MYTH VERSUS FACT

PROVIDING HONESTY IN HIGH-QUALITY HEALTHCARE

CRNA removal of supervision requirements **won't** help rural areas with access to care issues. "A nurse anesthetist is needed for surgery, which is provided by a physician. Physician supervision allows a surgeon, GI, ophthalmologist, OBGYN, or any physician present at surgery to supervise. A CRNA is not needed without a physician performing surgery."	We agree, CRNAs are ALWAYS collaborating with physicians for a procedure which requires anesthesia. Removing supervision language alleviates the false implication of liability on the supervising physician, which when removed will enhance collaboration and increase access WITHOUT altering the CRNA scope of practice. [1] CRNAs carry their own malpractice insurance. Over the last 3 decades, insurance premiums for CRNAs has decreased by 33%. In the process, it **provides CHOICE** for those rural facilities to choose the anesthesia delivery model for patients and community.
"Only 5 states have no physician relationship with nurse anesthetists. 45 states and DC require supervision, medical direction, collaboration, or some formal oversight of nurse anesthetists."	**43 states** DO NOT have supervision language for CRNAs in their NPA. Removing supervision DOES NOT remove physicians from the equation. **It simply REMOVES the barrier to practice for our highly trained CRNAs**, who have the SAME scope of practice as their physician counterparts. In a time of immense healthcare shortages, we require all qualified providers, artificially restricting those providers is irresponsible.
Removing supervision from nurse anesthetists WON'T save money. Removal of supervision will remove doctors from healthcare in South Carolina.	**NO state requires physician anesthesiologist supervision of CRNAs.** In SC, supervision is done by ANY physician or dentist, with little or NO training in anesthesia. According to current statute, (Sec. 40-33-34(H) of the 1976 Code), CRNAs can deliver their own anesthesia care. [3] While anesthesia service payments are split between the two providers, this model takes the physician anesthesiologist away from doing their own cases, while unnecessarily supervising CRNAs.
"Nurse anesthetists have no training for critical care and emergency situations should the patient react poorly to the anesthesia."	CRNAs have extensive critical care experience. They have an average of 3 years critical care experience in the ICU before being accepted into their advanced training in anesthesia which is 36-42 months. While it is true physician anesthesiologists do have critical care experience, current supervision laws do not require the supervising physicians to have any critical care training in order to supervise a CRNA.

FAST FACTS

•Supervision Requirements•

South Carolina's supervision laws require CRNAs to be *"supervised"* ***by ANY physician or dentist*** who has very little or NO training/background in anesthesia. **NO State** requires CRNAs to be supervised by physician anesthesiologists.

•Credentialed and Qualified•

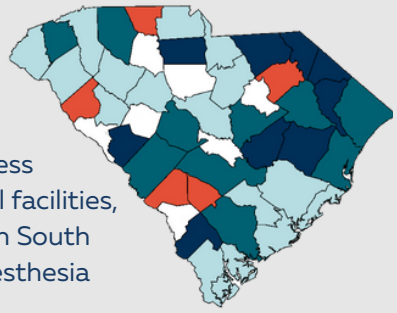
100% of CRNAs are nationally Board Certified.

•Evidence and Economics•

CRNAs working collaboratively, to their full scope, represent **the most cost-effective** anesthesia delivery model. [2]

•Truth in Supervision•

Current **supervision language falsely implies physician liability/responsibility** for the anesthetics delivered and those outcomes. Removing supervision language frees physicians of the false perception of liability and will allow for essential providers such as CRNAs in more settings, increasing access to care in at-needs rural facilities, such as the **7 counties** in South Carolina considered anesthesia "deserts."

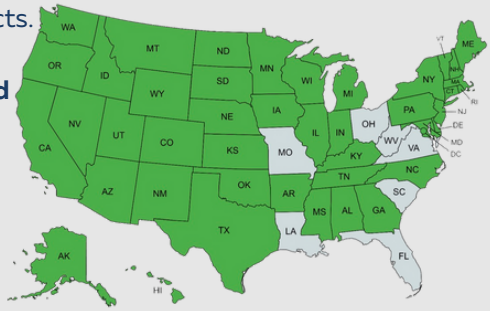


REMOVING ANTIQUATED SUPERVISION LANGUAGE WILL:

•Update•

Bring South Carolina in line with 43 other states that do not have the term supervision for CRNAs in their nurse practice acts.

We CAN'T afford to be LAST!



References:

1]] Standards for Nurse Anesthesia Practice. (2019), https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/professional-practice-manual/standards-for-nurse-anesthesia-practice.pdf?sfvrsn=e00049b1_18.

[2] 1] Update of Cost Effectiveness of Anesthesia Providers. (May 2016), https://www.lewin.com/content/dam/optum3/Lewin/resources/publications/AANA-CEA-May2016.pdf.

[3] South Carolina Code of Laws. Title 40. Professions and Public Health. https://www.scstatehouse.gov/code/t40c033.php

S.C.A.N.A.
South Carolina Association of Nurse Anesthetists