

## Illinois State Medical Society (ISMS)

### **Oppose Removing Important Patient Safety Protections Reject Efforts to Allow Nurse Anesthetists to Provide Care Independent of Physicians**

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Illinois physicians respectfully request your “NO” vote on HB 2813, a bill which would eliminate the important patient safety requirement by allowing certified nurse anesthetists (CRNAs) to provide care, including the delivery of anesthesia, independent of physicians.

The delivery of anesthesia is unlike any medical service. It is a complex, high- risk service whereby life threatening complications can present quickly. The delivery of anesthesia, as well as pain management is considered CRITICAL CARE, not primary care, and has its own set of complications.

When adverse events arise, they require immediate medical attention by physicians to prevent serious injury or death. Unlike primary care, there are NO SECOND CHANCES in anesthesia and pain management care.

While the laws regulating CRNAs differ from state to state, it is important to note that **forty-five states and the District of Columbia** require physician supervision, collaboration, direction, consultation, agreement, accountability, or discretion over CRNAs.

The Department of Veterans’ Affairs battled this very issue in 2016. After an enormous outpouring of opposition to independent practice of nurse anesthetists, the VA specifically excluded CRNAs from its final rule granting ARPNs independent practice.

**HB 2813 will not improve access to critical care services.**

As perioperative physicians providing medical care to patients throughout the surgical experience, anesthesiologists and other physicians are intimately aware of the challenges associated with providing surgical care in rural areas. Patients have had access to appropriate anesthesiology care. Medicare patient safety requirements for Illinois mandate supervision by an operating physician or physician anesthesiologist. An operating physician is present during the procedure to supervise the nurse anesthetist and provide medical input into the care of the patient before, during, and after surgery. Simply put, there is no aspect of removing the supervision requirement that improves patient access to anesthesia care.

The differences in education and training between an anesthesiologist and nurse anesthetist are dramatic. To prepare for the split- second decision-making required to medically address life and death emergencies, anesthesiologists undergo 14 years of formal post-graduate medical education and residency training. An anesthesiologist’s advanced medical training allows for better management of complications, thereby decreasing the severity of such complications, and leading to fewer negative outcomes.

Patient safety must be the driver behind any modification to our health care laws. Nearly all states require nurse anesthetists to practice with kind of supervisory or collaborative agreement as part of a patient’s health care team.