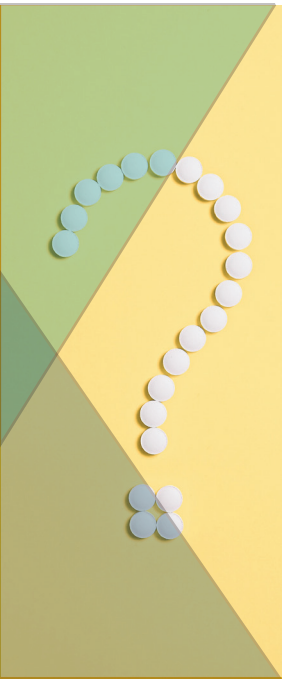




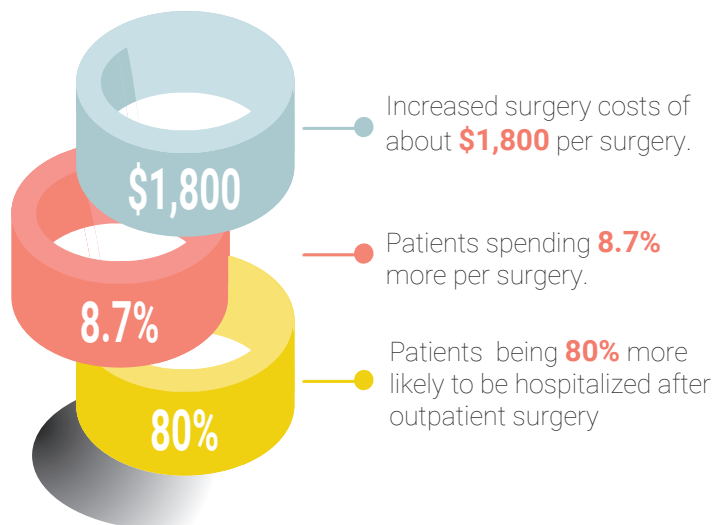
INDEPENDENT PRACTICE ACTUALLY INCREASES COSTS, UTILIZATION, & SAFETY CONCERNS

Medicare, Medicaid and commercial insurance carriers reimburse anesthesia based on a consumption basis. That is, the cost of the anesthesia is an algorithm which takes a base unit of the type of procedure, the age and health of the patient and multiples that by a time unit (usually 15 minutes) for the length of time the patient is under anesthesia. The cost of the anesthesia does not change depending on the provider. Therefore, **independent practice of the nurse anesthetist provides no cost saving to the patient.**



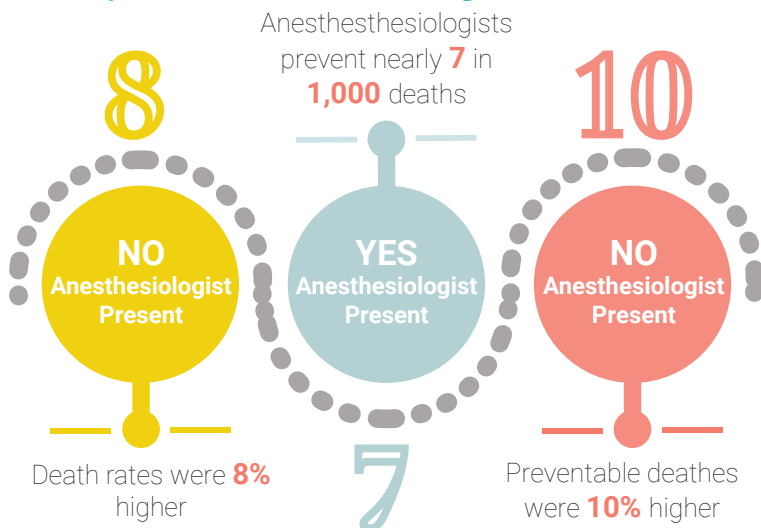
However, eliminating physician anesthesiologists can actually cost more to the patient economically and physically. Nurse anesthetists require more time to perform the same anesthesia services as an anesthesiologist, resulting in a higher number of time units and therefore a higher anesthesia cost to the patient. These higher costs can be significant - about \$1,800, or 8.7% higher per surgery¹. Further, hospitalizations are far less likely if an anesthesiologist provides care. Patients having outpatient surgery were 80% more likely to be hospitalized when a nurse anesthetist provide the care instead of an anesthesiologist². But significant **costs are not just monetary.**

Nurse Anesthetists practicing independently of a Physician Anesthesiologist resulted in:



One independent, peer-reviewed study, which analyzed Medicare cases where an anesthesia or surgical complication occurred, showed **the presence of a physician anesthesiologist prevented nearly 7 excess deaths per 1,000 cases.** Overall, death rates were 8% higher and preventable deaths due to a complication (failure to rescue) were 10% higher among patients whose anesthesia was not provided by a physician anesthesiologist³.

Physician Anesthesiologists save lives.



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



1. 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.
2. Memtsoudis, Stavros G. et al. Factors influencing unexpected disposition after orthopedic ambulatory surgery. *J Clin Anesth.* 2012;24(2):89-95.
3. Silber JH, Kennedy SK, et al. Anesthesiologist direction and patient outcomes. *Anesthesiology.* 2000;93(1):152-63.