

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 02.2019-32
(A-19)**

Introduced by: Tripti Kataria, M.D. and A. Jay Chauhan, D.O., ISMS Members

Subject: Anesthesia Care

Referred to: Governmental Affairs Council

1 Whereas, anesthesia and pain management constitute the practice of medicine;
2 and

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4 Whereas, undergoing surgery with anesthesia care is one of the most acute
5 settings in medicine; and

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7 Whereas, due to the critical nature of surgery and the ongoing physiologic and
8 metabolic changes that occur during surgery there is limited time to react; and

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10 Whereas, certified nurse anesthetists only require 2,000 clinical hours with
11 minimal case requirements, education that can be satisfied in part by “simple models
12 and simulated experiences, while physician anesthesiologists have 12,000-16,000
13 clinical hours of education in addition to having the broad background of medical
14 school; and

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16 Whereas, the Chicago Medical Society and Illinois State Medical Society believe
17 that the physician should be the head of the care team; and

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19 Whereas, physician anesthesiologists prevented 6.9 excess deaths per 1,000 cases
20 in which an anesthesia or surgical complication occurred, according to the Silber study
21 in anesthesiology¹; and

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23 Whereas, nurse anesthetists are seeking independent practice without any
24 physician involvement (surgeon, proceduralist or anesthesiologist), which can place
25 patients at increased risk of adverse events due to no physician involvement in their
26 anesthesia care; therefore, be it

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28 RESOLVED, that the Illinois State Medical Society reaffirm that it opposes and
29 will lobby against any legislation that seeks to expand the scope of practice including
30 independent practice of nurse anesthetists.

References:

¹ Silber JH, Kennedy SK, Even-Shoshan O, Chen W, Koziol LF, Showan AM, Longnecker DE. Anesthesiologist direction and patient outcomes. *Anesthesiology*. 2000;93(1):152–63.

Fiscal Note:

N/A

Existing ISMS policy related to this issue:

Only physicians licensed to practice medicine in all its branches are qualified to prescribe or administer eye medication for therapeutic purposes and services. ISMS vigorously opposes any legislative attempt in Illinois to allow non-physicians to prescribe or use medications other than approved topical agents used for diagnosis. (HOD 1987 Amended; Last BOT Review 2010)

Board of Trustees agreed to support proposed legislation for certified registered nurse anesthetists which would amend four separate acts: the Ambulatory Surgical Treatment Center Act and the Hospital Licensing Act by providing requirements for clinical privileges; the Medical Practice Act of 1987 by inserting a provision regarding collaboration between an anesthesiologist or physician and a certified registered nurse anesthetist; and the Nursing and Advanced Practice Nursing Act by providing that, beginning January 1, 2000, the Advanced Practice Nursing Board shall be composed of seven registered nurses instead of nine. It eliminates from the Board the two registered nurses representing advanced specialty practice and includes a certified registered nurse anesthetist in the definition of “advanced practice nurse” and in the provision providing qualifications for advanced practice nurses. It provides an exception for certified registered nurse anesthetists from the requirement of a written collaborative agreement with a collaborating physician and provides guidelines under which certified nurse anesthetists must practice. It also provides that no person shall use the title “Certified Registered Nurse Anesthetist” or “CRNA” without meeting the requirements of the Act, imposes additional requirements for the four advanced practice nurses and three physicians who comprise the Advanced Practice Nursing Board and repeals a section of the Nursing and Advanced Practice Nursing Act creating the Joint Committee on Licensure of CRNAs. (BOT 1999-FEB)

Board of Trustees authorized the chair to submit to IDFPR (formerly IDPR) for consideration an alternative draft rule governing the provision of anesthesia services by CRNAs in office-based surgery, which calls for advanced cardiac life support certification by the physician and the CRNA, reasonable levels of continuing medical education related to anesthesia during each three year medical licensure cycle, and a phase-in period for physicians engaged in office-based surgery to meet the new requirements. These minimum standards should be re-visited at regular intervals (three years or less) to assure their efficacy in protecting patient safety. (BOT 2001-FEB)

Physicians licensed to practice medicine in all its branches remain the primary entry point for the care of patients with hearing impairment. (HOD 1977; Last BOT Review 2010)

It is the policy of ISMS to: (1) make its professional knowledge and expertise available to any component society, to citizen groups, and to government, state or local, if a bona fide effort to increase access, in those areas where it is a problem, can be demonstrated; (2) support the use of properly and adequately educated and trained nurse practitioners and physician's assistants, provided that (a) the supervision by a physician(s) is guaranteed and that same physician(s) retains the responsibility for the medical care rendered by the nurse practitioner or physician's assistant; and (b) that the number of physician's assistants for whom any one physician is designated as the supervising physician is no more than two, and (c) that the nurse practitioner and physician's assistant should be within the same medical service area as that physician; and (3) support efforts to increase the number of primary care physician, nurses, and other needed paramedical personnel who are educated, trained, and/or available to locate in Illinois. (HOD 1991; BOT Revised 2002-APR; Last BOT Review 2012)

ISMS supports physician oversight of advanced practice nursing care by reaffirming the Guidelines on the Relationship of Physicians and Nurse Practitioners in an Integrated Practice; and believes that physicians should directly collaborate with not more than five full- or part-time APNs, realizing that such factors as geographic location, scope of the physician's practice, complexity of patient populations, volume, and experience/training of the physician must be taken into account. (HOD 2011)

A nurse practitioner is defined either: as a nurse who has received a master's degree in nursing from a National League of Nursing accredited master's program and has passed a certifying examination administered by a nationally recognized professional or nursing specialty board; or, as a nurse who has practiced as a nurse practitioner for at least ten years prior to 1997 and has passed a certifying examination administered by a nationally recognized professional or nursing specialty board. (HOD 1996; Last BOT Review 2010)

ISMS declares its firm opposition to interstate licensure compacts or processes that supersede individual state licensure requirements for advanced practice registered nurses. (HOD 2018)