My name is Mark Gilbert. I am a medical doctor (MD) practicing anesthesiology in Clackamas Oregon. I have been licensed in the state since 1991. I have practiced as a locum tenens, solo practitioner, and now as a member of a multi-specialty group using the Anesthesia Care Team model when providing anesthesia. I am a past president of the Marion Polk County Medical Society, past chairman of the Oregon Medical Association's Community Health Committee, Disaster Preparedness Task Force, and member of the OMA legislative committee. I represented the OMA on the state preparedness committee for H1N1, and in a Northwest Health Foundation sponsored health impact assessment of the Gilbert-Powellhurst neighborhood. While I am a practicing anesthesiologist, I consider myself a physician who has the interests of all Oregonians when I review a situation. That is why I came to speak against the measure SB210. I am concerned about the potential for unravelling the safety of Oregonians who may not be aware of the changes proposed in this legislation.

Anesthesiology has been repeatedly acknowledged as a leader in the area of patient safety. This is not a recent development. Anesthesia physicians have led on innovation that produced the safety record for anesthesia that so many folks in our state accept as the standard. They include doctors such as Virginia Apgar, who gave us the scoring system for rapid assessment of newborn babies; Drs Janeway, Macintosh, Magill, and Jackson, who gave us laryngoscopes and intubations for general anesthesia that lowered traditionally accepted high rates of morbidity and mortality before their contributions. The medical specialty of anesthesiology gave us the proper dosing of current and historically critical medications such as pentothal to safely induce the state of anesthesia(Dr Ralph Waters), as well as the careful monitoring of patient condition during the conduction of anesthesia (Dr John Severinghaus).

These giants of anesthesia are the doctors upon whose work the tradition of safe anesthesia preparedness and safety were built over the last century. The average Oregonian would not want to remove the physicians whose training led to a world renown record of safety from what the Institute for Safety in Office Based Surgery has called "The Wild West of Healthcare." The Agency of Healthcare Research and Quality reports that "since 2005 only 10% of patient safety studies have been performed in outpatient settings." The authors of this report note that the "safety oversight of office based surgery is often fragmented and disorganized and lacking in clear leadership." I am concerned that SB210 would magnify these concerns by deconstructing the existing leadership structure which having a physician lead the surgical team provides.

When an Anesthesia Care Team model is not available, it is still possible to have a physician or surgeon in charge of the leadership of the surgical or procedural care team. Section 3 of SB 210 specifically states " (1) A certified registered nurse anesthetist may deliver the following services without medical collaboration in connection with a procedure performed in an office:" I just attended an all day conference on Patient Safety this past Saturday. It was attended by CRNAs, surgeons and anesthesiology doctors. It is a core tenant of the safety of surgery that it is best delivered by a team with a leader. This is how Highly Reliable Organizations in air traffic control, air flight, nuclear

power plants, and increasing in medicine are organized. Everything is done "in collaboration," not in isolation.

If we look to the website of the Federation of State Medical Boards, the Oregon Division 17 statutes on Office Based Surgery give us several examples of why a physician leader is critical to patient safety. 847-017-0000 Preamble states " Licensees of the Oregon Medical Board providing office based invasive procedures are accountable for the welfare and safety of their patients." I could not find a section in SB210 that proposes to move CRNA practice under the purview of the OMB.847-017-0010 Section on Patient Safety part (6) states " The governing body of the facility is responsible for providing healthcare providers who have appropriate education and training for administration of moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia. How does SB210 acknowledge that medical collaboration is a required part of the state statute in this respect (oversight by the governing body of the facility)? 847-017-0010 section (5) states "At least one physician who is currently certified in advanced resuscitative techniques appropriate for the patient age group must be present or immediately available with age and size appropriate resuscitative equipment until the patient has met the criteria for discharge from the facility. Since it is currently the practice of most anesthesia services to be responsible for assessing discharge readiness, how will CRNA's acting "without medical collaboration" fulfill the requirement for a physician remaining until discharge readiness is achieved? If the surgeon or proceduralist is the leader of the care team, and works in collaboration with the CRNA, then this requirement is more easily fulfilled by communication among the team members. 847-017-0035 Emergency Care and Transfer " The licensee is responsible for insuring that, in the event of an anesthetic, medical or surgical complication or emergency all office personnel are familiar with a written documented plan for the timely and safe transfer of patients to a nearby hospital. If SB210 is instituted, at what point will the CRNA practicing without collaboration be communicating anesthetic plan, risks, benefits to the physician/licensee? If they are performing the current standard of practice, which includes preoperative checklists, timeouts, and debriefings then are the CRNAs not practicing in collaboration?

Safe delivery of healthcare is a team process. Everyone has a critical and interdependent role to play in the delivery of patient centered medical care. SB210 calls for moving backwards to the "Wild West" of independent practitioners at a time when CRNAs in Anesthesia Care Teams like my own are moving to MORE collaboration, communication, and shared responsibility. I urge your vote against SB210.