On behalf of our patients, the New York State Society of Anesthesiologists, Inc. (“NYSSA”), a medical society consisting of approximately 3,650 physicians specializing in the field of anesthesiology, strongly opposes this bill which would, if enacted, deleteriously lower the standard of safe anesthesia care in New York State.

This legislation fails to define the nurse anesthetist scope of practice consistent with the current and long-standing New York State physician-led anesthesia care model standard, a standard of care which has significantly improved anesthesia outcomes in surgical procedures over the last twenty years and to which compromises have been repeatedly rejected by the New York State governmental leaders.

The designation of the title certified registered nurse anesthetist without defining the scope of practice, consistent with the physician-led anesthesia care model, will create ambiguity and confusion with respect to the roles of the physician-anesthesiologist and the nurse anesthetist in the operating room where life-saving medical decisions must be made within seconds. This confusion should be avoided at all costs because the patient is powerless during surgery to advocate for him/herself.

Physician-Anesthesiologists:

- Are directly involved in the vast majority of anesthetics delivered each day in New York State.
- Are educated to diagnose and treat diseases in all patients regardless of age, severity of disease, or medical condition.
- Are available during preoperative and postoperative times to provide treatment (including pain management).
- Function as their patient’s primary care physician in the operating room, PACU, and intensive care units.

Preserving safe anesthesia requires defining the roles of the physician-anesthesiologist, operating physician, and nurse anesthetist consistent with the physician-led anesthesia care model.

- The operating room is a unique environment where life-saving medical decisions must be made within seconds. That is why existing New York State standards mandate

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the physician-anesthesiologist and/or operative physician accept medical responsibility for
the surgical patient undergoing anesthesia.

- 89% of New Yorkers want only a physician to administer anesthesia or respond to
anesthesia emergencies during surgery, according to a TeleOpinion Research poll
conducted in March 2016.

**Nurse anesthetists have recognition in Article 28 Facilities.** A stated purpose of the bill is to
create the title of “Certified Registered Nurse Anesthetist” (CRNA) to distinguish nurse
anesthetists from registered nurses who have not been certified to administer anesthesia;
however, the New York State Health Code Section, Health, Chapter V, Medical Facilities,
Subchapter C, State Hospital Code, §700.2 (22), provides explicit recognition and a definition of
a Certified Registered Nurse Anesthetist.

As such, in Hospital and Ambulatory Surgical Centers only a licensed Registered Nurse satisfying
the requirements established by the New York State Health Department are eligible to be afforded
privileges to administer anesthesia.

In Office-Based Surgical Centers, accreditation guidelines recognize nurse anesthetists, not
licensed Registered Nurses, as an authorized anesthesia provider.

S1385/A0442 (Gallivan/Paulin)

Senate:
- Sponsor: GALLIVAN
- Co-sponsors: FUNKE

Assembly:
- Sponsor: PAULIN
- Co-sponsors: GOTTFRIED, GUNThER, JAFFEE, PRETLOW, ARROYO, FAHY,
SKARTADOS, ZEBROWSKI, McDONOUGH, McKEVITT, CROUCH, RAIA, COOK, QUART,
STECK, SKOUFIS, WOERNER, HARRIS

- Multi-sponsors: CRESPO, GARBARINO, HIKIND, HOOPER, KEARNS, LUPARDO,
SIMON

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