AMA
AMERICAN MEDICAL ASSOCIATION

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February 26, 2020

The Honorable Kristi Noem
Office of the Governor
State of South Dakota
500 East Capitol Avenue
Pierre, SD 57501

Re: AMA Opposition to South Dakota Senate Bill 50

Dear Governor Noem:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I appreciate the opportunity to express our strong opposition to Senate Bill (S.B. 50). This bill would allow certified registered nurse anesthetists (CRNAs) to provide anesthesia services and chronic pain care without any physician oversight. South Dakota is currently one of 45 states that require some level of physician involvement in anesthesia care. S.B. 50 sets a dangerous precedent, by removing this requirement and allowing CRNAs to provide anesthesia services in collaboration with a physician, dentist, podiatrist, certified nurse practitioner, certified nurse midwife or physician assistant. In addition, S.B. 50 grants CRNAs broad prescriptive authority, including the ability to prescribe opioids and other controlled substances without any physician oversight. Maintaining meaningful physician supervision or collaboration of nurse anesthetists is critical to patient safety. For this reason, **the AMA strongly encourages you to put the safety of patients first in South Dakota and veto S.B. 50.**

The collaborative language in S.B. 50 is woefully inadequate and threatens the safety of patients

Administering anesthesia is the practice of medicine. South Dakota currently requires CRNAs to work as part of a physician directed team when providing anesthesia services. This is the right approach. While CRNAs are valuable members of the health care team, with only two to three years of education, no residency requirement and approximately 2,500 hours of clinical practice, they are not trained to practice independently. 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. This vast difference in education and training is one of the reasons why the AMA supports physician-led team-based care.

A surgeon colleague of mine recently underscored the importance of physician-led teams in anesthesia care and how these policies translate to the operating room. Specifically, he noted that of the 10 to 20 surgeries he performs each week, the CRNA administering the anesthesia calls the anesthesiologist into the operating room at least once a week to help with an unexpected development. Most of the time this is

done out of an abundance of caution, however, there are times when the complication is beyond the CRNAs expertise and the anesthesiologist steps in preventing a potential catastrophic outcome. This is how physician-led teams work. It is anesthesiologists' extensive education and training that 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 nurse anesthetists are highly trained professionals and valued members of the health care team, they simply do not have the extensive training of a physician to independently provide the safe and assured anesthesia care South Dakota's patients have come to expect. S.B. 50 both weakens the definition of collaboration and removes the requirement that CRNAs collaborate with a physician, allowing CRNAs to collaborate with health care professionals who have no advanced training in anesthesia care. This is empty oversight, essentially allowing CRNAs to practice independently. **Removing physician collaboration of anesthesia services lowers the standard of care and jeopardizes the safety of patients in South Dakota.**

S.B. 50 would also allow CRNAs to prescribe powerful opioids without any physician oversight

S.B. 50 would allow CRNAs to "prescribe, procure, administer, and furnish pharmacological agents in connection with anesthesia practice or pain management, including over the counter, legend, and controlled drugs or substances listed on Schedule II." The legislation specifies CRNAs must collaborate with another health care professional when engaging in chronic pain practice. Again, the definition of "collaborate" is inadequate in allowing a CRNA to meet this definition by communicating or consulting with a physician or "any licensed health care professional." A very broad net—including many professionals who do not even have the authority to independently prescribe these powerful drugs. Our nation is in the midst of an opioid epidemic which continues to have a devastating effect across the country. We urge you to consider this fact before expanding prescriptive authority to yet another health care professional. We have made considerable progress in stemming opioid prescribing with every state seeing a decrease in opioid prescribing over the last five years. Let us continue making progress by being more judicious in who can prescribe opioids by supporting physician-led team-based care.

S.B. 50 will not improve access to care

Supporters of expanding CRNA scope of practice 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-led team care.

Patients want physicians leading their health care team

Patients overwhelmingly want a coordinated approach to health care with a physician leading their health care team. According to a patient survey conducted by the AMA, 91 percent of respondents said that a physician's years of education and training are vital to optimal patient care, especially in the event of a complication or medical emergency. Patients overwhelmingly believe only physicians should provide the services S.B. 50 would allow CRNAs to perform. For example, 83 percent of patients said only a MD or DO should write prescriptions for complex drugs, including those that carry risk of abuse or dependence

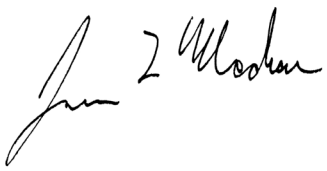
and 78 percent said only a MD or DO should administer and monitor anesthesia levels and patient condition before and during surgery.

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. S.B. 50 goes too far in allowing CRNAs to perform anesthesia services and chronic pain care without any physician oversight, putting the health and safety of patients in South Dakota at risk.

For the reasons outlined above we strongly encourage you to veto S.B. 50.

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.

Sincerely,



James L. Madara, MD

cc: South Dakota State Medical Association
Jesse M. Ehrenfeld, MD, MPH