STATE OF NEBRASKA

DEPARTMENT OF HEALTH

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M E M O R A N D U M

TO: Senator Don Wesely, Chairman
Health and Human Services Committee

FROM: Gregg F. Wright, M.D., M.Ed.
Director of Health

DATE: September 18, 1990

SUBJECT: Recommendations Regarding the Proposal for a Change in CRNA Scope of Practice

Summary:

The Certified Registered Nurse Anesthetists (CRNAs) of Nebraska proposed a change in their scope of practice that would eliminate the requirement that nurse anesthetists must be supervised by licensed physicians.

According to the procedures of the Nebraska Credentialing Review Program, a technical committee was appointed to study the proposal. After reviewing the proposal and holding a public hearing on the issue, the technical committee voted 5 to 1 that the proposal met the criteria required by the statute.

The Board of Health appointed a subcommittee to study the issue and the technical committee report. This sub-committee recommended against the proposal. The Board of Health by a seven to five majority recommended against the proposal at its May 21, 1990, meeting.

The Department of Health has reviewed the application, the technical committee report, the transcript of the public hearing, and the issue in general, and has decided to recommend against approval of the proposal.

Background:

The applicant group attempted to demonstrate that there is harm to the public inherent in situations where physicians are liable for what CRNAs do. The applicants have stated that some physicians are reluctant to work with CRNAs for fear of being

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held liable for the actions of any CRNAs that they might be supervising. The applicants have argued that this reluctance on the part of physicians to work with CRNAs has had the effect of limiting the public's access to the services of CRNAs, a situation that the applicants see as being particularly problematical in rural areas of Nebraska where there are few anesthesiologists. The applicants were concerned that this situation could seriously limit the public's access to good anesthesia care in these areas.

Discussion:

This report will focus on whether or not the applicant group has successfully demonstrated that there are problems inherent in the current liability situation of CRNA practice, and if so, whether or not this proposal would address these problems. In order to discuss these related issues, this report will be organized around the following five questions:

(1) Has the applicant group demonstrated adequately that physicians are reluctant to work with CRNA's because of liability concerns?

My review of information from the technical committee and Board of Health on the proposal did not reveal significant support for the applicant group's statements concerning the reluctance of physicians to work with CRNAs. The evidence presented by the applicant group consisted of one example and several allusions to comments that some physicians supposedly made about CRNAs. No evidence was presented that the lack of independent practice by CRNAs was a significant factor in the quality or extent of care rendered by surgeons in Nebraska.

The information from the review process revealed that the extent to which physicians are actually liable for what CRNAs do is not always easy to ascertain. In light of this, the current proposal presents a highly simplistic picture of the CRNA-physician relationship in Nebraska.

2) Is there potential for harm inherent in the proposal?

There is potential for harm in this proposal. Those aspects of the proposal that would allow CRNAs to work in dental and podiatric offices are a source of potential harm. These offices are not adequately prepared to support the administration of general anesthesia, which is the type of anesthesia that would require the skills possessed by a

CRNA. Most dental and podiatric offices limit themselves to the provision of local anesthesia. Although one dentist and one podiatrist supported the proposal, the full discussion of this issue at the Board of Health meeting made it clear that this is not an area where the need for change is widely perceived.

Secondly, the proposal would threaten to fragment the health care system vis-a-vis surgical procedures by creating artificial distinctions between "nurse anesthesia" and "medical anesthesia". There is no such distinction in actual practice. Anesthesia care is inextricably interwoven with patient care, and physicians must remain responsible for the overall management of all aspects of patient care, including anesthesia.

3) <u>What benefits would the general public derive from the proposal?</u>

The information from the review process indicates that the current proposal would not change the way anesthesia care is provided in hospitals or physicians' offices in Nebraska. It is unclear what the proposed "independent practice" for CRNAs outlined in the application would mean in the context of the actual provision of anesthesia services in a surgical situation.

Those aspects of the proposal dealing with possible CRNA services in dental and podiatric offices are not necessary for the protection of public health and welfare because, as was mentioned earlier, these offices have not demonstrated a great need the services of CRNAs.

4) <u>Would the proposal improve access to good quality anesthesia care in rural areas of Nebraska?</u>

The applicant group stated that establishing independent practice for CRNAs would lead to an increase in the number of CRNA individuals practicing in Nebraska, and that this would indirectly improve access to anesthesia services for rural Nebraskans. However, it is not at all clear that the proposal would increase the availability of CRNAs in rural areas. The proposal might actually result in a decrease in the availability of CRNAs in these areas because independent practice might encourage CRNAs to seek out the more lucrative urban markets of Lincoln and Omaha rather than practice in rural areas.

Some supporters have argued that the proposal would lead to more surgeries being performed in rural hospitals because CRNA services would be more fully utilized in these hospitals. Supposedly, fewer patients would be transferred to Lincoln and Omaha hospitals from rural hospitals for surgery if the proposal were approved. However, no evidence was provided during the review indicating that CRNA services are currently not being utilized fully in rural hospitals. Also, no convincing evidence was presented indicating that the proposal would have any impact on the number of patients transferred from rural hospitals to Lincoln and Omaha hospitals for surgical procedures.

No evidence was provided to demonstrate that CRNA-related issues had anything to do with such transfers.

5) Would the proposal be more cost-effective than the current situation?

No convincing evidence was presented that would demonstrate that the proposal would be more cost effective than the current practice situation of CRNAs. There is the possibility that the "unbundling" of costs associated with the provision of CRNA services that would result from the proposal might actually result in an increase in the cost of these services. Testimony presented at the public hearing indicated that CRNA fees are not necessarily lower than those of anesthesiologists in situations where CRNAs have provided independent services.

Summary and Concluding Remarks

The applicants have not demonstrated that there is a problem in the provision of anesthesia services anywhere in Nebraska. As the review process progressed it became clear that the proposal would not alter the way general anesthesia is provided in hospital settings, and that therefore, the proposal would provide very limited benefit to the public.

The dental and podiatric dimensions of the proposal also fail to demonstrate that there is a problem inherent in the current situation as regards anesthesia care in these offices. This aspect of the proposal might actually harm the public rather than benefit the public.

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