



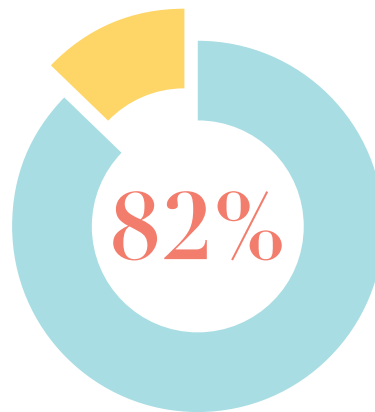
EXPERIENCE MATTERS IN THE OPERATING ROOM

Anesthesiology is the practice of medicine. Anesthesiologists are physicians who specialize in anesthesia care, pain management, and critical care medicine, bringing the knowledge required to treat the entire body. Anesthesia is not about putting someone to sleep, but putting the patient's brain to sleep through the use of dangerous controlled substances which require an anesthesiologist to regulate brain, heart and lung functions, as well as pain receptors in the whole body. Nurse anesthetists and anesthesiologist assistants are qualified and valued members of the physician-led anesthesia care team (ACT) but **there is no substitute for a physician**. The fact is nurse anesthetists have about half the education and less than 20% of the clinical experience. Surveys repeatedly show patients want physicians in charge. A Texas survey showed that a majority of Texans were most concerned about patient safety and quality of care when choosing a hospital¹. During a surgery, the difference of seconds in reacting to an emergent issue can mean life or death.

A Doctor of Nursing Practice degree cannot substitute for a physician.

Many nurses are now pursuing a doctorate degree – Doctor of Nursing Practice (DNP), which will be required for entry-level nurse anesthetist programs by 2025. But this degree is not equivalent to a medical degree (MD).

In 2004, the American Association of Colleges of Nursing published a position statement that redefined the clinical care patient practice only to include nonclinical care. Studies have analyzed the list of accredited DNP programs reported by the American Association of Colleges of Nursing to compare whether the programs provided graduates with adequate education and



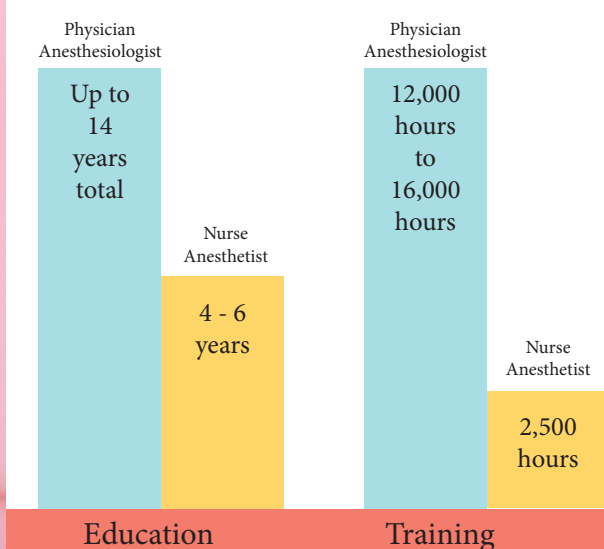
82% of Texans want a physician performing their anesthesia for surgery.²



training for advanced clinical practice or administrative leadership. Between 2005 and 2018, 553 DNP programs were established – 15% (83) are clinical, and 85% (470) are nonclinical³. Many of these programs are online only and provide no structured clinical experience for their students, leaving them to arrange their own clinical hours shadowing physicians. With the nation's growing need for access to healthcare, this extreme imbalance in educational resources and training of nurse DNP programs may jeopardize the future safety and quality of patient care.

There is no substituting physician education and training.

As physicians, **anesthesiologists receive 12 to 14 years of medical education and 12,000 to 16,000 hours of clinical training** specializing in anesthesia care and pain management. By comparison, **CRNAs receive 4 to 6 years of education and about 2,500 hours of training** in patient care – half the education and a fifth of the clinical hours a physician anesthesiologist receives.



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



1. The Eppstein Group, Texas Interested Citizens Statewide Benchmark Survey (2014)
2. The Eppstein Group, Texas Interested Citizens Statewide Benchmark Survey (2014)
3. Munding MO, Carter MA. Potential Crisis in Nurse Practitioner Preparation in the United States. *Policy Polit Nurs Pract.* 2019 May;20(2):57-63. doi: 10.1177/1527154419838630. Epub 2019 Apr 3. PMID: 30943837.