

Senate Health Care and Human Services Committee

February 14, 2013

Letters in support of SB 210

from individuals physicians, dentists, practice owners

Adam P. Angeles, MD	Bend	Plastic Surgery
Carl Balog, MD	Portland	Anesthesiologist
Eric Beechley, CRNA	Coos Bay	Practice owner
Jason Bell, MD	Coos Bay	Orthopedics
William Bennet, DPM	Coos Bay	Podiatrist
Jeffery Bert, MD	Coos Bay	Orthopedics
Edward Cherrier, DDS	Portland	Dental
Catherine Crim, MD	Portland	Womens' Healthcare
Shawn DeRemer, MD	Portland	Anesthesiologist
Grant Diggles	West Linn	Practice owner
Roger Epstein, MD	Silverton	Gastroenterology
Aaron Gorin, MD	Tualatin	Cosmetic Surgery
Howard Grattan, MD	Gresham	Pain Specialist
Shawn Hobson, MD	Coos Bay	Orthopedics
Darren Huddleston, DMD	Grants Pass	General dentistry
Lorraine Jesperson	Bend	Practice Manager
Frank Larson, MD	Coos Bay	General Surgery
Oleg Maksimov, MD	Gresham	Pain Specialist
R. Scott Roberst, DDS	Coos Bay	Oral Surgery
Jeffery E. Reddicks, DMD	Tigard	Oral Surgery
Danny A. Sadakah, DMD	Portland	General dentistry
Dan Schriinsky, MD	Portland	Womens' Healthcare
Diane Snyder, RN	Coos Bay	Practice Manager
Gary Vallier, MD	Coos Bay	Orthopedics

SUPPORT FOR SB 210

From: Bryan Boehringer [<mailto:bryan@theoma.org>]
Sent: Tuesday, February 12, 2013 12:08 PM
To: aaron gorin; Courtni Dresser
Subject: Re: SB 210

1062

Thanks, Dr. Gorin. I will make sure your email gets to the leadership. -BRB

Bryan Boehringer
Office of Government Relations
11740 SW 68th Parkway, Suite 100
Portland, OR 97223-9038
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bryan@theoma.org
www.theoma.org
Follow us on Twitter: @ORmedicine



OREGON
MEDICAL
ASSOCIATION

From: aaron gorin <drgorin@gorinplasticsurgery.com>
Date: Tuesday, February 12, 2013 10:26 AM
To: OMA <OMA@theoma.org>, Bryan Boehringer <bryan@theoma.org>, Courtni Dresser <courtni@theoma.org>
Subject: SB 210

OMA,

I was recently made aware that the OMA is actively opposing SB210 regarding CRNA activity outside ASCs or hospitals. I would like to humbly give my input into the current state of CRNAs and my experience with them.

I am a plastic surgeon Board Certified by the American Board of Plastic Surgery. I am also a member of the American Society of Plastic Surgeons, American Society of Aesthetic Plastic Surgeons, American College of Surgeons, Oregon Society of Plastic Surgeons, as well as the OMA. I started practice in 2005 in Tualatin where I have a AAAASF certified Class C surgery suite. I have privileges at Legacy MeridianPark, ProvidenceWillamette Falls, and Tuality. However, I perform 100% of my procedures in my office. I have utilized CRNAs nearly exclusively since I started nearly 8yrs ago.

Having experience with CRNAs as well as MDAs, I can enthusiastically say that the skill sets are essentially identical. In fact, for some specific instances, the CRNAs had a

broader skill set than the MDA. I fully trust all of my CRNAs and, in fact, had no problems when they performed the anesthesia for family members of mine.

I feel that CRNAs are capable of safely delivering anesthesia services in all types of facilities, and should be allowed to continue to do so.

SB 210 would clarify the ability of CRNAs to continue providing anesthesia services in the office setting. Today CRNAs provide anesthesia services in a variety of settings including traditional hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers, the offices of dentists, podiatrists, ophthalmologists, plastic surgeons and women's care providers. The statute should reflect current day practice, specifying their ability to practice in an office setting.

I urge you to support SB 210 so patients in Oregon can continue to receive the high quality services of CRNAs in an office setting.

Sincerely,

Aaron Gorin MD
Plastic Surgeon

FACE AND BODY COSMETIC SURGERY

6464 SW Borland Road, Suite B1
Tualatin, OR 97062

T 503.692.7222 | F 503.692.8914

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Oregon

Member

The American Board
of Plastic Surgery, Inc.

www.GorinPlasticSurgery.com

SUPPORT SB 210

From: Daniel C. Schrinsky, M.D.
Sent: Tuesday, February 12, 2013 4:22 PM
To: 'bryan@theoma.org'; 'courtnei@theoma.org'
Cc: Gwen Dayton (gwen@theoma.org)
Subject: CRNA office surgery

Dr. Boehringer and Ms. Dresser,

I had the opportunity to speak earlier today with Gwen Dayton regarding Senate Bill 210. She and I have communicated about a number of issues over time, one of them being office surgery. We began an office surgery program in 2007 and were voluntarily accredited by the OMA in 2010. We inquired about reaccreditation about 6 months ago, knowing of our February, 2013, expiration, and were notified the OMA no longer offered accreditation. We have just completed the process of successfully certifying our entire practice, including our office surgery program, by the Institute of Medical Quality (recommended by Gwen). In March, 2012, we added the service of CRNA's for the first time.

Women's Healthcare Associates, LLC, is a practice of almost 90 providers in Portland metropolitan area. We do many minor procedures in our accredited procedure suites. Because our expertise is not in anesthesia, we have recognized the need to have educationally prepared and trained anesthesia specialists to provide safe anesthesia services in our offices. The focus of our work in caring for women is the Triple Aim initiative of the Institute for Healthcare Improvement (IHI). The availability of office anesthesia has allowed us to expand our in-office procedures to provide lower cost, quality care, with remarkable patient satisfaction, all goals of the current health care industry.

We currently work collaboratively with CRNA's who are very capable, competent, licensed anesthesia practitioners. They have been a pleasure to work with and our staff and our patients offer compliments regularly about their service, diligence, and competence. Their anesthesia practice and the decisions they make are not controlled, directed or supervised by us. We have been very satisfied with the anesthesia care provided to our patients by CRNA's.

We strongly support their presence in the office setting.

Dan Schrinsky, M.D. | Chief Medical Officer | Women's Healthcare Associates, LLC
World Headquarters | 6600 SW 105th Avenue, Suite 205 | Beaverton, OR 97008
Administrative office * 503-601-3614 | 7503-646-1683
Clinical office * 503-691-3602 | 7503-691-3615
* dschrinsky@whallc.com
www.whallc.com <<http://www.whallc.com/>>

FRANK A. LARSON, M.D., F.A.C.S.

Physician and Surgeon
General, Vascular and Thoracic Surgery
Diplomate of The American Board of Surgery

Member of
NORTH BEND MEDICAL CENTER, INC.
1900 Woodland Drive, Coos Bay, Oregon 97420
(541) 267-5151

February 7, 2013

Christy Cowgill, CRNA
Executive Director
ORANA
PO Box 4444
Salem, OR 97302

Dear Christy Cowgill,

As a general surgeon practicing in Coos Bay for over twenty years, I urge you to support SB 210.

Certified Registered Nurse Anesthetists are highly skilled and educated at the graduate level. CRNA's are an important provider of anesthesia services, especially in medically underserved rural communities like Coos Bay/North Bend and our smaller outlying critical-access facilities in Reedsport, Coquille, Bandon, and Gold Beach; all of which exclusively use nurse anesthetists. CRNA's are capable of safely delivering anesthesia and services in all types of facilities, and should be allowed to continue to do so.

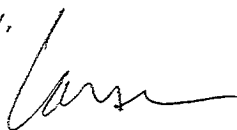
I personally have worked with exceptional CRNA's in all five of these communities.

SB 210 would also clarify the ability of CRNA's to continue providing anesthesia services in the office setting. Today CRNA's provide anesthesia services in a variety of settings including traditional hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers, the offices of dentists, podiatrists, ophthalmologists, plastic surgeons and women's care providers. The statute should be clarified to reflect current day practice, specifying their ability to practice in an office setting. Oregonians need access to quality anesthesia services. At North Bend Medical Center, which is an ambulatory/office based surgery practice, our surgeons exclusively use solo/independent CRNA anesthesia providers.

I urge you to support SB 210 so patients in Oregon can continue to receive the high quality services of CRNA's in an office setting.

CRNA's are the lifeblood of surgery in Oregon!

Sincerely,



Frank A. Larson, M.D.

FAL:bsb

William C. Pierce
President
Carla McKelvey
Immediate Past President
Oregon Medical Association
11740 SW 68th Parkway
Portland, OR 97223
OMA@the OMA.org

cc: Bryan Boehringer
Courtnei Dresser

February. 13. 2013

It has come to my attention that OMA leadership opposes a bill which would codify the practice of Certified Registered Nurse Anesthetists (CRNAs) in office practice settings (SB 210). I am unclear how opposing this legislation benefits members of the OMA ?

Historically nurse anesthetist have provided physicians and dentists high quality anesthesia care in office settings where many anesthesiologists choose not to practice. Opposing this codification of CRNAs may unnecessarily prevent physicians and dentists from offering surgical procedures which require a qualified anesthesia provider. The Oregon Medical Association's "**Standards for Accreditation of Office Based Surgery or Diagnostic Procedures Requiring Conscious Sedation, Major Nerve Block or General Anesthesia**" on page 5, states :

(C) Class C accreditation shall be limited to offices where surgical procedures requiring general anesthesia or major nerve blocks such as epidural or subarachnoid blocks are performed...Anesthesia shall only be administered by an anesthesiologist or a CRNA, who is currently ACLS trained...

As office based surgical procedures continue to increase, restricting the availability of qualified anesthesia providers in office settings is not in the best interest of OMA members. OMA should be supporting SB 210 and I strongly encourage you to drop your opposition to this bill.

Respectfully,



Dr. Carl Balog,
Anesthesiologist
Oregon Pain Associates
527 Se 39th Ave.
Portland, OR 97214

ADAM P. ANGELES M.D.
PHYSICIAN AND SURGEON



BEND PLASTIC SURGERY



PLASTIC & RECONSTRUCTIVE SURGERY
SURGERY OF THE HAND
MAXILLOFACIAL SURGERY
BURN & CANCER RECONSTRUCTION
AESTHETIC SURGERY WOUND CARE

February 11, 2013


As the manager of an AAAASF surgery center, I have worked with both Anesthesiologists as well as Certified Registered Nurse Anesthetists. I can attest that CRNAs are an important provider of anesthesia services to our practice.

CRNAs are not only capable of safely delivering anesthesia services but, in our experience, also add a level of comfort and compassion to our patients overall care. They treat our patients with kindness and respect that is not often found in a "sterile" hospital environment.

I select my providers based on their level of experience, professionalism and general "bed side manner" and have never had anything but a positive experience with the CRNAs that I have worked with. In fact, we have elected to, whenever possible, work exclusively with CRNAs.

It is my understanding that SB 210 would clarify the ability of CRNAs to continue providing anesthesia services in the office setting. Today CRNAs provide anesthesia services in a variety of settings including traditional hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers, the offices of dentists, podiatrists, ophthalmologists, plastic surgeons and women's care providers. The statute should be clarified to reflect current day practice, specifying their ability to practice in an office setting as that plays an important role in the success of our own practice.

I urge you to support SB 210 so patients in Oregon can continue to receive the high quality services of CRNAs.


Lorraine Jespersen
Practice Manager
Central Oregon Surgery Center/Bend Plastic Surgery

2400 NE Neff, Suite B, Bend, OR 97701
Phone: 541-749-2282 Fax: 541-749-2283

William C. Pierce MD, President
Carla McKeivey MD, Immediate Past President

Oregon Medical Association
11740 SW 68th Parkway
Portland, OR 97223
OMA@the OMA.org
Fax: (503) 619-0609

cc: Bryan Boehringer
Courtnei Dresser

February, 13, 2013

Certified Registered Nurse Anesthetists are an important provider of anesthesia services, especial in medically-underserved rural and frontier communities. CRNAs are capable of safely delivering anesthesia services in all types of facilities, and should be allowed to continue to do so.

SB 210 would clarify the ability of CRNAs to continue providing anesthesia services in the office setting. Today CRNAs provide anesthesia services in a variety of settings including traditional hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers, the offices of dentists, podiatrists, ophthalmologists, plastic surgeons and women's care providers. The statute should be clarified to reflect current day practice, specifying their ability to practice in an office setting.

Oregonians need access to quality anesthesia services. The office where I practice regularly uses CRNAs to provide those services. I urge you to support SB 210 so patients in Oregon can continue to receive the high quality services of CRNAs in an office setting.



Dr. Howard Grattan

Columbia Pain and Spine Institute
831 NW Council Dr.
Gresham, OR 97030



Anesthesia Associates Northwest, LLC

February 13, 2013

To all concerned parties:

This correspondence is to urge all interested parties to support SB210 as it applies to CRNA practice in the office setting. I am a board certified anesthesiologist, and an active OMA member. I am also a principal/owner of an anesthesia management firm that presently manages numerous anesthesia practices in the greater Portland Metropolitan region. Our organization currently utilizes the services of anesthesiologists and approximately 43 CRNA's that reside in our community.

Those opposed to CRNA practice have persistently and premeditatedly implied that CRNA's must be "supervised" or limited in certain circumstances, or practice settings when such an arrangement furthers their own professional or fiscal agenda. Such overtures calling for or limitations on CRNA practice typically infer relative clinical inferiority or in some way infer a lack of advance anesthesia skills. Such conjecture could not be further from the truth. I can assure you that CRNA's are competent, highly skilled, experienced clinicians capable of rendering exceptional anesthesia care for all surgical specialties including the management all associated emergencies (cardio-pulmonary failure, surgical complications, massive blood loss, sepsis, DIC, drug reactions, maternal/newborn complications) that may require anesthesia support. I have worked side by side with CRNA's for well over a decade and I can personally attest to their clinical competence in varied clinical situations including the provision of anesthesia for trauma, cardiac, thoracic, neuro-surgical and obstetric patients as well as ambulatory anesthesia in the office setting. I have personally witnessed numerous instances of CRNA's rendering exceptionally competent, life-saving interventions to patients in emergent situations in the absence of any type of supervision over the course of my career.

SB 210 would clarify the ability of CRNAs to continue providing anesthesia services in the office setting. Today CRNAs provide anesthesia services in a variety of settings including hospital surgical suites, obstetrical delivery rooms, ambulatory surgical centers, offices of dentists, podiatrists, ophthalmologists, plastic surgeons, OB/GYN's. The statute should reflect historic and current day practice specifying their ability to practice in an office setting. As such, I urge you to support SB 210 so patients in Oregon can continue to receive the high quality services of CRNAs in the office setting.

Best Regards,

A handwritten signature in black ink, appearing to read 'Shawn DeRemer'.

Dr. Shawn DeRemer
Executive Medical Director
Anesthesia Associates Northwest, LLC



Soft Touch Dental

1727 NE 13TH Ave

Portland, Or 97212

Office (503) 249-1100 Fax (503) 249-2969

February 11, 2013

To Whom It May Concern,

We have had the pleasure of working with a Certified Registered Nurse Anesthetist for several years and they are essential to the well being of our patient care and the ability to keep cost down for our patients.

The CRNA's that we have had the pleasure of working with are very safe and capable of delivering anesthesia services in our office and others. This allows for patients to receive the care that they need in our office without the extra expense of a hospital setting.

We are in support of the SB 210 as it would clarify the ability of CRNA's to continue to provide anesthesia services in the office setting. Today CRNA's provide anesthesia services in a variety of settings including traditional hospital surgical suites, obstetrical delivery rooms, ambulatory surgical centers, the offices of dentists, podiatrists, ophthalmologists, plastic surgeons and women's care providers. The statute should be clarified to reflect current day practice, specifying their ability to practice in an office setting.

We believe Oregonians need access to quality anesthesia services with in an office setting. We urge you to support SB 210 so patients in Oregon can continue to receive the high quality of care that they are currently receiving in offices just like ours.

Sincerely,

A handwritten signature in black ink, appearing to read "Danny A. Sadakah". The signature is enclosed within a hand-drawn oval shape.

Danny A Sadakah, DMD
Soft Touch Dental, PC

February 12, 2013

Oregon Medical Association
11740 SW 68th Parkway, Suite 100
Portland, Or 97223

Re: Senate Bill 210

To whom it may concern:

As an Oral and Maxillofacial Surgeon, I am trained and licensed to do general anesthesia. For the last 20 years I have also used Certified Registered Nurse Anesthetists. I have utilized several different CRNA's and all have done a great job. The services provided are cost effective and safe.

Certified Registered Nurse Anesthetists are an important provider of anesthesia services, especially in medically-underserved rural and frontier communities. CRNA's are capable of safely delivering anesthesia services in all types of facilities, and should be allowed to continue to do so.

SB 210 would clarify the ability of CRNA's to continue providing anesthesia services in the office setting. Today CRNA's provide anesthesia services in a variety of settings including traditional hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers, the offices of dentists such as mine, podiatrists, ophthalmologists, plastic surgeons and women's care providers. The statute should be clarified to reflect current day practice, specifying their ability to practice in an office setting.

Oregonians need access to quality anesthesia services. The office where I practice regularly uses CRNA's to provide those services. I urge you to support SB 210 so that patients in Oregon can continue to receive the high quality services of CRNA's in an office setting.

Thank you for your consideration.

Sincerely,



Jeffery E. Reddicks, DMD
Willamette Dental Group
7095 SW Gonzaga Street
Tigard, OR 97223

503-320-1717

William C. Pierce
President
Carla McKelvey
Immediate Past President
Oregon Medical Association
11740 SW 68th Parkway
Portland, OR 97223
OMA@the OMA.org

cc: Bryan Boehringer
Courtnei Dresser

February. 13. 2013

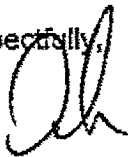
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Historically nurse anesthetist have provided physicians and dentists high quality anesthesia care in office settings where many anesthesiologists choose not to practice. Opposing this codification of CRNAs may unnecessarily prevent physicians and dentists from offering surgical procedures which require a qualified anesthesia provider. The Oregon Medical Association's "**Standards for Accreditation of Office Based Surgery or Diagnostic Procedures Requiring Conscious Sedation, Major Nerve Block or General Anesthesia**" on page 5, states :

(C) Class C accreditation shall be limited to offices where surgical procedures requiring general anesthesia or major nerve blocks such as epidural or subarachnoid blocks are performed...Anesthesia shall only be administered by an anesthesiologist or a CRNA, who is currently ACLS trained...

As office based surgical procedures continue to increase, restricting the availability of qualified anesthesia providers in office settings is not in the best interest of OMA members. OMA should be supporting SB 210 and I strongly encourage you to drop your opposition to this bill.

Respectfully,



Dr. Oleg Maksimov, Owner
Columbia Pain and Spine Institute
831 NW Council Dr.
Gresham, OR 97030

William C. Pierce, President
Carla McKeivley, Immediate Past President

Oregon Medical Association
11740 SW 68th Parkway
Portland, OR 97223
Fax (503) 819-0609

OMA@the OMA.org

cc: Bryan Boehringer
Courtney Dresser

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As office based surgical procedures continue to increase, restricting the availability of qualified anesthesia providers in office settings is not in the best interest of OMA members. OMA should be supporting SB 210 and I strongly encourage you to drop your opposition to this bill.

Respectfully,

Name of Practitioner

Roger Epstein M.D.

Area of Practice

Gastroenterology

Facility Name

Robertson Hospital

ADAM P. ANGELES M.D.
PHYSICIAN AND SURGEON



BEND PLASTIC SURGERY



PLASTIC & RECONSTRUCTIVE SURGERY
SURGERY OF THE HAND
MAXILLOFACIAL SURGERY
BURN & CANCER RECONSTRUCTION
AESTHETIC SURGERY WOUND CARE


February 12, 2013

It is my understanding that SB 210 would clarify the ability of CRNAs to continue providing anesthesia services in the office setting.

CRNAs currently provide our practice with anesthesia services for a variety of in-office and surgical services offered by our practice, including IV sedation as well as general anesthesia for outpatient surgeries performed at our facility.

It is my view the statute should be clarified to reflect current day practice, specifying the CRNAs ability to practice in an office setting which plays an important role in the success of my own practice.

I urge you to support SB 210 so patients in Oregon can continue to receive the high quality services of CRNAs.


Adam Angeles, MD

2400 NE Neff, Suite B, Bend, OR 97701
Phone: 541-749-2282 Fax: 541-749-2283

From: Catherine E. Crim
Sent: Monday, February 11, 2013 10:32 PM
To: 'bryan@theoma.org'; 'courtnei@theoma.org'
Subject: I support CNRA's in office settings

Dr. **Boehringer** and Ms Dresser,

I am writing in support of Senate Bill 210, clarification of CRNAS current and past office practice.

I am a member of Women's Healthcare Associates which is a practice of almost 90 providers in Portland metropolitan area. We do many minor procedures in our accredited procedure suites. Because our expertise is not in anesthesia, we have recognized the need to have educationally prepared and trained anesthesia specialists to provide safe anesthesia services in our offices. The availability of office anesthesia has allowed us to expand our in-office procedures to provide lower cost, quality care, with increased patient satisfaction and clinician efficiency, all goals of the current health care industry.

We currently work collaboratively with CRNA's who are very capable, competent, licensed anesthesia practitioners. Their anesthesia practice and the decisions they make are not controlled, directed or supervised by us. We have been very satisfied with the anesthesia care provided to our patients by CRNA's.

Catherine E. Crim, MD, FACOG
Women' Healthcare Associates
NW Gynecology

Certified Registered Nurse Anesthetists are an important provider of anesthesia services, especial in medically-underserved rural and frontier communities. CRNAs are capable of safely delivering anesthesia services in all types of facilities, and should be allowed to continue to do so.

SB 210 would clarify the ability of CRNAs to continue providing anesthesia services in the office setting. Today CRNAs provide anesthesia services in a variety of settings including traditional hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers, the offices of dentists, podiatrists, ophthalmologists, plastic surgeons and women's care providers. The statute should be clarified to reflect current day practice, specifying their ability to practice in an office setting.

Oregonians need access to quality anesthesia services. The office where I practice regularly uses CRNAs to provide those services. I urge you to support SB 210 so patients in Oregon can continue to receive the high quality services of CRNAs in an office setting.

Wendy Anderson, R.N.
Name of Practitioner

Nurse Supervision
Area of Practice

South Coast Surgery Center
Facility Name

William C. Pierce MD, President
Carla McKelvey MD, Immediate Past President

Oregon Medical Association
11740 SW 68th Parkway
Portland, OR 97223
OMA@the OMA.org
Fax: (503) 619-0609

cc: Bryan Boehringer
Courtnei Dresser

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Oregonians need access to quality anesthesia services. The office where I practice regularly uses CRNAs to provide those services. I urge you to support SB 210 so patients in Oregon can continue to receive the high quality services of CRNAs in an office setting.

R. Scott Roberts DDS, PC

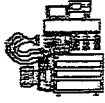
Name of Practitioner

ORAL & MAXILLOFACIAL SURGERY

Area of Practice

PRIVATE PRACTICE

Facility Name



South Coast Anesthesia Associates LLC

65657 East Bay Rd
North Bend, OR 97459
Phone (541) 297-1240
Email: rbeechnw@southcoastanesthesia.com

February 13, 2013

Dear HealthCare Committee Member of the 77th Legislature:

I am a Certified Registered Nurse Anesthetist (CRNA) working in Coos County Oregon for the last twenty years. For the last ten years I have worked as an independent practitioner providing care to members of the community at large in hospitals and Ambulatory Surgery Centers (ASC's).

I have been approached in the past by local practitioners to provide anesthesia in office based settings. I would not want to limit those services to these providers or limit my practice as a CRNA by the legislator or opinions on past legislation that artificially limits an area of practice that has always been provided CRNA's as well as other practitioners.

CRNAs have been included in office based practice guidelines written by both the Oregon Medical Association and by the Oregon Dental Association. It is obvious that we are not trying to expand our practice as CRNA's but are only codifying existing language that is missing in current OARs for Nurse Anesthesia.

Please consider moving forward on SB210 in order to correct this omission. Thank you for your time.

Sincerely,

R. Eric Beechly CRNA, MS
Certified Registered Nurse Anesthetist
Manager, South Coast Anesthesia Associates LLC

Certified Registered Nurse Anesthetists are an important provider of anesthesia services, especial in medically-underserved rural and frontier communities. CRNAs are capable of safely delivering anesthesia services in all types of facilities, and should be allowed to continue to do so.

SB 210 would clarify the ability of CRNAs to continue providing anesthesia services in the office setting. Today CRNAs provide anesthesia services in a variety of settings including traditional hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers, the offices of dentists, podiatrists, ophthalmologists, plastic surgeons and women's care providers. The statute should be clarified to reflect current day practice, specifying their ability to practice in an office setting.

Oregonians need access to quality anesthesia services. The office where I practice regularly uses CRNAs to provide those services. I urge you to support SB 210 so patients in Oregon can continue to receive the high quality services of CRNAs in an office setting.

 2/13/13

Name of Practitioner

Orthopedics

Area of Practice

South Coast Orthopedic Associates

Facility Name

Certified Registered Nurse Anesthetists are an important provider of anesthesia services, especial in medically-underserved rural and frontier communities. CRNAs are capable of safely delivering anesthesia services in all types of facilities, and should be allowed to continue to do so.

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Jason Bell Bell MD
Name of Practitioner

Orthopedics
Area of Practice

South Coast Orthopedic Associates
Facility Name

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Shawn Hobson MD

Name of Practitioner

Orthopedic Surgery

Area of Practice

So. Coast Ortho Assn.

Facility Name

Certified Registered Nurse Anesthetists are an important provider of anesthesia services, especial in medically-underserved rural and frontier communities. CRNAs are capable of safely delivering anesthesia services in all types of facilities, and should be allowed to continue to do so.

SB 210 would clarify the ability of CRNAs to continue providing anesthesia services in the office setting. Today CRNAs provide anesthesia services in a variety of settings including traditional hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers, the offices of dentists, podiatrists, ophthalmologists, plastic surgeons and women's care providers. The statute should be clarified to reflect current day practice, specifying their ability to practice in an office setting.

Oregonians need access to quality anesthesia services. The office where I practice regularly uses CRNAs to provide those services. I urge you to support SB 210 so patients in Oregon can continue to receive the high quality services of CRNAs in an office setting.

GARY T VALLIER MD

Name of Practitioner

ORTHOPAEDIC SURGERY

Area of Practice

SOUTH COAST ORTHOPAEDIC ASSOCIATES

Facility Name

DENTAL SUPPORT FOR SB 210

FEB 2103

From: Edward Cherrier <edwardcherrier81@msn.com>
Date: February 12, 2013, 4:22:19 PM PST
To: <evelyn@oregon-cma.org>
Subject: SB 210

My name is Edward E. Cherrier DDS,

I have been working with a CRNA for over twenty years. He has been a very essential part of my practice and I could not be

where I am at today without his expertise. I humbly request your support for SB 210.

Thanks You.

Edward E Cherrier DDS
2/12/13

From: Darren Huddleston <Darren@DrHuddleston.com>
Date: February 12, 2013, 8:52:59 PM PST
To: "bryan@theoma.org" <bryan@theoma.org>
Cc: John Belnap <johnbelnap@yahoo.com>
Subject: CRNA Bill

I am writing to you as a general dentist in support of allowing CRNA's ability to practice anesthesia in a dental office setting. By limiting their ability to practice it would deny access to a large segment of the patients who need general anesthesia in the office. The added costs of going to the surgery center or hospital add a significant financial barrier.

With today's advancements in anesthesiology, I feel the work of CRNA'S within my practice is a safe and economical alternative.

Thank you,
Darren S Huddleston DMD

WOMEN'S HEALTH CARE PROFESSIONALS

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February 14, 2013

William C. Pierce, President
Carla McKelvey, Immediate Past President

Oregon Medical Association
11740 SW 68th Parkway
Portland, OR 97223
Fax: (503) 619-0609

OMA@the OMA.org

cc: Bryan Boehringer
Courtnei Dresser
Todd Meyer, CRNA

It has come to my attention that OMA leadership opposes a bill which would codify the practice of Certified Registered Nurse Anesthetists (CRNAs) in office practice settings (SB 210). I do not understand how opposing this legislation benefits members of the OMA.

For the past 25 years I have practiced in a rural location in Oregon. During that time all of the anesthesia services at our hospital have been provided by CRNAs including full time coverage for labor epidurals. They have consistently provided high quality anesthesia services. There is no reason to believe that they cannot also provide high quality anesthesia services in an office setting.

Historically nurse anesthetists have provided physicians and dentists high quality anesthesia care in office settings where many anesthesiologists choose not to practice. Opposing this codification of CRNAs may unnecessarily prevent physicians and dentists from offering surgical procedures which require a qualified anesthesia provider. The Oregon Medical Association's "Standards for Accreditation of Office Based Surgery or Diagnostic Procedures Requiring Conscious Sedation, Major Nerve Block or General Anesthesia" on page 5, states:

(C) Class C accreditation shall be limited to offices where surgical procedures requiring general anesthesia or major nerve blocks such as epidural or subarachnoid blocks are performed...Anesthesia shall only be administered by an anesthesiologist or a CRNA, who is currently ACLS trained...

As we try to reign in the increasing cost of medical care office based surgical procedures will continue to increase. Restricting the availability of qualified anesthesia providers in office settings will make this transition more difficult particularly for those of us in rural practice locations. OMA needs to support all of its physician members and should be supporting SB 210. I strongly encourage you to drop your opposition to this bill.

Sincerely,


Denis Dalisky, MD



Outpatient Anesthesia SERVICES of OREGON

William C. Pierce MD, President
Carla McKelvey MD, Immediate Past President

Oregon Medical Association
11740 SW 68th Parkway
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February. 13. 2013

Outpatient Anesthesia Services of Oregon has been serving the Portland area market since 1993. Our clientele consists of both ASC and office-based practices throughout the region, offering services to a wide array of disciplines. We utilize both Anesthesiologists and CRNAs. The use of CRNAs in our practice has been a major sustainability factor in the success of our company allowing us to consistently offer anesthesia care to struggling, specialty or under-served practices. Our CRNAs offer a high quality, safe and cost effective service to our clients allowing them access to anesthesia services that they may not otherwise be able to afford.

CRNAs administer anesthesia to over 98% of our entire company portfolio. We perform thousands of procedures each year and, in 20 years of being in business, have never experienced a major adverse event. Numerous outcomes studies have demonstrated that the quality of CRNA care is equal to that of their physician anesthesia counterparts. I, myself, have experienced excellent anesthesia under the care of a CRNA.

SB 210 would clarify the ability of CRNAs to continue providing anesthesia services in the office setting. Today CRNAs provide anesthesia services in a variety of settings including traditional hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers, the offices of dentists, podiatrists, ophthalmologists, plastic surgeons and women's care providers. The statute should be clarified to reflect current day practice, specifying their ability to practice in an office setting.

Oregonians need access to quality anesthesia services. I urge you to support SB 210 so patients in Oregon can continue to receive the high quality services of CRNAs in an office setting.

Grant Diggles, CEO
Outpatient Anesthesia Services of Oregon

