

August 8, 2019

The Honorable Phil Bryant
Office of the Governor
State of Mississippi
P.O. Box 139
Jackson, MS 39205

Dear Governor Bryant:

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 whether to opt-out of the federal physician supervision requirement for certified registered nurse anesthetists (CRNAs) under 42 CFR 482.52. The AMA strongly encourages you **not** to move forward with the opt-out as it is not consistent with state law and is not in the best interest of the patients of Mississippi. Maintaining physician supervision or collaboration of nurse anesthetists is critical in maintaining patient safety. These points are discussed in further detail below.

Opting out of the physician supervision requirements for CRNAs is not consistent with state law

Mississippi is one of 45 states that require CRNAs to practice with physician supervision or collaboration. In fact, Mississippi, requires all advanced practice registered nurses (APRNs)—including CRNAs—to practice in a collaborative/consultative relationship with a physician or dentist and within the framework of a standing protocol or practice guidelines, as appropriate. (Miss. Code § 73-15-5 (4)). CRNAs must practice according to board-approved practice guidelines that address pre-anesthesia preparation and evaluation; anesthesia induction, maintenance, and emergence; post-anesthesia care; peri-anesthetic; and clinical support functions. (Miss. Code § 73-15-20(7)(d)). Like all APRNs in Mississippi, CRNAs must be able to communicate reliably with a collaborating/consulting physician. (Miss. Code § 73-15-20(7)(b)). Mississippi law is clear. CRNAs may not practice without a collaborative/consultative relationship with a physician or dentist, a board-approved protocol and board approved practice guidelines. (Miss. Code § 73-15-20(3)).

Opting out of 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 can be the difference between life and death; proper pain relief; and paralysis. 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 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. The extensive education and training of

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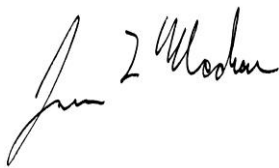
physician anesthesiologists teaches them to immediately recognize, treat and manage issues that might arise during a pre-, intra- or post-operative situation. This level of acumen is born out of physician anesthesiologists' years of education and training. While nurse anesthetists are highly trained professionals and a valued member of the health care team, they do not have the extensive training of a physician to independently provide the safe and assured anesthesia care Mississippi's patients have come to expect. Removing physician supervision of anesthesia services lowers the standard of care and jeopardizes patient safety.

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

Governors who have chosen the opt-out, and other 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 post opt-out, 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.

For the reasons outlined above we strongly encourage you **not** to move forward with the opt-out. 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: Claude Brunson, MD
Michael Mansour, MD