

January 31, 2020

Mr. Danny Scalise, II, MBA, MPH, CPH  
Executive Director  
West Virginia State Medical Association  
P.O. Box 4106  
Charleston, WV 25364-4106

Re: West Virginia H.B. 4356 - **Oppose**

Dear Mr. Scalise:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I appreciate the opportunity to express our opposition to House Bill (H.B. 4356). This bill would allow certified registered nurse anesthetists (CRNAs) to practice without physician supervision. West Virginia is one of 45 states that require some level of physician involvement in anesthesia care. H.B. 4356 sets a dangerous precedent by allowing CRNAs to provide anesthesia services without direct physician supervision. The “cooperative” language in H.B. 4356 is woefully inadequate and substantially weakens the parameters currently in place in West Virginia law to protect the safety of patients. Maintaining physician supervision of CRNAs is critical to patient safety. While highly trained individuals and important members of the health care team, CRNAs do not have the education and training to independently provide the safe and assured anesthesia care West Virginia patients have come to expect. For this reason, the AMA strongly encourages West Virginia’s legislature to oppose H.B. 4356—and put the safety of patients first in West Virginia.

**Removing the physician supervision requirements for CRNAs is not in the best interest of patient safety**

Administering anesthesia is the practice of medicine. In fact, when administering anesthesia seconds and millimeters are critical and can be the difference between a patient receiving proper pain relief and a patient who suffers paralysis or even death. CRNAs are valuable members of the health care team. But with only two to three years of education with no residency requirement and approximately 2,500 hours of clinical practice, they are not trained to practice without physician supervision. By sharp contrast, physician anesthesiologists complete four years of medical school plus a four-year residency, including 15,000 hours of clinical training—six times more than CRNAs. Some physician anesthesiologists also pursue additional fellowship training to study and become certified in such subspecialties as pain management, cardiac anesthesia, pediatric anesthesia, neuroanesthesia, obstetric anesthesia or critical care medicine. The extensive education and training of physician anesthesiologists teaches them to immediately recognize, treat and manage issues that might arise during a pre-, intra- or post-operative situation. This level of acumen is born out of physician anesthesiologists’ years of education and training. While CRNAs are highly trained professionals and valued members of the health care team, they do not have the extensive training of a physician to independently provide anesthesia care. Removing physician supervision of anesthesia services lowers the standard of care and jeopardizes patient safety.

Mr. Danny Scalise, II, MBA, MPH, CPH  
January 31, 2020  
Page 2

**Removing the physician supervision requirements for CRNAs will neither improve access to care nor the quality of anesthesia services**

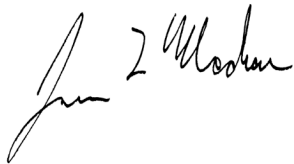
Supporters of the independent practice of CRNAs often claim that rural hospitals do not have anesthesiologists on staff to supervise CRNAs, and that other physicians are unwilling to assume the liability of anesthesia supervision. Surveys indicate that even in the few states that have allowed CRNAs to practice independently, practice habits have not changed between CRNAs and anesthesiologists. Simply put, the challenges that rural patients may have in obtaining access to anesthesia services has not been satisfied by eliminating the important patient safety requirement of physician supervision for CRNA-provided anesthesia care.

The scope of practice of CRNAs should be based on standardized, adequate training and demonstrated competence in patient care, not politics. While CRNAs share an important role in providing care to patients, their skillset is not interchangeable with that of a fully trained physician.

For the reasons outlined above we strongly encourage you to **oppose H.B. 4356**.

Thank you for the opportunity to provide comments. If you have any questions, please contact Kimberly Horvath, JD, Senior Legislative Attorney, AMA Advocacy Resource Center at (312) 464-4783 or [kimberly.horvath@ama-assn.org](mailto:kimberly.horvath@ama-assn.org).

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: Jesse Ehrenfeld, MD, MPH, Chair, AMA Board of Trustees