



South Carolina Academy of Family Physicians

PO Box 312 • 214B West Laurens St. • Laurens, SC 29360

January 21, 2020

The Honorable Senator Daniel B. Verdin, III
Chairman, Senate Medical Affairs Committee
412 Gressette Building
Columbia, SC 29201

Dear Chairman Verdin:

I am writing on behalf of the South Carolina Academy of Family Physicians (the “SCAFP”) to express our opposition to S.563, a bill to amend current law to eliminate physician supervision of Certified Registered Nurse Anesthetists (“CRNAs”).

The SCAFP represents over 1,200 family physicians, residents, and medical students. Our members provide primary care to South Carolinians throughout this State, including rural, suburban, and urban areas. The vast majority of our members are Board certified in the specialty of Family Medicine.

Because of our long-standing relationships with our patients, we are always concerned with any legislation that poses a threat to the quality of care our patients receive and to their safety. When we refer our patients to other specialists for certain procedures or surgeries, we want to ensure that they are receiving the highest quality of care possible. Also, many of our members work as hospitalists in various hospital systems. In that role, we are consulting physicians for surgery or surgical procedures for our patients. We would be very concerned if an Anesthesiologist is not involved either to provide the anesthesia directly or to supervise the CRNA.

As you know, SCAFP has worked diligently in recent legislative sessions with all interested parties to make needed updates to the Nurse Practice Act for APRNs other than CRNAs and to the Medical Practice Act for Physicians Assistants. We worked to help revise these laws to allow APRNs and PAs to work more effectively while maintaining the close working relationship of these providers with physicians in a team-based approach.

We do not, however, see the same need or justification to revise the provisions of the Nurse Practice Act and the Medical Practice Act pertaining to CRNAs. CRNAs are already practicing to the full extent of their education and training in providing anesthesia services. Moreover, the current statutory requirements for physician supervision do not limit where they can practice because a supervising physician is always involved, whether it is an Anesthesiologist or the physician performing the procedure or surgery. The breadth and depth of the physician’s education, training, and experience is, however, critical to patient safety. Disassembling the patient care team that ensures that level of safety is not something we can support for our patients or for our own families.

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S.563 also contains a provision that appears to broaden CRNAs' scope of practice beyond anesthesia services. Section 1 of the bill would amend current law to authorize CRNAs to perform "medical acts" pursuant to written guidelines. It is not clear from the bill what those "medical acts" might encompass since no detail is provided, and no requirements are set out for what must be in the written guidelines. This provision combined with the elimination of physician supervision poses a patient safety issue.

Thank you for your consideration of the SCAFP's views regarding this legislation. Together with many other physician organizations, we urge you not to move this bill forward.

We would be pleased to respond to any questions that you or the members of your Committee may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Becker", with a stylized flourish extending from the end.

Kenneth H. Becker, MD, FAAFP, D-ABFM
President

cc: Members of the Committee
Committee Staff