MEASURE: SB 630
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SUBMITTED BY: Dr. Shawn DeRemer

AANW
Anesthesia Associates Northwest, LLC

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Madame Chair and members of the Senate health care committee

My name is Dr Shawn DeRemer, I am the Executive Medical Director of Anesthesia Associates Northwest (AANW) at 6400 se Lake Rd. suite 130 Portland, Oregon 97222. I am a board certified anesthesiologist residing and practicing in the state of Oregon. I am here before you today in order to urge you to oppose Senate Bill 630. I believe this legislation is unnecessary, will increase the cost of anesthesia care to our patients, and is politically motivated by those opposed to CRNA practice. I am adamantly opposed to this bill for the following reasons:

ANESTHESIOLOGISTS SEEK TO SUPPLANT CRNA'S WITH AA'S

The American Society of Anesthesiologists (ASA) and the Oregon Society of Anesthesiologists (OSA) intend to supplant certified registered nurse anesthetists (CRNA's) with lesser skilled providers (Anesthesia Assistants) or (AA's) who are clinically and financially dependent and under the direct control of anesthesiologists.

As one might imagine, anesthesiologists are eager to maintain the relatively monopolistic position they have historically attempted to engender within the anesthesia market from a patient access and financial perspective. By establishing, and promoting Anesthesia Assistants they hope to undermine and/or curtail independent CRNA practice in the market place. Endorsing SB 630 (Anesthesia Assistant practice in Oregon) has significant implications relating to CRNA practice in Oregon. This legislation will increase the cost of anesthesia care to Oregonians, have a negative net impact on anesthesia access, and denigrate the anesthesia market with a redundancy of less qualified providers.

- AA's cannot practice independently and represent an unnecessary redundancy of providers (anesthesiologist plus AA) caring for a single patient thereby directly increasing cost.

- Because AA's cannot practice without anesthesiologist supervision, AA's do not practice in rural areas where CRNAs are the primary independent providers of anesthesia care. AA's in contrast, can only practice in conjunction with an anesthesiologist directly supervising them, which greatly limits their utilization. As such, AA's are not a functional solution in helping solve considerations of inadequate access to anesthesia care in rural and underserved communities, while their clinical inflexibility prevents them from caring for patients in need of anesthesia intervention in off-site locations within our tertiary care medical centers.

- Anesthesiologists report difficulty with supervision of AA's. The Society of Anesthesiologist reports that even appropriate ratios of anesthesiologists to AA's would result in lapses of supervision during critical portions of anesthetic cases. In a review of 1 year data from a tertiary care hospital, lapses occurred commonly during first-case starts even with a 1:2 supervisory ratio.

- To date there are no peer-reviewed studies in scientific journals relating to the quality of care or anesthesia outcomes on behalf of AA's. AA's are explicitly recognized in only 13 states and the District of Columbia. Louisiana passed legislation that has effectively prohibited AA practice, declaring, "CRNAs receive a much higher level of education and training than do AA's."

- SB 630 encourages a monopolistic market place whereby more cost efficient providers (CRNA's) would be significantly disadvantaged and in jeopardy of being replaced by lesser skilled providers who legally are unable to practice independently.

Finally, Many US states have turned away from Anesthesia Assistants by virtue of their lack of health care experience, abbreviated training, limited scope of practice, increased cost, and an inability to improve patient access across service lines and geographic regions. For the aforementioned reasons this iteration of provider is not a viable option for our nations future anesthesia needs; but rather an ASA initiative driven by a desire to control, and an intent to supplant over a century of vetted high quality care rendered by CRNA's. A valuable anesthesia resource that is neither in short supply nor lacking in willingness to serve our communities in a cost conscious fashion. In fact our collaborative care team model (CRNA/MD Anesthesiologist) can be delivered to this market place at 65% of the cost of MD anesthesia only practices while substantially improving access, efficiency and customer service across all communities and service lines.

In closing I would like to reiterate that as a board certified anesthesiologist I have worked collaboratively with my CRNA colleagues for over17 years under some of the most demanding circumstances the industry has to offer. Our team approach to complex clinical scenarios has continued to exceed the expectations of our patients while yielding quality outcomes that are undisputed in the literature. I implore you to thoroughly consider the impact this potential legislation will have on the practice of our CRNA colleagues who have expertly provided high quality, cost-effective anesthesia care to our state for more than 100 years. Please carefully consider the impact of this bill on the cost, access, and quality of healthcare in our state.

Best Regards,

Shawn M. DeRemer M.D.
Executive Medical Director
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