MHA
Michigan Health &
Hospital Association

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TO: Members of the Senate Health Policy Committee

FROM: Chris Mitchell, Senior Director, Advocacy

DATE: October 3, 2013

SUBJECT: Senate Bill 180 – Supervision of Certified Registered Nurse Anesthetists

MHA Position: **SUPPORT**

The Michigan Health & Hospital Association (MHA) supports Senate Bill 180, introduced by Senator Mike Green (R-Mayville), which would amend the Public Health Code to include the administration of anesthesia by a Certified Registered Nurse Anesthetist (CRNA) in the definition of the practice of nursing.

Limited access to anesthesia services in rural areas has been an ongoing issue for many hospitals across the state. The cause of this is two-fold; a shortage of anesthesiologists and in some cases, surgeons practicing in rural areas are concerned about supervising CRNAs, whose practice is outside of their physician specialty. It is clear that the cost associated with having an anesthesiologist on call 24 hours a day may contribute to the shortage in rural areas.

A federal rule implemented by the Bush administration in 2001 gives governors the ability to opt out of the Medicare requirement that Certified Registered Nurse Anesthetists (CRNAs) be supervised by a licensed physician to deliver anesthesia care. Michigan's current law would not permit the Governor to request an "opt out" of CRNA supervision. SB 180 will make changes to the definition of the practice of nursing in the Public Health Code which will begin the process of making Michigan law amenable to a possible decision by the Governor, after careful consideration, to submit a request to CMS to opt out of CRNA supervision.

Since the rule's implementation, one third of states have decided to opt out of the supervision requirement to better ensure citizens access to safe, cost-effective anesthesia care, especially in medically underserved areas. Once a state is approved by the Centers for Medicare and Medicaid Services (CMS) to opt out of CRNA supervision, private insurers generally adopt policies consistent with Medicare's policy. To date, Iowa, Nebraska, Idaho, Minnesota, New Hampshire, New Mexico, Kansas, North Dakota, Washington, Alaska, Oregon, Montana, South Dakota, Wisconsin, California, Colorado and Kentucky have all chosen to opt-out from the federal supervision requirement for CRNAs to better ensure citizens access to safe, cost-effective anesthesia care, especially in medically underserved areas. Kentucky's opt-out was requested on April 25, 2012.

If Michigan opts out of the federal CRNA supervision requirement, the governing boards and credentialing committees of individual hospitals and health care facilities will continue to have the ability to set more restrictive supervision policies, such as requiring CRNAs to be supervised by physicians. We urge you to support Senate Bill 180 to ensure adequate access to surgery services across the state.

Please contact Chris Mitchell (cmitchell@mha.org) at (517) 703-8622 at the MHA if you have further questions on this issue.