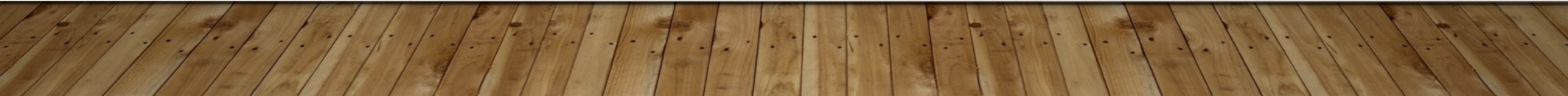


POLITICAL ISSUES IN ANESTHESIA

ELCZYNA CRNA PHD





association

- Scope of

Practice



certification

- Initial accreditation

ation



9/27/2021

accreditation

- Standards and

guidelines

AANA

- Advocate for CRNAs (40,000)
 1. Patient safety
 2. Access to quality health care services
 3. Scope of practice
 4. Educational funding
 5. Reimbursement
 6. Other legislative and regulatory matters in Washington D.C. and states

AANA

- Navigating the web site
- AANA.com
- Advocacy and policy tab
- Tell State Leaders: Remove Federal Physician Supervision
- Practice tab to submit CEs

AANA

- Officers and Board of Directors
- <https://www.aana.com/governance/aana-board-of-directors>

AANA

- 2021 AANA Business Meeting
 - Proposed Bylaw Amendments and Resolutions
 1. Professional Conduct and Discipline
 2. Continuing Education Committee
 3. Membership driven resolution regarding the future of nurse anesthesiology education and clinical training

AANA

- Annual Congress
- Name change to nurse anesthesiology?
- Membership driven resolution last year
- FY19 By law amendment, voted on by members Assignment of at large directors to regions (board of directors)

REGION DIRECTORS

- I: elected at-large director with the highest vote from members within the region will be appointed to that region: If an elected at-large director has the highest
- II. number of votes in more than one region, the elected at-large director will be appointed to the region in which they reside based on the AANA membership database;
- III: If neither of the above criteria are met, elected newly elected at-large directors will be appointed to regions by a vote of the current AANA Board of Directors. Appointments shall be based on the characteristics of the region including, but not limited to, primary practice model, number of educational programs, and challenges with reimbursement/economic/billing issues.
- IV: The AANA Board shall meet to appoint at large directors to regions within 30 days of notice of the final election results to ensure a smooth transition between incoming and outgoing directors.

REGIONS (7)

- 6 – PA, Ohio, MD, DE – Jeffrey Molter CRNA
 - Owner Western Reserve Anesthesia Associates, Ohio
- 1 – CT, Maine, MA, NJ, NY, NH, RI, VT, Puerto Rico –
 - Erik Rauch CRNA, chief nurse anesthetist at Bayfront Health, St Petersburg FL.

AANA CRNA - PAC

- Political Action Committee (PAC)
- House Public Health Committee to support HB 2029, full practice authority legislation for APRNs.

OPT OUT

- In 2001, CMS changed the federal physician supervision rule for nurse anesthetists to allow state governors to opt out of this facility reimbursement requirement (which applies to hospitals and ambulatory surgical centers) by meeting three criteria:
 - 1. consult the state boards of medicine and nursing about issues related to access to and the quality of anesthesia services in the
 - 2. determine that opting out is consistent with state law
 - 3. determine that opting out is in the best interests of the state's citizens

OPT OUT

- 19 states and Guam have opted out of the federal physician supervision requirement, including:
- Arizona, Oklahoma, Iowa, Nebraska, Idaho, Minnesota, New Hampshire, New Mexico, Kansas, North Dakota, Washington, Alaska, Oregon, Montana, South Dakota, Wisconsin, California, Colorado, and Kentucky
- Additional states do not have supervision requirements in state law and are eligible to opt out should the governors elect to do so.

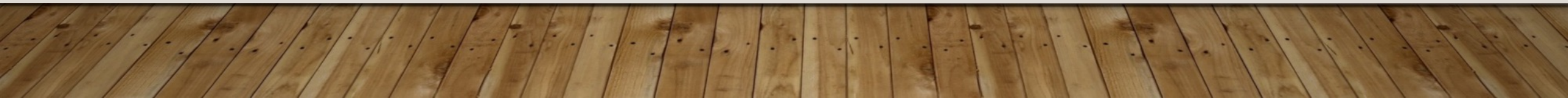
CRNAS IN ASC

- 31 States - “no supervision requirement "concerning nurse anesthetists in nurse practice acts, board of nursing rules/regulations, medical practice acts, board of medicine rules/regulations, ambulatory surgical facility licensing statutes, ambulatory surgical facility licensing rules/regulations, or their generic equivalents”:

CRNA IN ASC

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- 1. Alaska
 - 2. Arizona
 - 3. California
 - 4. Colorado
 - 5. Delaware
 - 6. Washington, D.C.
 - 7. Georgia
 - 8. Idaho
 - 9. Illinois
 - 10. Iowa
 - 11. Kansas
 - 12. Kentucky
 - 13. Maryland
 - 14. Massachusetts
 - 15. Minnesota
 - 16. Montana
 - 17. Nebraska
 - 18. Nevada
 - 19. New Hampshire
 - 20. New Mexico
 - 21. North Carolina
 - 22. North Dakota
 - 23. Oklahoma
 - 24. Oregon*
 - 25. Pennsylvania
 - 26. South Dakota
 - 27. Tennessee
 - 28. Texas
 - 29. Vermont
 - 30. Washington
 - 31. Wisconsin
 - 32. Wyoming
-



AANA POLITICAL ACTION COMMITTEE

- Legislative Priorities for the 117th Congress
 1. Helping patients during COVID-19
 - support hazard pay for healthcare providers, ensure access to Personal Protective Equipment (PPE), and support the Defense Production Act to produce PPE and ventilators.
 2. Permanently remove physician supervision for CRNAs
 - free up the healthcare workforce to meet demand and will drive down health costs while maintaining the highest standard of care. The AANA asks Congress to support permanent removal of physician supervision for CRNAs under Medicare Part A Conditions of Participation.
 3. Ensure Veterans have high quality care

AANA PAC

3. Restore rural access to nurse anesthesia services

- asks Congress to support the Save Rural Hospital Act, which will help these lifelines keep their doors open in rural areas.

4. Support Provider nondiscrimination

- asks Congress to encourage the U.S. Departments of HHS, Labor, and Treasury to promulgate a rule that effectively prohibits health plans from discriminating against providers acting within the scope of their license or certification.

AANA

- Mid-Year Assembly – 2022 Washington D.C.
- April 2, 2022 - April 6, 2022



PANA

- Mission - advocating for patient safety, access to quality care, and the profession of nurse anesthesia.
- 3,700 CRNAs in PA
- PANA Board

PANA

- PANA committees
 1. Communications – Tidings, Public Relations, and Web
 2. Finance
 3. Governance – includes GRC, Nominating, Practice, Bylaws Strategic Planning and PAC
 4. Member Engagement – mentorship, student activities
 5. Programs – includes wellness

PANA

- AWARDS:
 1. Clinical Instructor of the Year
 2. CRNA Clinician of the Year
 3. Didactic Instructor of the Year
 4. Student of the Year

PANA COVID WAIVER

- This waiver allows CRNPs to collaborate with other physicians without signed collaborative agreements and with physicians from other states. It also waives:
- (1) the requirement for the English language proficiency testing requirements for RNs,
- (2) the required 1,500 hours of education for PN licensure,
- (3) the requirement for CRNAs to administer anesthesia in cooperation with a surgeon,
- (4) the need for board approval for CRNA graduates to practice
- (5) requirement to demonstrate educational equivalency for CNSs.

PANA

- www.panaforqualitycare.com
- PA one of just two states that failed to recognize “certified registered nurse anesthetist” in some form.
- Senate Bill 416
- Signed by Gov. Wolf on June 30th
- Act 60 of 2021
- expands the providers that CRNAs are permitted to work with to include podiatrists, and it clarifies regulatory language as it pertains to physician involvement with anesthesia services, formalizing the status quo. The measure also includes cooperation language to define the relationship CRNAs have with their physician colleagues.

PANA

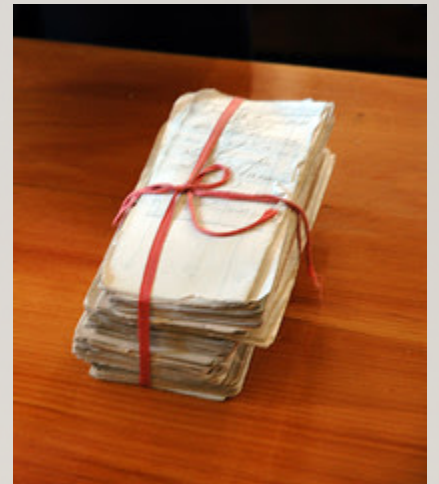
- Sen. John Gordner (R-Columbia), sponsored the Senate measure that became law,
- Rep. Tarah Toohil (R-Luzerne), authored the companion bill in the House.

INFORMED CONSENT

- ACT 61
- state Supreme Court's ruling in the Shinal v. Toms case, handed down June 20, 2017, after a review of the Medical Care Availability and Reduction of Error (MCare) Act, made the surgeon, who is not an anesthesia expert, responsible for talking to a patient about anesthesia care and obtaining their consent. The court's interpretation had a profound effect on CRNAs, especially those who work without physician anesthesiologists.
- The new law --- [Senate Bill 425](#), now Act 61 of 2021, sponsored by state Sen. John Gordner (R-Columbia) --- essentially clarifies that while physicians remain responsible for the overall care of their patients, the task of obtaining a patient's informed consent may be delegated by a physician to a qualified practitioner, including CRNAs.

NURSE LICENSURE COMPACT

- 38 states
- Multistate license in primary state of residence
- [Senate Bill 115](#), now Act 68 of 2021, on June 30. The measure was sponsored by state Sen. Lisa Boscola (D-Lehigh/Northampton).
- Help with disaster situations



NLC STATES

- [file:///C:/Users/r91871391/Desktop/NLC_Map%20\(1\).pdf](file:///C:/Users/r91871391/Desktop/NLC_Map%20(1).pdf)

PANA – LOBBY DAY

<https://www.legis.state.pa.us/cfdocs/legis/home/findyourlegislator/index.cfm#address>



PANA

- Jessica Poole, DNAP, MHS, CRNA, began her role as Government Relations Director on Feb. 1, 2020.
- contracted position
- incorporates state governance and focuses on engaging lawmakers and association members on issues important to CRNA



“
As anesthesia care delivery continues to evolve at a rapid pace, the AANA and its members will continue to evolve right along with it. Our patients and employers expect nothing less.

- JESSICA POOLE, DNAP, MSN, CRNA

NYSANA

- Support:
- S5435 (Senator Cooney), A7268 (Assemblymember Gottfried) - Relates to the scope of practice of certified registered nurse anesthetists
- A1240 (Assemblymember Cahill) - Authorizes health insurance reimbursement for CRNA services
- A285 (Assemblymember Gunther)/S4229 (Senator Stavisky) - Establishes a clinical preceptorship personal income tax credit for certain health care professionals who provide preceptor instruction to students

NYSANA

- **OPPOSE:**
- S987 (Senator Gaughran), A6986 (Assemblymember Bichotte Hermelyn) - Relates to the certification of nurse anesthetists
 - restricts our ability to practice to the full extent of our education and training. CRNAs are highly trained and educated providers of safe, quality and cost-effective anesthesia services
- A5495 (Assemblymember Glick)/S4780 (Senator Stavisky) - Relates to mandatory reporting of certain convictions, professional misconduct, and/or employment termination

NYSANA

- ADVOCACY DAY - Albany
- Held in April or May



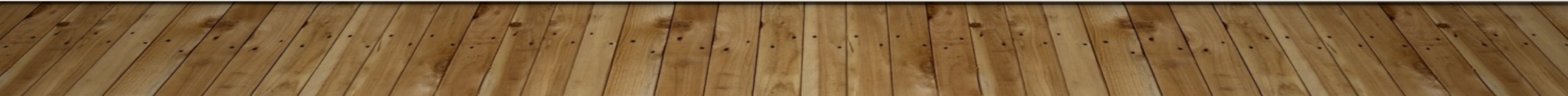
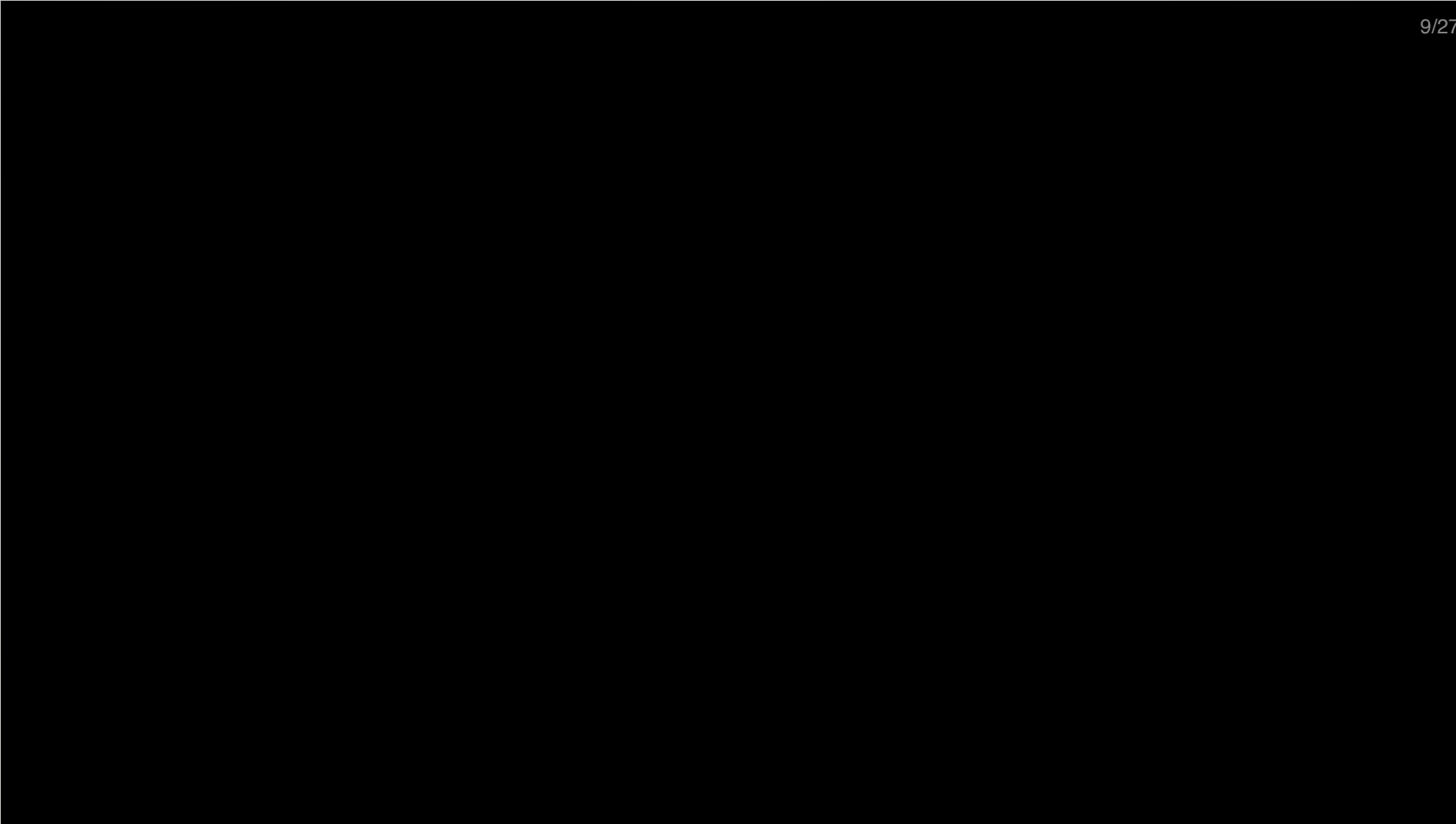
NYSANA - COMMITTEES

- NYSANA – Committees
 - Awards
 - Bylaws
 - Educational Districts
 - GRC
 - Finance
 - Nominating
 - PAC
- Professional Practice
- Programs
- Publications
- Public Relations
- Student Liason
- AANA programs

MILITARY CRNA

- Nurses first provided anesthesia on the battlefields of the American Civil War
- World War I, nurse anesthetists became the predominant providers of anesthesia care to wounded soldiers on the front lines
- Today, CRNAs have full practice authority in every branch of the military and are the primary providers of anesthesia care to U.S. military personnel on front lines, navy ships, and aircraft evacuation teams around the globe.

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ASSOCIATION OF VETERAN'S AFFAIRS NURSE ANESTHETISTS- AVANA

- In 1973, twenty-six (26) VA CRNA's created AVANA
- <https://www.vacrna.com/about-avana>
- 1100 Certified Registered Nurse Anesthetists (CRNAs)

ANESTHESIA ASSISTANTS

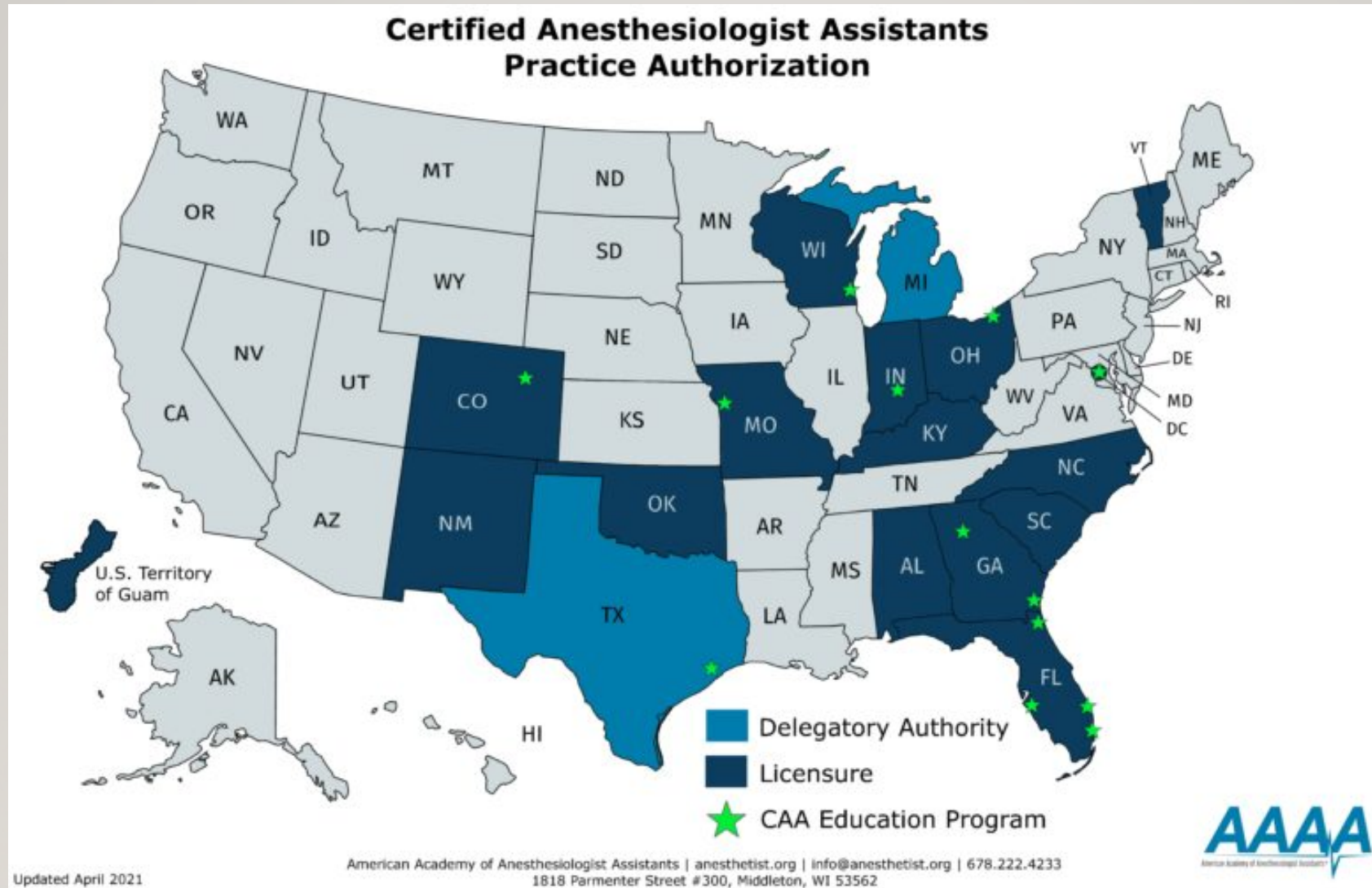
- State's 2021-22 legislative session
 - General Assembly is expected to consider legislation that would license anesthesiologist assistants (AAs) for the first time in Pennsylvania.
- AAs can only practice in 13 states plus the District of Columbia
- Required to be directly supervised by an anesthesiologist
- Rural areas - ACCESS to CARE

ANESTHESIOLOGY ASSISTANTS

- 1960's - Drs. Gravenstein, Steinhaus, and Volpitto
- "Responsibility and immediate care of the patient must remain within the province of the anesthesiologist; consequently, personnel could not work independently but only under the immediate direction of an anesthesiologist. An advantage in manpower for the anesthesiologist would result, as he could provide attention to several patients with the proper employment of the anesthesia team, described above."
- AA at Emory – Master of Anesthesiology Program
- BSN degree in pre-med followed by Master's degree with anesthesia training
- Clinical training not a prerequisite
- 2000 clinical hours, 63 didactic

1,800 practicing in the US salary \$132,000 – \$201,000

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ANESTHESIOLOGY ASSISTANTS

- Anesthesiologist assistants DO NOT improve patient safety or enhance care.
- Anesthesiologist assistants DO NOT reduce health-care costs, but instead contribute to costlier care models.
- Anesthesiologist assistants DO NOT improve access to anesthesia services or address critical care shortages

The word "QUESTIONS" is written in a bold, white, sans-serif font with a slight 3D effect. It is centered on a white rectangular background. Surrounding the text are numerous overlapping squares in various shades of blue and green, creating a dynamic, abstract graphic. The squares vary in size and opacity, some appearing as solid colors while others are semi-transparent, allowing the text and other squares to be seen through them.

QUESTIONS