

January 22, 2016

Rebuttal to the opposition email from Joshua Stream, MD.

SB 53 does not change scope of practice for any advanced practice nurse. It simply adopts the title of Advanced Practice Registered Nurse (APRN) which standardizes the nomenclature for health care organizations, boards of nursing, state regulatory agencies, insurance companies, government agencies and the public. Currently 32 states and territories in the United States have adopted the title of APRN.

According to the Institute of Medicine (IOM), American Association of Nurse Anesthetists, and the American Society of Anesthesiologists, anesthesia care is nearly 50 times safer than it was just 30 years ago, and in a 1999 report the IOM identified anesthesia as one of the safest healthcare specialties. Today, perioperative deaths attributed to anesthesia occur approximately once for every 250,000-300,000 anesthetics provided, representing a dramatic increase in patient safety despite an aging U.S. population and older, sicker patients being treated in operating rooms nationwide.

CRNAs are the primary providers of anesthesia care in rural America, affording 10s of millions of rural Americans access to surgical, obstetrical, trauma stabilization, and pain management services without having to travel long distances to receive needed care. In Alaska, CRNAs are the sole anesthesia professionals in the rural communities of Kodiak, Sitka, Ketchikan, and Bethel, as well as at the VA.

It typically takes seven to ten years of education, training, and experience to become a nurse anesthetist: four years to earn a bachelor's degree in nursing and become licensed as a registered nurse; an average of 3 1/2 years as an RN in an acute care setting, (with a minimum of one year required); and three more years of graduate-level education and clinical training culminating in a master's or doctoral degree from an accredited nurse anesthesia educational program. To become certified to practice as a nurse anesthetist, the graduate must pass the National Certification Examination.

Numerous studies demonstrate that CRNAs are as safe as anesthesiologists. Most recently, the RTI study published in *Health Affairs* showed that anesthesia delivered only by CRNAs is as safe as – and in some cases safer than – anesthesia delivered only by an anesthesiologist or by a CRNA working with an anesthesiologist. Numerous other studies and data analyses have shown that there are no measurable differences in the quality of anesthesia services delivered by CRNAs and anesthesiologists. For example, studies about obstetrical (OB) anesthesia demonstrate the safety of CRNA-delivered anesthesia. A 2007 study published in *Nursing Research* shows no difference in OB anesthesia complication or mortality rates between hospitals that use only CRNAs compared with hospitals that use only anesthesiologists.

Advanced practice nurses in Alaska currently practice at their full scope, caring for patients throughout all communities and settings. SB53 does not change any scope of practice for advanced practice nurses. It simply adopts the title change to APRN to better facilitate portability of licensure across state lines, conformity to billing standards and guidelines, and updating of the nurse practice act of Alaska.

Respectfully submitted,

Chris Logan, CRNA
Past President, Alaska Association of Nurse Anesthetists

Jeff Worrell, LtC, USAF (retired) CRNA, MSN
Past President, Alaska Association of Nurse Anesthetists

Sources:

Studies cited can be found at these websites.

<http://www.future-of-anesthesia-care-today.com>

<http://iom.nationalacademies.org/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health/Report-Brief-Scope-of-Practice.aspx>