

Testimony of Christina Cowgill, CRNA
for the Oregon Association of Nurse Anesthetists (ORANA)

Before the House Committee on Health Care

April 22, 2013

In support of SB 210

Chair Mitch Greenlich and Members of the Committee:

My name is Christina Cowgill CRNA, and I am representing the Oregon Association of Nurse Anesthetists, (ORANA). ORANA is the professional association for Certified Registered Nurse Anesthetists (CRNAs) who reside or practice in Oregon. ORANA is the state affiliate of the American Association of Nurse Anesthetists. ORANA consists of over 300 CRNA members, nearly 100% of all CRNA in Oregon.

My testimony today will briefly provide you with information on the educational preparation of CRNAs, the practice of CRNAs and the role of CRNAs in providing office anesthesia services to Oregonians.

CRNA education and licensure:

- An experienced registered nurse (RN) can be accepted into a nurse anesthesia graduate program after a minimum of a year or more of critical care experience. Hands on experience with the intensive pharmacology and life-support techniques is mandatory. Graduate programs are very competitive. Currently, there are 118 graduate programs in the United States.
- CRNAs are educated at a minimum of a Master's level in 24-36 month programs that encompass both academic and clinical study in the specialty of anesthesia. Most programs are converting to a clinical doctorate degree education.
- Each graduate is required to complete a minimum of 550 cases encompassing a wide variety and diversity of anesthesia experiences. Based on recent transcript data the average graduate actually delivers more than 1,700 hours of hands-on clinical anesthesia care for more than 850 individual cases.
- Based on their sophisticated level of knowledge, CRNAs are licensed and certified to practice anesthesia in Oregon by the Oregon State Board of Nursing. In order to obtain initial licensure as a CRNA after completing an accredited Master's level nurse anesthesia program, graduates must successfully write the National Certification Examination for nurse anesthetists.

- CRNA undergo recertification every two years. Recertification requirements include current unrestricted license with the authority to practice nurse anesthesia, documentation of 40 hours of approved continuing education and documentation of substantial engagement in practice of nurse anesthesia for a minimum of 850 hours of practice over the two-year recertification period.

CRNA practice:

- CRNAs are committed to providing access to care quality care, practicing in all geographic areas and serving as the primary anesthesia professionals in rural communities and other medically underserved areas.
- While CRNAs do practice in urban areas, CRNAs have long been the primary anesthesia professionals in rural America, enabling healthcare facilities in these medically underserved areas to offer obstetrical, surgical, and trauma stabilization services.
- In Oregon, CRNAs are the sole providers in a majority of the rural and critical access hospitals throughout Oregon including the following communities: Astoria, Seaside, Lincoln City, Newport, Florence, Reedsport, Coos Bay, Coquille, Bandon, Gold Beach, Grants Pass, Silverton, Lakeview, Redmond, Prineville, Madras, Hermiston, John Day, Burns, La Grande, Enterprise, and Ontario.

Office Anesthesia:

- The office arena is less costly than admissions to the hospital for minor surgeries. Physicians are going to continue to support this model and Oregon has seen a drastic increase in procedures happening in the office.
- For example, in just one women's health office practice located in Portland, in 2012 over 200 surgical cases were performed using the anesthesia services provided by CRNAs. This practice alone has estimated a savings of just over \$1 million in 2012; a savings to health insurers and patients; therefore impacting overall healthcare expenses. (This is based upon average insurer fees for similar procedure done in hospitals or ambulatory surgery center and reported by the practice administrator) Also, the prompt, compassionate care provided to these women in a comfortable, familiar environment does not have a cost savings reflected on a spreadsheet.
- Office-based procedures/surgeries that require anesthesia are accredited by an appropriate accreditation agency recognized by the Oregon Medical Board. The Oregon Medical Board adopted rules pertaining to office practice in 2005; currently and since their introduction in 2005, the rules have defined both anesthesiologists and anesthetists (CRNAs) as the qualified providers of anesthesia in this area.

- CRNAs practicing in offices are held to the American Association of Nurse Anesthetists (AANA) standards of care for all patients in all settings, including the office based practice setting. The AANA has been at the forefront in establishing clinical practice standards, including patient monitoring standards. This standards are consistent with the Oregon Medical Board Rules for Office-based Surgery.
- Reflecting back on legislative documents from 1997 when CRNAs were initially recognized in statute (SB 412, a compromise bill); there are correspondence from former Senators Susan Castillo and Marilyn Shannon. These Senators make it clear that the intent of the 1997 statute was not to restrict or limit the practice of CRNAs and that CRNAs could practice in hospitals, surgical centers or offices in the same manner as they did prior to the passage of SB 412.
- Why was office practice not specifically called out in this compromise bill passage in 1997? This could likely be due to the fact that office practice was not well-regulated at that time. It was not until 2005 that the Oregon Medical Board first adopted rules. However, no one denies that office procedures were being performed in the past and anesthesia has been administered by both CRNAs and anesthesiologists in this setting.

Why passing SB 210 makes sense?

CRNAs have always been a key component of anesthesia services throughout Oregon for a more than a century. Clarification needs to be made to ensure that all Oregonians have access to anesthesia in the office setting.

Passing Senate Bill 210 will recognize, in statute, that CRNAs can indeed practice in the very setting that mandates qualified, skilled anesthesia most. Most offices have only one operating suite and therefore would have less qualified health professionals immediately available, if CRNAs were not present, should an anesthesia emergency arise. CRNAs have the education and experience to provide care for cases requiring sedation and/or general anesthesia.

SB 210 language is mirrored directly after the hospital CRNA Statute (ORS. 678.2345-.285) that has served Oregon anesthesia care well since 1997. SB 210 is not an intent to expand existing scope of practice. It is intended to codify a practice location and clarify any confusion over the statutory silence.

Thank you for this opportunity to provide testimony to you this afternoon.

Please support SB 210.

Respectfully submitted,

Christina Cowgill, CRNA



SUPPORT SB 210: OREGON 2013 REGULAR SESSION

Nurse Anesthetists Clarify Office Practice

The Oregon Association of Nurse Anesthetists (ORANA) has been advised to pursue legislative language to clarify Certified Registered Nurse Anesthetists' (CRNAs) authority to practice in office practices settings.

Current Oregon CRNA statute specifies guidelines for how CRNAs to follow when practicing in an ambulatory surgical center and hospital, but is silent on office practice settings.

Both prior to and after passage of the Oregon CRNA statute, CRNAs have practiced in every setting in which anesthesia and analgesia are required, including the office setting. Examples of office settings where CRNAs practice would include offices of dentists, podiatrists, ophthalmologists, plastic surgeons and women's care providers.

Legislative history is quite clear that the silence in statute was not intended by legislators to restrict CRNA practice settings, however, the statute has not been revisited in 15 years and needs to be revisited to specifically specify the ability of CRNAs to practice in an office setting.

CRNAs are an important part of anesthesia delivery in Oregon, especially in our medically-underserved rural and frontier communities.

CRNAs safely deliver anesthesia services in all types of facilities and should continue to do so.

SB 210 would clarify in statute their ability to perform services in the same locations and in the same manner they do today.

