

Testimony of Christina Cowgill, CRNA

for the Oregon Association of Nurse Anesthetists

Before the Senate Health Care and Human Services Committee

February 14, 2013

In support of SB 210

Chair Monnes Anderson and Members of the Committee:

My name is Christina Cowgill CRNA, and I am Director of Government Relations for 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 in Oregon. Forty percent of our members practice in the non-metropolitan and rural regions of Oregon, while the remaining 60% of our members practice in the greater Portland area.

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 the 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 level.
- 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.

- Oregon has a long rich history of educating nurse anesthetists. The first school for nurse anesthesia in the United States was founded in 1909 at St. Vincent Hospital in Portland. This program closed its door in 1956. Fifty years later in 2006, OHSU School of Nursing admitted the first cohort to their 27 month Master's degree Nurse Anesthesia Program.
- 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.
- Because of their qualifications, CRNAs are eligible to receive reimbursement for their services directly from Medicare, Medicaid, the Civilian Health and Medical Program of Uniformed Services (CHAMPUS), and a multitude of private insurers and managed care organizations.

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 we have seen a drastic increase in these procedures happening in the office.
- 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.

Oregon is well positioned to be the nation's leader in health care transformation. CRNAs have always been a key component of anesthesia services throughout Oregon. 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 health professionals immediately available should an emergency arise. CRNAs have the education and experience to provide that level of care for sedation cases or cases that involve the need for general anesthesia. SB 210 language is mirrored directly after the hospital CRNA Statute (ORS. 678.2345-.285). SB 210 is not intended to expand existing scope of practice. It is intended to codify a practice location.

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

Please support SB 210.

Respectfully submitted,

Christina Cowgill, CRNA

