



JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

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October 10, 2019

Russell S. Barron, MBA
Executive Director
Idaho Board of Nursing
280 N 8th St, #210
Boise, ID 83702

Re: Idaho Board of Nursing Consideration of the Title “Nurse Anesthesiologist”

Dear Mr. Barron:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I write to express our **strong opposition** to the Idaho Board of Nursing (IBN) consideration of the use of the title “nurse anesthesiologist” or “certified nurse anesthesiologist” for Idaho Certified Registered Nurse Anesthetists (CRNAs). The AMA believes there is an increased need for clarity and transparency in health care today. Allowing CRNAs to refer to themselves as “nurse anesthesiologists” is both misleading and confusing and does not further the IBN’s mission to protect the health, safety and public welfare of the people of Idaho.

With the proliferation of health professionals with varying levels of education and training, it is more important than ever for the titles used by members of the health care team to be easily recognizable by patients. Anesthesiology is a physician specialty and the title “anesthesiologist” has always been used solely by physicians. There is much confusion among the public today about who is providing one’s health care, **yet patients recognize the distinction between the terms, anesthesiologist and nurse anesthetist**. In fact, in our recent study looking at patient 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 nurse anesthetists are two different types of provider on the health care team and this is a very good thing, as patients are required to make more of their own health care decisions.

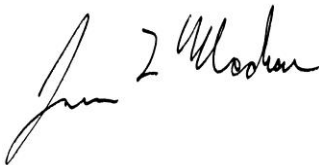
We believe that allowing CRNAs to use the term “anesthesiologist” in their title will create unnecessary confusion for patients. As you are aware, “certified registered nurse anesthetist” is the common term used across the country to refer to CRNAs. Moreover, even the certifying body and organizations overseeing CRNAs all use the term “nurse anesthetist.” Allowing CRNAs to use the term “nurse anesthesiologist” does not provide much needed clarity or transparency.

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Instead, it muddies the water. This is concerning because we are in a time when patients are being expected to play a greater role 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 CRNAs. Patients have the right to know who is providing their medical care. While the AMA agrees there is a need for increased transparency and clarity in who is providing health care, we strongly disagree that CRNAs referring to themselves as “nurse anesthesiologists” serves this purpose. Instead, the change is misleading and will do nothing other than confuse patients. For these reasons, we strongly urge you to put patients at the center of this debate and not authorize CRNAs to refer to themselves as “nurse anesthesiologists.”

Sincerely,

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

James L. Madara, MD

cc: Beth Martin, MD, President, Idaho Medical Association
Susie Pouliot, Chief Executive Officer, Idaho Medical Association