



Certified Registered Nurse Anesthetists (CRNAs) Physician Supervision Creates a Layer of Unneeded, Unnecessary and Unproductive Bureaucracy That Helps No One

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WHAT WOULD SUPERVISION ACCOMPLISH?

Patients are NOT better protected: There is no difference in patient outcomes in states that require supervision and states that do not. Patient outcomes are the same whether anesthesia is provided by a CRNA, an anesthesiologist-supervised CRNA, or an anesthesiologist. Therefore, requiring supervision by a physician who has no special education in anesthesia will certainly not improve patient safety, nor better protect patients.

Rural healthcare suffers: CRNAs are the sole anesthesia providers in 74 Texas counties. Requiring obstetricians and surgeons to supervise CRNAs would further burden the ever-decreasing number of physicians practicing in rural Texas. Physician supervision language creates liability for surgeons and obstetricians working with CRNAs where there currently is none. Supervisory language exacerbates an already critical problem being experienced by rural hospitals, and will force closure of some, thereby reducing access to health care.

Choice is minimized: Under current law, medical staffs and hospital administrators have CHOICES that maximize healthcare productivity. A surgeon may supervise a CRNA if the surgeon chooses, and a facility may require physician supervision if the medical staff chooses - but they are not forced to do so. Thus current law gives hospitals the local control and flexibility they need to address their staffing needs.

Costs will increase: Adding physician supervision language not only removes CRNAs' legal authority to practice as they have for nearly 150 years, it also leads to a perception that CRNAs are incapable of providing anesthesia services without supervision. Ultimately, it discourages physicians from working with CRNAs that are not supervised by anesthesiologists and leads to monopolies by anesthesiologists. Such anti-competitive forces inflate healthcare costs.

There is no need for this change: Physician supervision has never been part of the Texas Medical or Nursing Practice Acts. In fact, 30 states, including Texas, do NOT require physician supervision, and 15 states have already opted out of the CMS supervision requirement for CRNAs. The Center for Medicare and Medicaid Services would not allow states to opt out of the supervision requirement as a condition for participation in the Medicare program if supervision improved patient safety.

REMEMBER!

Patients are not better served: Outcome studies fail to support the need for physician supervision.

Supervision is about money and market share: Attempts to get language in the Medical Practice Act mandating physician supervision of CRNAs is not about patient safety. It is a way for anesthesiologists to solidify an economic advantage in the marketplace.