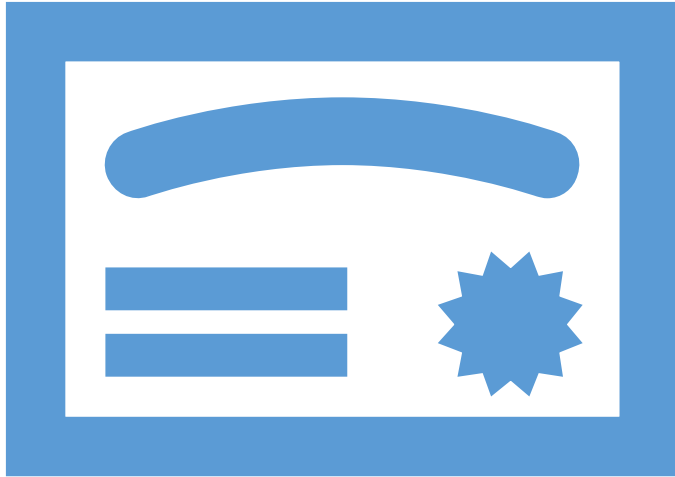


Practicing Medicine
...without the Degree



A Brief Overview

- In SC APRNs, with the exception of CRNAs, “work with and support.”
- CRNAs are “under supervision.”
- 2021-2022 Session SC had two bills filed to remove the term “supervision” from CRNAs.
 - Senate Bill 639
 - House Bill 3682

Challenges



- **Senate:**
 - **Senator's husband is a CRNA**
 - **CRNA lobbyist asked Senate Committee for a hearing to keep her job.**
 - **Lead Senator on Committee is against us on marijuana**
- **House medical committee pro-CRNA**
 - **Sub-Committee changes**
 - **Inability to vote count**

What is the statutory relationship between a Physician and a CRNA (Nurse Anesthetist) in each of the fifty states and the District of Columbia?

Not every state uses the same word to describe the relationship between the MD and the CRNA.

45 States and the District of Columbia use one of the following terms to describe the physician responsibility of CRNAs.

1) Physician Direction 2) Physician Direction & Supervision 3) Supervision 4) When Ordered by Physician 5) Discretion of Physician or Physician Responsibility 5) Collaboration with Physician

Alabama	Michigan
Arizona	Minnesota
Arkansas	Mississippi
California	Missouri
Colorado*	Nebraska
Connecticut	New Jersey
District of Columbia	New Mexico
Idaho	New York
Illinois	Nevada
Indiana	North Carolina
Iowa	North Dakota
Hawaii	Ohio
Florida	Oklahoma
Georgia	Oregon**
Kansas	Pennsylvania
Kentucky	Rhode Island
Louisiana	South Carolina
Maine	South Dakota
Maryland	Tennessee
Massachusetts	Texas
Michigan	Vermont***
Minnesota	Virginia
Mississippi	Washington
Missouri	West Virginia
Nebraska	Wisconsin
New Jersey	Wyoming

States with Independent Practice or No Specified Physician Relationship

Alaska
Delaware
Montana
New Hampshire
Utah

• **Debunk argument that other states have no supervision.**

- **Distinguish on patient care.**

- **Examples of what cannot be done.**

- **Pain control and narcotics**
- **Complications after anesthesia**

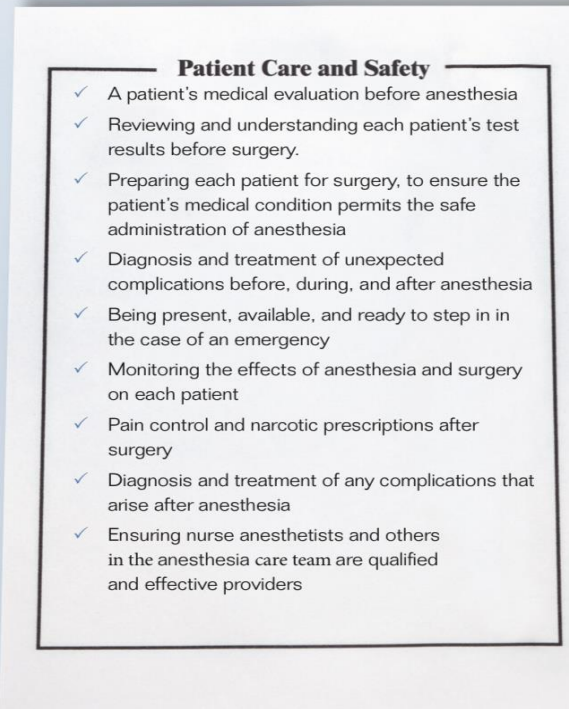
The truth about House Bill 3682.

South Carolina's common sense requirement for physician supervision of nurse anesthetists is critically important for patients.

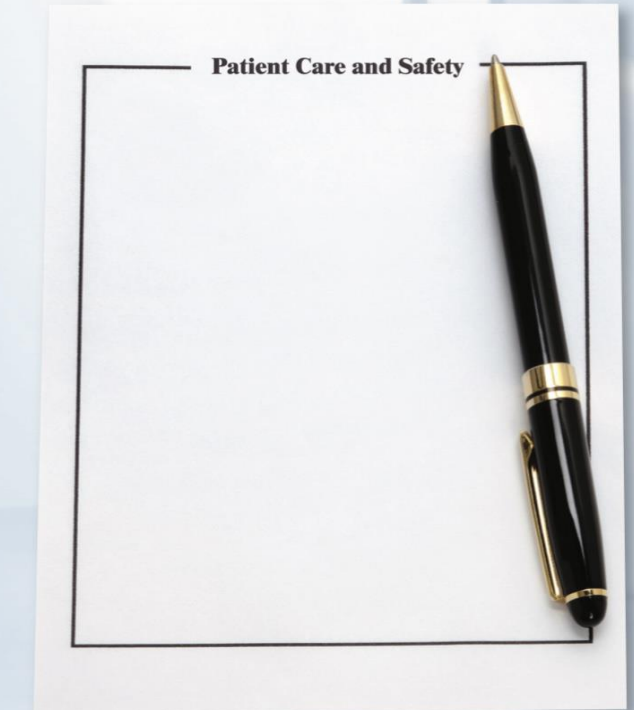
Those pushing **House Bill 3682** say having a physician supervise anesthesia care is not important for patients. They call safety an "Old Argument," "Unnecessary," little more "than a signature on a form."

They are wrong! Physician supervision of anesthesia care is about putting patients first.

Today in South Carolina, physician supervision in delivery of anesthesia means a trained physician is responsible for:



In South Carolina under House Bill 3682, in delivering anesthesia to a patient, a physician's supervision would be required for:



Physician supervision of anesthesia is not just about "a signature on a form."

It is an issue of life or death. Patients depend on access to physicians.

**Find CRNAs who subsequently went
to medical school.**

Testimony and letters.





State Nursing Board Involvement

- Nursing Board made a motion to remind CRNAs they can only use the title certified registered nurse anesthetists pursuant to 40-33-20(19) in both written and verbal communications.
- FOIA copy of minutes to publicize.

**Partner with your
state Society of
Anesthesiologists...
but don't forget to
ask your state
specialty societies
to join the fight.**

We are writing collectively to emphasize our deep concern that such legislation, if enacted, would pose a significant threat to patient safety and quality of care. While physicians respect and value CRNAs as members of the patient care team, they do not have the breadth and depth of training and experience that physicians have, especially anesthesiologists. South Carolinians deserve the highest possible quality of care, and continued physician supervision and direction of CRNAs ensure that level of care.

As you may recall, this same legislation was debated last session in subcommittees in both the House and Senate. After extensive testimony and discussion, the bills did not move forward in either body.

Thank you for your consideration of the concerns of the South Carolina physician community as a whole. We respectfully urge you to oppose H.3682.

Sincerely,

Allergy, Asthma and Immunology Society of South Carolina
South Carolina Academy of Family Physicians
South Carolina Academy of Anesthesiologist Assistants
South Carolina Chapter of the American Academy of Pediatrics
South Carolina Chapter of the American College of Emergency Physicians
South Carolina Chapter American College of Surgeons
South Carolina Society of Emergency Medicine Physicians
South Carolina Society of Anesthesiologists
South Carolina Medical Association
South Carolina Obstetrical & Gynecological Society
South Carolina Orthopaedics Association
South Carolina Society of Emergency Medicine Physicians
South Carolina Society of Ophthalmology
South Carolina Society of Otolaryngology
South Carolina Society of Plastic Surgeons
South Carolina Gastroenterology Association



Physician Presence at the Statehouse

Provide examples of
the CRNA laws in states
your legislative body
tends to copy.

“Safety in numbers”

Great resources from the American Society of Anesthesiologists And the AMA

Physician Anesthesiologists Made for This Moment

PHYSICIAN ANESTHESIOLOGISTS HAVE SUPERIOR EDUCATION AND TRAINING – SOME THINGS JUST DON'T COMPARE

Physician anesthesiologists have almost five times the hours of clinical training and nearly double the education of nurse anesthetists. There is no comparison. A nurse cannot replace a physician in the critical moments that matter most.

Who do you want protecting your life in an emergency?

Category	Physician Anesthesiologists	Nurse Anesthetists
Education	Up to 14 years total	5-7 years after high school
Training	12,000 hours to 16,000 hours	2,500 hours

Nearly 2 times the years (Education comparison)
Almost 5 times more clinical training (Training comparison)

Learn more
www.asahq.org/madeforthismoment

1061 American Lane | Schaumburg, IL 60173-4973 | (847) 825-5586 | Fax: (847) 825-1692
905 16th Street, NW | Suite 400 | Washington, D.C. 20005 | (202) 289-2222 | Fax: (202) 571-0384
www.asahq.org/madeforthismoment

American Society of Anesthesiologists

sting California more in the long run due to overutilization of d
escribing, and improper specialty referrals by undertrained NP

or example, one study in the *Journal of the American College o*
-ray utilization for Medicare beneficiaries from 2003 to 2015 four
among nonphysicians, primarily NPs and physician assistants.

Moreover, the bill offers false solutions for California. **Data shows 1**
NPs to practice independent of physician supervision, nurse practi
or practice in underserved or rural areas. By contrast, states that su
seen greater increases in the number of primary care physicians an

"In discussing the future of health care access in California, we must
lower training standards," Ted Mazer



How did it end?