



## Medicaid Redesign Team

### Workforce Flexibility / Scope of Practice Workgroup

#### Proposal Information Sheet

**Proposal Number and Short Name:** #53 - Certified Registered Nurse Anesthetist (CRNA) Scope of Practice

**Proposal Author:** New York State Association of Nurse Anesthetists (NYSANA)/Contact: Bogdan, Lasky & Kopley, 111 Washington Ave, Suite 750, 518-434-9000 (phone) email: dfrazier@blklobby.com

**Problem Statement/Description:** New York lacks formal recognition and uniform standards for the practice of nurse anesthesia. CRNAs have been providing anesthesia care in this state and the US for over 150 years. CRNAs are master's-prepared, advanced practice nurses who hold nationally recognized certification. They safely administer 32 million anesthetics annually in the U.S, practicing in every clinical setting and are the main anesthesia providers in most rural hospitals and to the U.S. Military. New York's failure to afford CRNAs licensure creates barriers to practice, ignores innovation and artificially inflates costs. It limits access to care and results in treatment delays causing unnecessary burdens to practitioners and needless suffering for patients. This current position is neither practical nor realistic given advancements in technology and changes in societal health care demands.

**Proposal Description:** Adopt uniform standards of practice and recognition of CRNAs through regulation or administratively through licensure consistent with other advanced nursing specialties.

#### Benefits of Proposal:

- Anesthesia delivered by CRNAs alone is the most cost-effective anesthesia delivery model and it is the only model that generates net revenue for hospitals.<sup>1</sup>
- Allows hospitals the flexibility to transform patient care in a manner that is consistent with current state and federal reform initiatives to address healthcare workforce shortages.
- Enables facilities in medically underserved areas to offer surgical, obstetrical, trauma stabilization and pain management to vulnerable populations, including those in hospitals in impoverished urban centers, critical access hospitals (CAHs) in rural areas and regions with a limited supply of specialized providers.
- Further ensure competent and accountable providers, improve access to quality, cost-effective care and better meet the comprehensive health care needs of New York's population now and into the future.

#### Impact on Stakeholders:

- Given the growing demand for surgical and interventional procedures especially for an aging population, removing practice restrictions on CRNAs' clinical abilities and barriers of entry into the workforce helps the health care delivery system better respond to market conditions by lowering shortages and allowing for proper workforce planning.
- Surgeons, podiatrists, dentists, obstetricians, and midwives alike who rely on the services of nurse anesthetists to care for their patients every day would benefit from ensuring an adequate supply of anesthesia providers and the continued quality and cost-effective care CRNAs provide.
- Without the right supply of CRNAs, all clinical care settings including tertiary care centers, community hospitals, ambulatory care centers, obstetrical/maternity suites, offices and military bases would not be able to meet the growing anesthesia care needs of the populations they serve - from neonatal to geriatrics.



### Impact on Quality of Care:

- CRNAs provide high-quality, cost-effective, safe anesthesia care to all patients they serve.
- CRNAs practice in every care setting, personally administering all types of anesthetic techniques including: general anesthesia, monitored anesthesia care, and regional anesthesia including spinal, epidural, and pain management techniques.
- Research data has demonstrated that there is no difference in the quality of care or patient outcomes when anesthesia services are provided by CRNAs, anesthesiologists or CRNAs supervised by physicians.<sup>iiiiiiivvvvii</sup>

### Impact on Medicaid Costs and Efficiency:

- Cost containment, minimization of redundancies and maximization of federal dollars through an alignment of NY's policies with Medicare, most managed care, public and private health plans, as well as 38 state Medicaid programs that directly reimburse CRNAs for their services.
- Cost reduction because CRNAs are generally salaried, their compensation is less than anesthesiologists, and they often receive no overtime pay but still provide the same identical set of anesthesia services.

**Implementation Complexity:** Low. NYS Education Department has approved the curricula and classification of the NYS Nurse Anesthesia graduate educational programs and has recognized the nationally established requirements for certification and recertification. Requires no additional state resources.

**Required Approvals:** Administrative Action: Yes – Additional licensure from State Education Dept.

Statutory Change: No; State Plan Amend: No; Federal Waiver: No

**Implementation Timeline:** **Short term.** The New York State Education Department is well positioned and agreeable to implement licensing of CRNAs immediately, if so directed. The framework and infrastructure for license, education, professional standards, discipline, and accountability are already in place.

**Concerns Regarding the Proposal:** Anesthesiologists are concerned with: advanced practice nursing education vs. medical school; altering current practice arrangements and implementing changes to the NYS DOH's Codes, Rules & Regulations.

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<sup>i</sup> Hogan, P.F., Seifert, R.F., Moore, C.S., Simonson, B.E. (2010). Cost Effectiveness Analysis of Anesthesia Providers. *NURSING ECONOMICS*, 28(3), 168.

<sup>ii</sup> Needleman, J., Minnick, A.F. "Anesthesia Provider Model, Hospital Resources, and Maternal Outcomes." *Health Services Research*. November 2008. DOI:10.1111/j.1475-6773.2008.00919x.

<sup>iii</sup> Simonson, D.C., Ahern, M.M., Hendryx, M.S. (2007). "Anesthesia Staffing and Anesthetic Complications During Cesarean Delivery." *Nursing Research*, 56, 9-17.

<sup>iv</sup> Pine, M., Holt, K.D., Lou, Y.B. (2003). "Surgical Mortality and Type of Anesthesia Provider." *AANA Journal*, 71, 109-116.

<sup>v</sup> Forrest, W.H. "Outcome- The Effect of the Provider." In: Hirsh, R, Forrest, WH, et al., eds. *Health Care Delivery in Anesthesia*. Philadelphia: George F. Stickley Company. Chapter 15. 1980: 137-142.

<sup>vi</sup> Bechtoldt, Jr, A.A. (1981). "Committee on Anesthesia Study. Anesthetic-related Deaths: 1969-1976." *North Carolina Medical Journal*, 42, 253-259.

<sup>vii</sup> Dulisse, B., Cromwell, J. (2010). No Harm Found When Nurse Anesthetists Work Without Supervision By Physicians. *Health Affairs*, 29(8), 1469-1475.