

March 15, 2019

Ms. Kathleen M. Kidder, APRN
Chair, New Hampshire Board of Nursing
Office of Professional Licensure and Certification
121 South Fruit Street, Suite 102
Concord, NH 03301

Dear Ms. Kidder:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I write to express our **strong opposition** to a “Position Statement” issued by the New Hampshire Board of Nursing (NHBON) allowing Certified Registered Nurse Anesthetists (CRNAs) to use the term “nurse anesthesiologists” as a communications tool and optional descriptor. 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 NHBON’s mission to protect the health, safety and public welfare of the people of New Hampshire. No other state in the country allows CRNAs to use the term “nurse anesthesiologists.” We are concerned that doing so in New Hampshire is counterproductive and will only serve to unnecessarily confuse the public.

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. 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.

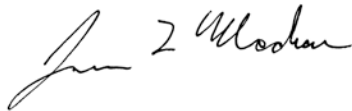
We believe that allowing CRNAs to use the term “anesthesiologist” in their title will create unnecessary confusion for patients. As you are aware, “certified registered nurse anesthetist” is the common term used across the country to refer to CRNAs. There is no other state in the country that allows CRNAs to refer to themselves as “nurse anesthesiologists.” 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 clarity or

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transparency. 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 more than confuse patients more than they already are. For these reasons, we strongly urge you to put patients at the center of this debate and reconsider your position statement allowing CRNAs to refer to themselves as “nurse anesthesiologists.”

Sincerely,

A handwritten signature in cursive script, appearing to read "James L. Madara".

James L. Madara, MD

cc: James Potter, Executive Vice President, New Hampshire Medical Society
Georgia A. Tuttle, MD