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Legislation Seeks to Increase Access to Safe Anesthesia Services for Patients across Michigan

Michigan Would Join Dozens of States with More Flexible Anesthesia Models

LANSING, Mich. — Michigan would join the growing number of states — now 40 in all — working to improve patient access to essential healthcare services by giving hospitals flexibility to choose the safe anesthesia delivery model that best meets the needs of their communities, under legislation introduced late Thursday in the state Senate.

The legislation sponsored by Senate Majority Leader Mike Kowall, R-White Lake, and supported by hospitals, nurses and many physicians and surgeons would improve access to safe anesthesia services for patients in medically underserved rural and urban areas of Michigan, while keeping down anesthesia-related costs. Senate Bill 550 would enable Michigan hospitals to choose the safe anesthesia model that best meets the needs of their patients and communities while requiring that a physician must be part of every surgical patient's care team.

"This legislation ends a nonsensical, meaningless healthcare mandate that drives healthcare costs higher in Michigan and makes it harder for hospitals to meet the needs of their patients and communities," said Howie Drews, a certified registered nurse anesthetist (CRNA) from Jackson who is president of the Michigan Association of Nurse Anesthetists (MANA). "Senate Bill 550 is based on the more flexible patient-focused anesthesia models in place in the overwhelming majority of states. It is a healthcare win-win-win: it would save patients and taxpayers money, improve access to safe anesthesia services in Michigan, and ensure a physician is part of every surgical patient's care team."

In supporting Senate Bill 550, hospital executives and surgeons said substantial scientific and medical research has found no differences in patient safety and surgical outcomes in states with and states without flexible anesthesia models. The research and other information about the bill can be found at www.SmartHealthCareMI.com.

"During my career in hospital leadership, I have been fortunate to oversee two highly successful CRNA-only rural anesthesia departments in our great state of Michigan," said Joanne Schroeder, president of Munson Hospital Charlevoix. "Currently, our highly skilled CRNA's in Charlevoix have been practicing independently with a full scope of practice for over 30 years and have consistently provided superior anesthesia with an impeccable safety record for our patients."

In Michigan, as in most other states, CRNAs provide the anesthesia care for most surgical and other procedures, staying with their patients throughout their procedure and ensuring their safety and comfort until they are moved to the recovery room. Recognizing that CRNAs are highly educated and skilled in the delivery of anesthesia care, 40 other states allow these advanced practice registered nurses to administer anesthesia without mandatory physician supervision. But in Michigan, the current anesthesia delivery model mandates physician supervision of CRNAs. Under the Michigan model, the supervising physician does not even have to be a surgeon or an anesthesiologist. In fact, the supervising physician does not even have to be in the surgery room, in the hospital – or even in the county – when the surgery is being performed.

Under Kowall’s bill, Michigan hospitals could choose to keep the current physician supervision model, or move to a model that is safe and similar to other states that enable CRNAs to practice without mandatory physician supervision.

“We all know Michigan’s physician supervision mandate is a hollow mandate,” said Dr. Willis Gaffney, chief of staff at Sheridan Community Hospital. “We know that in the vast majority of cases, the surgeon relies on the CRNA to be the anesthesia expert, to manage the entire anesthetic process absent any supervision from the surgeon. As surgeons, we understand CRNAs are educated and trained to manage this process safely absent physician supervision, just like in most other states.

“CRNAs have the education and training to manage and administer anesthetics,” he added. “The science shows that in terms of patient safety, medical outcomes are the same in states with and without supervision. There is also no debating the fact that the vast majority of states don’t have mandatory supervision because it does not meet the needs of patients in this new world of health care.”

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