



## Oppose -1 amendments to HB 2834

- HB 2834 -1 would limit the ability for CRNAs to practice in an office setting. CRNAs provide safe, high quality, effective anesthesia and sedation services for patients across the state and are the only providers of anesthesia services in many rural communities
- The proposed amendment would restrict CRNAs by eliminating our ability to provide anesthesia to patients above the American Society of Anesthesiologists (ASA) physical status level 2. CRNAs are highly trained practitioners and provide outpatient anesthesia services to ASA 1, 2 and 3 status patients within our scope of practice
- ASA physical status classification is a broad system for assessing patients' overall health status prior to a surgical procedure. It is highly subjective and determined by the anesthesia provider. ***The grading system is not intended for use as a measure to predict operative risk.*** Furthermore, systemic disease does not necessarily cover the range of issues that impact the safe delivery of anesthesia or the range of health issues a person may have. Exclusion of CRNA services by ASA classification is not supported by evidence-based practice and does not address any patient safety concerns
- Similar legislation introduced in the 2015 legislative session resulted in additional rulemaking around the issue of outpatient anesthesia. The revised rules have been incorporated into Division 52
- In many communities, CRNAs are the only available provider of anesthesia services. If the amendments to this bill become law, medical and dental providers will have two options: Perform the services alone, without the assistance of a CRNA trained to delivery safe anesthesia; OR perform the procedure in a hospital setting, which is more expensive, and in rural areas, often challenging for patients
- Arbitrarily limiting our ability to provide anesthesia to ASA 1 or 2 status patients will make accessing services more challenging for patients and potentially less safe if providers decide to perform the anesthesia themselves instead of requiring a patient to have the services performed in a hospital so that a CRNA can administer the anesthesia
- To require dentists or physicians to have admitting privileges would *burden hospitals to require them to certify multiple providers with no added benefit to patient safety.* Additionally, admitting privileges do not improve patient safety and only create a barrier to allowing CRNAs to continue providing safe anesthesia care to all patients in the office setting

**ORANA asks you to oppose -1 amendments to HB 2834**