

MEDICAL SOCIETY
of the
STATE OF NEW YORK

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MEMORANDUM IN OPPOSITION

**IN SENATE HIGHER
EDUCATION COMMITTEE**

S.5435 (COONEY)

**AN ACT to amend the education law, in relation to
certified registered nurse anesthetists**

This bill would create the title of "certified registered nurse anesthetist" in New York State, and enable Nurse-Anesthetists to administer anesthesia without adhering to the existing requirement that a physician-anesthesiologist be physically present and immediately available to supervise the nurse anesthetist. **The Medical Society of the State of New York opposes this legislation and urges that it be defeated.**

This proposal would render null and void the longstanding standards of anesthesia care (the physician led anesthesia care team) established over 30 years ago by the New York State Department of Health for the delivery of anesthesia. It would eliminate the requirement that, in all medical treatments requiring anesthesia, either the physician-anesthesiologist or the operative surgeon must supervise and accept the responsibility for the nurse anesthetist. Under this proposal physician supervision of the nurse anesthetist would be discretionary and introduces an untested and ambiguous standard to make a determination whether a case is sufficiently "complex" to require physician supervision. If physician supervision is not imposed, nurse anesthetists would be permitted to administer anesthesia independently under a collaborative relationship. Patient safety could be jeopardized.

We cannot stress enough that the operating room is a unique healthcare environment. If a patient undergoing anesthesia develops life-threatening complications, immediate medical intervention is required which will not be accomplished by a collaborating physician who is not required to be immediately available or present, as proposed. Anesthesiologists have graduated from four years of medical school, completed 3-8 years in residency and fellowship training, and will have spent between 12,000-16,000 hours treating patients before practicing as specialists in their field. Independent studies have concluded that the odds of an adverse outcome are 80% higher when anesthesia is provided only by a nurse anesthetist as opposed to a physician anesthesiologist. Adverse outcomes lead to higher costs for patients in both monetary and physical terms when patients require longer stays in hospitals. Therefore, any suggested cost savings from this proposal is illusory.

Based on the foregoing, the Medical Society of the State of New York opposes this measure and urges that it be defeated

Respectfully Submitted,

4/16/21

MMA- Oppose

MSSNY DIVISION OF GOVERNMENTAL AFFAIRS