Testimony in Opposition to HB 3326

Before the House Committee on Health Care

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Chair Greenlick and Members of the Committee Members:

My name is Christina Cowgill, and I am a certified registered nurse anesthetist (CNRA) and the current Director of Government Relations for the Oregon Association of Nurse Anesthetists (ORANA). Thank you for the opportunity to appear before the committee and to speak in opposition to House Bill (HB) 3326.

HB 3326 asks you to require the Oregon Board of Dentistry (OBD), the Oregon Medical Board (OMB), and the Oregon State Board of Nursing (OSBN) to adopt rules on office-based sedation services and to mandate which type of licensed professional can provide certain in-office sedation services. Although ORANA appreciates Representative Hayden's efforts to help ensure Oregonians have the safest measures in place when receiving sedation for medical or dental office-based procedures, we have concerns about HB 3326 and also want to make sure everyone is aware of the protective rules already in place to protect members of the public who are receiving in-office sedation for medical and dental procedures.

As an initial matter, nurse anesthetists have played, and continue to play, a key role in access to anesthesia services in any care setting: ambulatory surgical centers, hospitals and offices. CRNAs have been providing care in many of Oregon's ambulatory surgical center and physician's office practices, including much of the dental areas that serve many of our children in the Oregon Health Plan. As the Affordable Care Act, the Triple Aim Initiatives, and Oregon's CCO model are adopted and implemented, cost-effective quality care for Oregonians should always direct the vision of those new initiatives. In addition, Oregon should take models that are currently working well and continue to allow them to flourish during this transformation of the health care system. It is likely that the need for office procedures and outpatient surgical care is only going to grow as health care dollars become limited and the demand for care increases.

ORANA asks for your opposition to HB 3326 and wishes to express two concerns related to the bill as currently drafted. First, ORANA is concerned about section 2 of this bill, which allows CRNAs to provide office-based sedation services only to patients classified as physical status 1 and physical status 2 by the American Society of Anesthesiologists. Second, ORANA is concerned about this bill's requirement that admitting privileges at a heath care facility are necessary prerequisite to administering in-office sedation services to patients classified as physical status 3 by the American Society of Anesthesiologists.

Regarding our first concern, CRNAs, along with anesthesiologists and dentists, are

qualified to care for all patients, including patients classified as physical status 3. HB 3326 unnecessarily directs OMB, ODB, and OSBN to adopt rules governing office-based sedation when in reality such rules already exist. None of those rules, however, limit sedation services based on a patient's physical status. And CRNAs, who work independently or together with physicians or dentists, historically have provided anesthesia care safely to patients classified as physical status 3.

OMB's current Division 17 rules (OAR 847-017-0000 *et seq*.) for safe office-based anesthesia services look at the *complexity of the procedure, not a patient's physical status*: Level I is for minor surgical procedures (performed without anesthesia); Level II is for minor or major surgical procedures (performed under moderate sedation/analgesia); and Level III is for major surgical procedures (requiring deep sedation/analgesia, general anesthesia, or regional blocks).

OMB's rules have several patient-related safeguards in place. For example, OMB's rules prohibit certain types of higher-risk procedures from being performed in an office-based setting: procedures that may result in blood loss of more than 4% of the estimated blood volume; procedures requiring intracranial, intrathoracic, or abdominal cavity entry; and joint replacement procedures. OAR 847-017-0003(6). More importantly, OMB rules prohibit a physician performing a Level III procedure in an office setting from administering anesthesia (other than additional local anesthesia) or being primarily responsible for monitoring anesthesia. OAR 847-0017-0003(3)(d). Instead, either CRNAs or anesthesiologists must provide the anesthesia care for those major surgical procedures.

ODB's Division 26 rules (OAR 818-026-0000 *et seq*.) describe several classes of anesthesia permits that also provide safeguards to protect patient safety in an office setting. For example, each permit requires the dentist to evaluate whether the patient is the appropriate candidate for the type of sedation given. See OAR 818-026-0060(5)(a); OAR 818-026-0065(5)(a); OAR 818-026-0070(5)(a). If a dentist does not hold a proper anesthesia permit for the office-based procedure, the patient can receive anesthesia by either a CRNA or physician anesthesiologist. OAR 818-026-0080(1).

HB 3326's exclusion of CRNAs from the categories of care providers who may serve physical status 3 patients ignores the fact that CRNAs have already been providing successful, safe and high quality anesthesia care in *all settings*, regardless of a patient's physical status. Such a restriction would create a potential unnecessary barrier for certain patients to access anesthesia care, particularly in rural settings, which is contrary to the fundamental concepts of health care reform in Oregon. Furthermore, HB 3326's exclusion of CRNAs is not supported by evidence-based practice and does not address any patient safety concerns.

Regarding our second concern, requiring admitting privileges for certain in-office sedation services is not a means to improve patient safety. Under OMB's current office-based rules, for Level III procedures the physician *must* have either "staff privileges to perform the same procedure in a hospital or ambulatory surgical center" *or* maintain

"board certification or board eligibility in an appropriate specialty recognized by" the American Board of Medical Specialties (ABMS), the American Osteopathic Association's Bureau of Osteopathic Specialists (AOA-BOS), the American Board of Podiatric Medicine (ABPM), the American Board of Podiatric Surgery (ABPS), or the National Commission on Certification of Physician Assistants (NCCPA). OAR 847-017-0003(3)(a)(A), (B). In reality, the "admitting privileges" requirement would burden hospitals by requiring them to certify multiple providers with no added benefit to patient safety. Currently, not all Advance Practice Registered Nurses have admitting privileges at health care facilities; but that has not been, nor should it be, a barrier to CRNAs continuing to provide safe anesthesia care in the office setting.

ORANA's recommendations in response to HB 3326 include:

- We support OMB office-based regulations that strongly recommend that the AANA Standards for Office Based Anesthesia and/or the ASA Guidelines for Office-Based Anesthesia be used for Level III procedures. Both anesthesiologists and CRNAs alike adhere to guidelines that provide clear direction on the assessment of risks deriving from medical conditions of the patient and the types of procedures involved.

- For Level III procedures, the CRNA *must* have either staff privileges to perform the same procedure in a hospital or ambulatory surgical center *or* maintain board certification in the nurse anesthesia specialty. For example, a CRNA would have to have privileges that allow for administration of general anesthesia. This would mirror the requirements in OMB for physicians.

- During office procedures requiring sedation, the facility and team should have an emergency plan in place.

In conclusion, Oregon should continue to utilize and benefit from the skill, expertise and strong safety record of CRNAs, as has been the case for many years. We look forward to offering assistance to creating language that continues to protect the public and allows for the continued delivery cost-effective, high-quality care.