ARIZONA CAPITOL TIMES

# Freeing CRNAs from doctor supervision good for patients, hospitals

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To increase health care access and decrease cost, government should get out of the way and empower proven health care professionals to do their jobs. We are practicing Certified Registered Nurse Anesthetists (CRNAs, or Nurse Anesthesiologists) and we know that removing burdensome regulations can be the difference between Arizonans having access to a critical surgery or suffering due to delays and high costs. That's why there is such broad support for Gov. Doug Ducey's decision to opt-out of a high-cost, low-value federal supervision requirement for CRNAs. His evidence-based decision is good for Arizona patients and hospitals.

In Arizona, CRNAs have practiced without supervision for nearly a century and consumers have benefited from the (often intense) competition between CRNAs, physician anesthesiologists, and Dentist Anesthesiologists (DAs). We welcome competition, and competition drives down costs – and that's why it's unsurprising that physician anesthesiologists raise concerns. Their "safety concerns" aren't based in evidence – they're based in guild protection.

Henry Sargent

CRNAs are proud members of America's most trusted profession. Given that position of trust, we want to address three relevant issues: safety, education, and cost in anesthesiology.

Safety: All three anesthesia providers (physicians, CRNAs, and DAs) receive high-quality training and decades of research has consistently demonstrated no difference in patient outcomes across the professions. The jury's verdict is in: no question can be legitimately raised about the safety of CRNA practice.

Education: Physician anesthesiologists have a longer educational pathway and have the broadest scope of services. However, CRNAs also have years of education in anatomy, physiology, and pharmacology, along with nearly 10,000 hours of clinical training, and by 2025, all program graduates will earn a doctoral degree. Inaccurate characterizations of CRNA clinical preparation ignores the thousands of CRNAs who practice independently every day, especially the CRNAs who are the sole providers of care for our military on forward surgical teams throughout the world.

Cost: While anesthesia insurance payments may be the same at times, these payments usually do not cover the actual costs associated with the service and hospitals must subsidize their anesthesia teams – this means pulling dollars from other essential patient care services. On average, physician anesthesiologists demand twice the salary of a CRNA. To manage their costs

and best serve their communities, hospitals need choice and flexibility in forming their anesthesia teams – not unnecessary government regulation.

Joseph Rodriguez

Given the flexibility and choice, many hospitals are moving toward the collaborative anesthesiology team, CAT, model. The CAT can be made of CRNAs, MDs, or frequently both. Under this model, all anesthesia providers are free to use all their skills to the benefit of patients. Both provider types practice independently, but none of us practice in isolation. We always function as part of a team, focused on our patients. The competing "anesthesia care team" – the physician-supervised anesthesia model supported by many physician anesthesiologists – is costly, duplicates services, and is prone to fraud. While some hospitals may choose to utilize this model, not a single state mandates this model of care, as it would immediately threaten anesthesia services in many communities and strain already burdened hospitals.

The risk of hospital closures isn't theoretical. We've seen it nationally and in Arizona. And while physician anesthesiologists tend to practice in affluent urban areas, CRNAs are the primary anesthesia providers in most of rural Arizona and urban hospitals primarily serving Arizona Medicaid patients. In fact, we practice where physician anesthesiologists decided to leave due to low compensation. We don't make judgements about those choices, but we do fill the gaps and ensure ALL Arizonans have access to life-restoring surgical services. Opt-out makes this easier. Meeting these needs may not be important to everyone, but it's important to us and it's important to patients who bear the burden of higher costs, travelling far distances, or extended wait times for surgery.

We are far from alone in our support of Ducey's decision to opt-out of federal supervision regulations. Arizona hospital CEOs, surgeons, and even physician anesthesiologists have voiced their support. Nationally, an array of third-party experts including the Institute of Medicine, the Physician Fellows of The Goldwater Institute and the Cato Institute, the Center for American Progress, AARP, and the Federal Trade Commission support opt-out and the patient benefits it brings. And recent polling demonstrates strong support from the public with nearly 75% of U.S. adults supporting advanced nursing professionals practicing without outdated physician oversight.

Now more than ever, the solution is clear: all health care professionals should be utilizing all their skills to benefit patients. That is why policies like opt-out are backed by the public, researchers, and third-party experts. That is why 20 Democratic and Republican governors across the country (including nearly all states in our region) have made the decision to opt-out. And that is what patients deserve: an accessible, affordable health care system in which providers are not focused on turf, but focused on patients.