

January 19, 2022

Kevin Bohnenblust
Executive Director
Wyoming Board of Medicine
130 Hobbs Avenue, Suite A
Cheyenne, WY 82002

Dear Mr. Bohnenblust:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I appreciate the opportunity to provide comments as you evaluate the Department of Health's request for input on whether to opt out of the federal physician supervision requirement for certified registered nurse anesthetists (CRNAs) under 42 CFR 482.52. While the AMA understands the opt-out would be limited to small hospitals with less than 25 beds, **the AMA encourages the Wyoming Board of Medicine to oppose the opt-out proposal as it is not in the best interest of the patients of Wyoming and would not impact access to care in these hospitals. The AMA believes maintaining physician supervision or collaboration of CRNAs is critically important for the safety of patients in Wyoming.**

The AMA believes patients benefit most when all members of the care team work together and that physicians are uniquely qualified to lead the care team. Physician-led team-based care is particularly important in a surgical setting when anesthesia is administered, which increases a patient's risk for complications. While CRNAs are highly trained professionals and valuable members of the health care team, with only two-three years of graduate-level education, no residency requirement, and approximately 2,500 hours of clinical practice, they are not trained to practice independently. By sharp contrast, physicians complete four years of medical school plus a three-seven-year residency/fellowship, including 10,000-16,000 hours of clinical training and experience. This additional education, training, and experience gives physicians the skills to expertly handle the unexpected--which is what makes physicians uniquely qualified to lead all aspects of the health care team. In hospitals without anesthesiologists, it is appropriate for the surgeon to supervise a CRNA as is currently the case in many small hospitals in Wyoming. This is also consistent with current Wyoming law that recognizes the importance of physician-led care, including in critical access hospitals wherein every patient must be under the care of a physician or mid-level practitioner supervised by a physician.

The AMA is concerned that removing physician supervision of anesthesia services, as would happen if Governor Gordon moved forward with the opt-out, has the potential to lower the standard of care and jeopardize patient safety. While we are aware of and recognize the unique and multi-faceted challenges facing health care in small towns and rural areas, particularly since rural residents are on average older, sicker, and less likely to have health insurance, the AMA believes all patients deserve care led by a physician. The AMA is concerned the proposed opt-out would create a two-tiered system and further exacerbate existing problems facing the rural health care system. However, there are viable and proven solutions to improve rural health care including increased utilization of telehealth, which can connect patients, physicians, and other health care professionals to specialists in a way that was not previously

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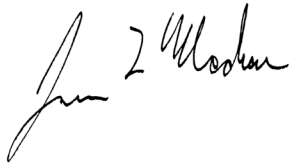
available. Additionally, the AMA continues to work hard on increasing the number of physicians practicing in small towns and rural areas, starting with increasing the number of pathway programs targeting rural students and other efforts to recruit and retain rural physicians. Much more work needs to be done, but the current opt-out proposal takes Wyoming in the wrong direction.

Finally, the AMA does not believe moving forward with the opt-out will improve access to care in hospitals with 25 or fewer beds. Governors who have chosen the opt-out 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. Not surprisingly, surveys indicate that post opt-out, CRNA practice habits have not changed. 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 oversight for CRNA-provided anesthesia care.

For the reasons outlined above, we strongly encourage you to recommend **not** moving forward with and fully rejecting the opt-out for anesthesia services in Wyoming. All patients deserve care led by a physician, especially the more vulnerable, sicker, and complex patients often seeking care in small hospitals and rural areas. 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,

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: Wyoming Medical Society