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Dear Alaska Senators and Representatives,

Greetings from home! I am a physician writing in support of SB53. **Please VOTE “YES” on SB53.** We are undoubtedly the most blessed state in the union with great expanses of unrivaled beauty, with communities unlike any other in the nation - something we can agree is worth preserving. With this richness, however, comes a unique healthcare dilemma and that is inadequate access to quality care which can lead to undue suffering, premature death, mental illness, addiction and otherwise avoidable lifestyle linked illnesses. Fortunately, we also have a collective of able, skilled and willing professionals to assist in meeting the needs of our population: CRNAs.

It is my conviction that In the great state of Alaska it stands only to benefit us as a whole by allowing highly trained Advanced Practice Registered Nurses to function at their full scope of practice. In many areas within our state and throughout the nation Certified Registered Nurse Anesthetists (CRNAs) are the only anesthesia providers available and have been functioning independently for years. CRNAs provide services such as labor epidurals, pain management and employ a variety of anesthetic techniques for all types of surgery. At many hospitals, CRNAs are the only providers “in house” 24 hours a day and 7 days a week to cover surgical emergencies.

There are many studies validating the safety and cost effectiveness of CRNAs. Here are 2 examples for your convenience:

1. The first “no harm found” study was a study that looked at states like Alaska who have chosen to “opt out” of physician supervision of nurse anesthetists. By 2005, fourteen states had exercised this “opt out” option. An analysis of Medicare data for 1999–2005 found **no evidence that opting out of the oversight requirement resulted in increased inpatient deaths or complications. Based on the findings, it was recommended that CMS allow certified registered nurse anesthetists in every state to work without the supervision of a surgeon or anesthesiologist.**
2. The other study shows the **CRNA-Only Anesthesia Delivery is the Most Cost Effective And Data Shows No Difference in Quality or Safety** by Anesthesia Provider or Delivery Model. The attached press release was based on The Lewin Group’s study titled “Cost Effectiveness Analysis of Anesthesia Providers” in the May/June 2010 Journal of Nursing Economics.

In conclusion, please **Vote “YES” for SB53.** It’s good for Alaska! If you would like to discuss this further please do not hesitate to contact me.

Warm regards,

Robin Ninefeldt, MD

