

October 18, 2024

District of Columbia Department of Health
Office of the General Counsel
Attn: Panravee Vongjaroenrat
Senior Assistant General Counsel
2201 Shannon Place SE, 4th Floor
Washington, DC 20020

Re: District of Columbia Proposed Regulation 3969

Dear Mr. Vongjaroenrat:

On behalf of the physician and medical student members of the American Medical Association (AMA), I write in response to the District of Columbia's Department of Health "Notice of Proposed Rulemaking" concerning Proposed Regulation 3969. Specifically, I write to express the AMA's strong opposition to language that would allow a certified registered nurse anesthetist to use the title "nurse anesthesiologist." The AMA objects to this language because DC statute preserves the word and term "anesthesiologist" to those authorized to practice medicine (DC Code Section 3-1210.03(g)). In addition, allowing certified registered nurse anesthetists to use the term "nurse anesthesiologist" is misleading and confusing to patients.

First, per DC Code, the word and term "anesthesiologist" is unequivocally reserved for those authorized to practice medicine. Section 3-1210.03(g) of the DC Code states, "unless authorized to practice medicine under this chapter, a person shall not use or imply the use of the words or terms 'physician,' 'surgeon,' 'medical doctor,' 'doctor of osteopathy,' 'M.D,' 'anesthesiologist,' 'cardiologist,' 'dermatologist,' or ... any similar title or description of services with the intent to represent that the person practices medicine." (DC Code 3-1210.03(g)). This is very clear; only those licensed to practice medicine may use the word or term "anesthesiologist." Therefore, the language in proposed regulation 3969, which would allow nurse anesthetists to use the term "anesthesiologist" in their title, directly conflicts with existing law and should be removed from the proposed regulation.

Second, not only is this language prohibited by existing law, but it is also misleading and confusing to patients. Anesthesiology is a physician specialty, and the title "anesthesiologist" has always been used solely by physicians. This makes sense and is therefore already codified in DC Code 3-1210.03(g) as discussed above. Similarly, the terms "nurse anesthetist," "certified registered nurse anesthetist," and "CRNA" are commonly understood to refer to individuals who have attained this title by completing the education, training, and licensure required for advanced registered nursing as a certified registered nurse anesthetist. Even the certifying body and accreditation organization for certified registered nurse anesthetists use the terms "nurse anesthetist," "certified registered nurse anesthetist," or 'CRNA.' We believe that allowing certified registered nurse anesthetists to use the term "anesthesiologist" in their title muddies the water and will create unnecessary confusion for patients.

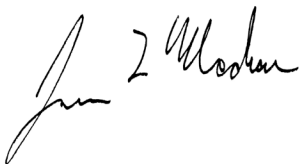
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As the various types of health care professionals continue to increase, it is no surprise that there is often confusion among the public about who is providing health care. **Despite the increased confusion, the good news is that patients do recognize the distinction between the terms “anesthesiologist” and “certified registered nurse anesthetist.”** In fact, in our recent study looking at patients’ understanding of who is providing their care, 70 percent of patients said an “anesthesiologist” was a physician and 71 percent identified a “nurse anesthetist” as not being a physician. In our view, patients clearly understand that “anesthesiologists” and “certified registered nurse anesthetists” are two different types of providers on the health care team, and this is a very good thing. This is particularly important given the greater role that patients are expected to play in their health care decision-making. Our mutual goal should be to provide more clarity and transparency, not less.

Finally, it is undeniable that there is a clear difference in the education and training of anesthesiologists and certified registered nurse anesthetists. Anesthesiologists complete four years of medical school plus a four-year residency, including 15,000 hours of clinical training, while certified registered nurse anesthetists complete two to three years of graduate level education and approximately 2,600 hours of clinical training during their certified registered nurse anesthetist program. Given this stark difference, patients have the right to clearly understand who is providing their medical care. Yet if passed without changes, the language in the proposed regulation would create unnecessary and problematic confusion. Given patients clear understanding of who is who, when it comes to “anesthesiologists” and “certified nurse anesthetists,” this proposed regulation is creating a solution to a non-problem and more critically, muddying the health care waters unnecessarily.

For these reasons, we respectfully request that you strike language from Proposed Regulation 3969 that would allow certified registered nurse anesthetists to use the title “nurse anesthesiologist” as this provision is in direct conflict with existing DC law, would cause unnecessary confusion among patients, and does not further the health, safety and public welfare of the people of DC. If you have any questions, please contact Kimberly Horvath, Senior Attorney, AMA Advocacy Resource Center, at kimberly.horvath@ama-assn.org. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD

cc: Medical Society of the District of Columbia