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MICHIGAN**

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SB 320 Testimony before Senate Health Policy, May 12, 2015

Good afternoon Chairmen Shirkey and members of the Committee. My name is Bret Jackson, President of the Economic Alliance for Michigan. In the healthcare arena, the Economic Alliance represents purchasers, large and small, in the for-profit sector. We always look at issues through the lens of patients having adequate access to cost effective, high quality healthcare.

Our members have serious concerns about the impact on patient quality and safety as well as concerns on cost. They are concerned about medical errors, complications leading to poor patient outcomes of either morbidity or mortality. They worry about an overall lack of focus on ALL of the patient's medical needs. Plus they are concerned about an increase in cost if providers are able to bill separately under the provider equity provisions of the Affordable Care Act. We do however acknowledge that access to anesthesia services is a concern, especially in the rural areas of our state.

Studies paid for by the CRNA advocates do suggest that services can be delivered safely in states that do not require supervision. The Anesthesiologists have not provided information to the contrary. However there is some very limited independent analysis that shows the quality outcomes by solo practicing CRNAs, are dependent on the complexity of the cases they work on. If this passes, we will be trusting case managers to direct only the easy cases to CRNAs where outcomes are as good as with MDAs.

Our next issue effects both cost and quality. In states where CRNAs practice independently there is an increase in procedures where services are delivered outside of a hospital or surgical center. This data suggests some artificial demand of services in those areas. Patients that are getting more procedures than they need, subjects them unnecessarily to potential complications and is a large driver of costs. Plus, hospitals and surgical centers are better equipped to handle adverse outcomes.

Finally, our members do find the argument about the total patient care from the Anesthesiologists compelling. While CRNAs are trained to deal with complications related to anesthesia, we feel physicians are ready to handle the variety of issues that may arise during a procedure.

So today, I am here to express our opposition to SB 320 as introduced. We hope to work with all parties, the committee, and the bill sponsor, to address the access issues in this state without compromising patient safety and cost.