

Governor's move promotes anesthesia patient safety

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What's the news: Mississippi Gov. Phil Bryant has decided against opting out of Medicare's physician-supervision requirements for certified registered nurse anesthetists (CRNAs).

In announcing his decision, Bryant cited an AMA statement that "maintaining physician supervision or collaboration of nurse anesthetists is critical in maintaining patient safety."

Why it matters for patients and physicians: Anesthesiologists must complete four years of medical school followed by a four-year residency, while CRNAs have two to three years of education and no residency requirement. Physicians undergo 15,000 hours of clinical training, while CRNAs have 2,500 hours.

Federal law allows governors to opt out of Medicare physician-supervision requirements for hospitals, critical access hospitals and ambulatory surgical centers. But first governors must consult with state boards of medicine and nursing and determine whether opting out of the supervision requirement is consistent with state law and in the best interest of the state's patients.

Bryant received nearly 1,000 pieces of correspondence on this issue, but none convinced him that opting out of the federal requirement would be consistent with Mississippi laws requiring CRNAs to have a "collaborative/consultative relationship" with physicians.

CRNA organizations argue that removing the supervision requirement will increase access to anesthesia services in rural and other underserved areas. In a letter to Bryant, AMA Executive Vice President and CEO James L. Madara, MD, cited surveys showing practice habits between CRNAs and anesthesiologists had not changed in states that had opted out of the federal supervision requirement.

"Simply put, the challenges that rural patients may have in obtaining access to anesthesia services"

have not been met “by eliminating the important patient safety requirement of physician supervision for CRNA-provided anesthesia care,” Dr. Madara wrote.

“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,” he added. “Removing physician supervision of anesthesia services lowers the standard of care and jeopardizes patient safety.”

Many other organizations weighed in to urge that Bryant maintain the supervision requirements, including the state medical board, the American Society of Anesthesiologists, American Osteopathic Association, American Psychiatric Association, Mississippi Osteopathic Medical Association, Mississippi State Medical Association, Mississippi Society of Anesthesiologists, Mississippi Academy of Family Physicians, and Mississippi Academy of Eye Physicians and Surgeons.

What’s next: Administering anesthesia is the practice of medicine and the AMA will oppose any attempt to diminish this principle. The governors of 17 other states have opted out of the Medicare physician-supervision requirements for CRNAs.

Long-standing policy calls for the AMA to work with state medical societies to “vigorously inform all state governors and appropriate state regulatory agencies” of the AMA position that physician supervision is required for CRNAs for anesthesia services in Medicare participating hospitals, ambulatory surgery centers, and critical access hospitals.