



ACCESS TO ANESTHESIA CARE AND SCOPE OF PRACTICE

Frequently, conversations around independent practice of Advanced Practice Registered Nurses (APRNs) are couched in conversations about access to care. This argument is not justifiable in anesthesia care because these are facility-based providers. In an examination of the county of residence for both anesthesiologists and nurse anesthetists, anesthesiologists and nurse anesthetists are clustered around the 102 trauma hospitals (levels I-III) which require anesthesia services to be available. Of those hospitals, only one is located in a county without anesthesiologists¹.

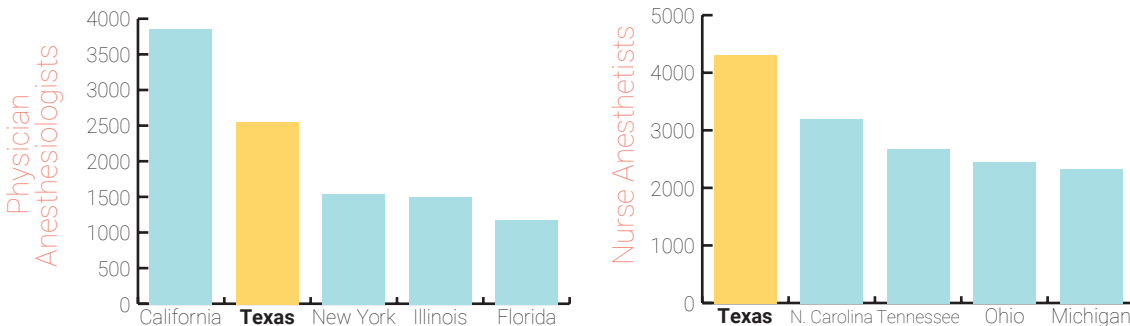
In states where independent practice has been granted to nurse anesthetists in Medicare, studies have consistently shown no increase to inpatient access to surgical care. In fact, it may even reduce access to outpatient surgical care. Patients traveled the same distance in opt-out states as did patients in states without independent practice². That's because **non-physician anesthesia providers practice in the same hospitals as physician anesthesiologists.**

Texas already has the second highest number of physician anesthesiologists, and the highest number of nurse anesthetists

According to the US Bureau of Labor Statistics, Texas already has the second highest number of physician anesthesiologists³, and the highest number of nurse anesthetists⁴. **The only way to increase access to anesthesia surgical care is to provide more operating rooms.**



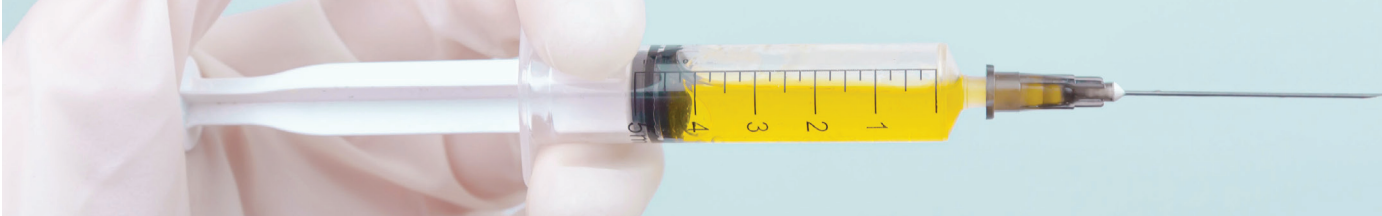
States with the Highest Employment Levels



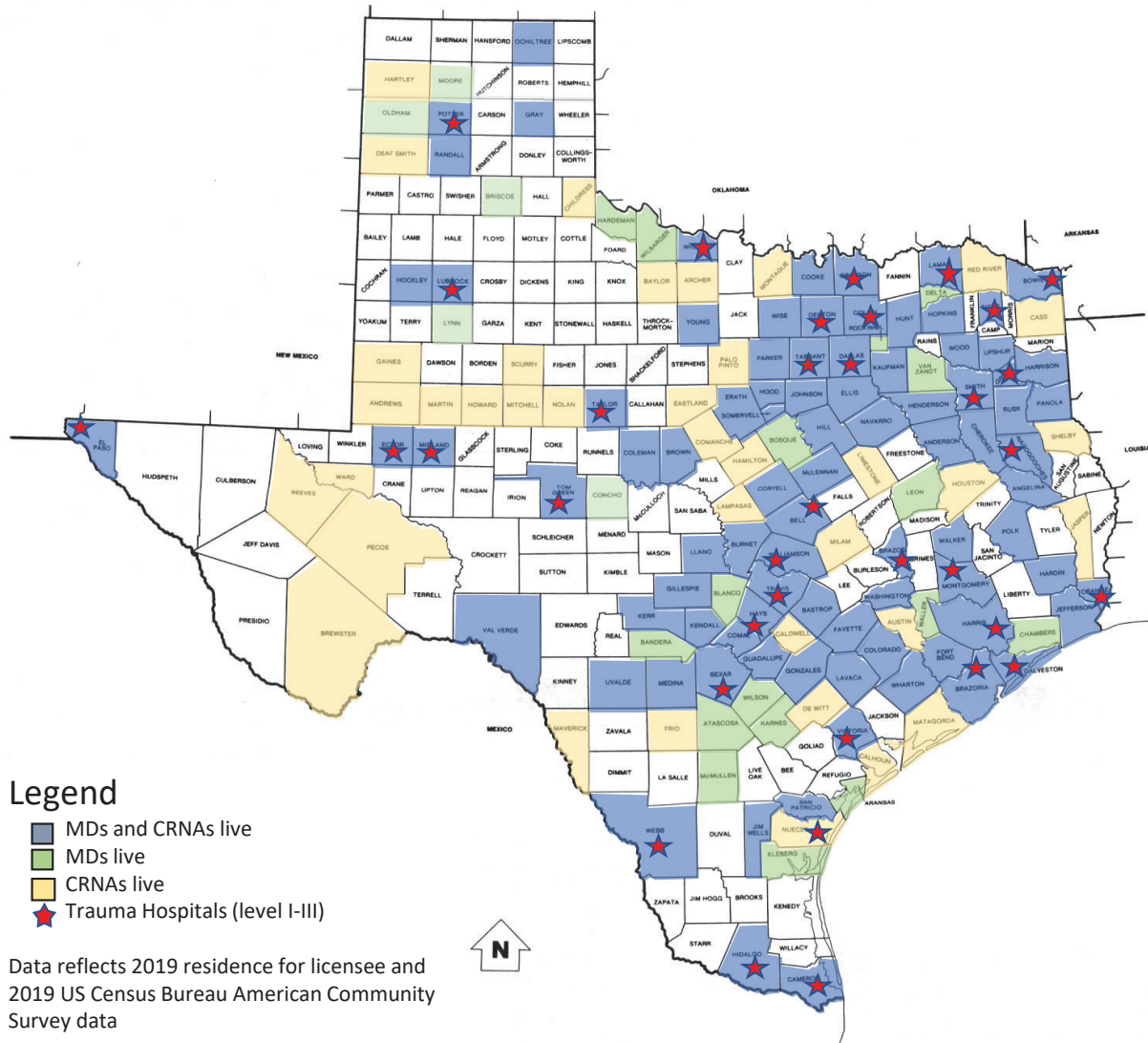
Besides surgical care, there is no evidence that granting nurse anesthetists independent practice increases access to pain management care. Medicare's own data show that nurse anesthetists provide few, if any chronic pain services, and, in particular, do not provide these services in rural areas. Furthermore, despite an increase in the number of chronic pain procedures billed by all rural providers from 2009 through 2019, the number of procedures billed by CRNAs in rural areas declined 27% during this period. In fact, Medicare's data show that **physicians are the overwhelming providers of pain services, even in underserved areas, delivering over 99.8% of all services**⁵.



Independent practice of nurse anesthetists does not increase access to care, does not decrease costs, and can lead to **deadly consequences.**



Debunking The Myth That Nurses Care For Rural Patients That Anesthesiologists Do Not.



Fact: Both anesthesiologists and nurse anesthetists are facility-based providers. They work in hospitals. There are four levels of trauma designations for hospitals, the top three of which require anesthesiology to be available. **Of the 102 trauma hospitals (★) that require anesthesiology, only one falls in a county where there is no anesthesiologist but it is surrounded by three counties that have anesthesiologists.**

Anesthesiologists and nurse anesthetists live where there are hospitals because that's where their patients are.

92% of the population lives in counties with an anesthesiologist.

Less than 4% of the population lives in counties with only a nurse and the majority of those counties are suburbs to major metropolitan areas. Some of these counties may reflect nurse anesthetists that work in dental offices.

1. Texas Trauma Facilities. (2021, March 2). Texas Department of State Health Services. <https://www.dshs.texas.gov/emtraumasystems/etrahospt.htm>
2. Schneider JE, Ohsfeldt R, Li P, Miller TR, Scheibling C. Assessing the impact of state "opt-out" policy on access to and costs of surgeries and other procedures requiring anesthesia services. Health Econ Rev. 2017 Dec;7(1):10. doi: 10.1186/s13561-017-0146-6. Epub 2017 Feb 28. PMID: 28243888; PMCID: PMC5328901.
3. Anesthesiologists. (2008, September 9). U.S. Bureau of Labor Statistics. <https://www.bls.gov/oes/current/oes291211.htm>
4. Nurse Anesthetists. (2008, September 9). U.S. Bureau of Labor Statistics. <https://www.bls.gov/oes/current/oes291151.htm>
5. Manchikanti L, Caraway DL, Falco FJ, Benyamin RM, Hansen H, Hirsch JA. CMS proposal for interventional pain management by nurse anesthetists: evidence by proclamation with poor prognosis. Pain Physician. 2012 Sep-Oct;15(5):E641-64. PMID: 22996859.

