

March 3, 2020

The Honorable Leon Howard
Chairman
House Medical, Military, Public
and Municipal Affairs Committee
South Carolina House of Representatives
1105 Pendleton Street
425 Blatt Building
Columbia, SC 29201

Re: AMA Opposition to South Carolina House Bill 4278

Dear Chairman Howard:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I appreciate the opportunity to express our strong opposition to House Bill (H.B.) 4278. This bill would allow certified registered nurse anesthetists (CRNAs) to provide anesthesia services without any physician supervision. South Carolina is currently one of 44 states that require some level of physician involvement in anesthesia care. H.B. 4278 would set a dangerous precedent, by removing physician supervision and allowing CRNAs to provide anesthesia services pursuant to a practice agreement and approved written guidelines. Maintaining physician supervision of CRNAs is critical to patient safety. While highly trained individuals and important members of the health care team, CRNAs do not have the education and training to independently provide the safe and assured anesthesia care South Carolina's patients have come to expect. For this reason, the AMA strongly encourages South Carolina's legislature to oppose H.B. 4278—and put the safety of patients first in South Carolina.

Removing the physician supervision requirement of CRNAs is not in the best interest of patient safety

Administering anesthesia is the practice of medicine. South Carolina currently requires CRNAs to work as part of a physician-directed team when providing anesthesia services. This is the right approach. While CRNAs are valuable members of the health care team, with only two to three years of education, no residency requirement and approximately 2,500 hours of clinical practice, they are not trained to practice independently. By sharp contrast, physician anesthesiologists complete four years of medical school plus a four-year residency, including 15,000 hours of clinical training—six times more than CRNAs. Some physician anesthesiologists also pursue additional fellowship training to study and become certified in such subspecialties as pain management, cardiac anesthesia, pediatric anesthesia, neuroanesthesia, obstetric anesthesia or critical care medicine. This vast difference in education and training is one of the reasons why the AMA supports physician-led team-based care.

A head and neck surgeon colleague of mine recently underscored the importance of physician-led teams in anesthesia care and how these policies translate to the operating room. Specifically, he noted that of the 10 to 20 surgeries he performs each week, the CRNA administering the anesthesia calls the physician anesthesiologist into the operating room at least once a week to help with an unexpected development. Most of the time this is done out of an abundance of caution, however, there are times when the complication is beyond the CRNA's expertise and the physician anesthesiologist steps in preventing a potential catastrophic outcome. This is how physician-led teams work. It is physician anesthesiologists' extensive education and training that teaches them to immediately recognize, treat and manage issues that might arise during a pre-, intra- or post-operative situation. This level of acumen is born out of physician anesthesiologists' years of education and training. While CRNAs are highly trained professionals and valued members of the health care team, they simply do not have the extensive training of a physician to independently provide the safe and assured anesthesia care South Carolina's patients have come to expect. H.B. 4278 removes physician supervision of CRNAs, requiring only that they practice pursuant to a practice agreement and approved written guidelines. This is woefully inadequate. Simply put, **removing physician supervision of CRNAs lowers the standard of care and jeopardizes the safety of patients in South Carolina.**

H.B. 4278 will not improve access to care

Supporters of expanding CRNA scope of practice often claim that rural hospitals do not have physician anesthesiologists on staff to supervise CRNAs and that other physicians are unwilling to assume the liability of anesthesia supervision. Surveys indicate that even in the few states that have allowed CRNAs to practice independently, practice habits have not changed between CRNAs and anesthesiologists. Simply put, the challenges that rural patients may have in obtaining access to anesthesia services has not been satisfied by eliminating the important patient safety requirement of physician-led team care.

Patients want physicians leading their health care team

Patients overwhelmingly want a coordinated approach to health care with a physician leading their health care team. According to a patient survey conducted by the AMA, 91 percent of respondents said that a physician's years of education and training are vital to optimal patient care, especially in the event of a complication or medical emergency. Patients overwhelmingly believe only physicians should provide the services H.B. 4278 would allow CRNAs to perform. For example, 78 percent of patients said only a MD or DO should administer and monitor anesthesia levels and patient condition before and during surgery.

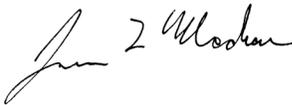
The Honorable Leon Howard
March 3, 2020
Page 3

The scope of practice of CRNAs should be based on standardized, adequate training and demonstrated competence in patient care, not politics. While CRNAs share an important role in providing care to patients, their skillset is not interchangeable with that of a fully trained physician. H.B. 4278 goes too far in allowing CRNAs to perform anesthesia services without physician supervision, putting the health and safety of patients in South Carolina at risk.

For the reasons outlined above we strongly encourage you to veto H.B. 4278.

Thank you for the opportunity to provide comments. If you have any questions, please contact Kimberly Horvath, JD, Senior Legislative Attorney, AMA Advocacy Resource Center at (312) 464-4783 or kimberly.horvath@ama-assn.org.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD

cc: South Carolina Medical Association
Jesse M. Ehrenfeld, MD, MPH
Gerald E. Harmon, MD