

**Testimony before the CT Public Health Committee
Regarding HB 7161
“An Act Revising the Definition of Advanced Nursing Practice”**

**Jane C.K. Fitch, MD
March 5, 2007**

My name is Jane Fitch and I am a Board-certified anesthesiologist at the University of Oklahoma where I serve as Professor and Chair of the Department. I appreciate the opportunity to share with you my unique perspective on the issue of physician supervision of nurse anesthetists (NA), because prior to my becoming an anesthesiologist, I was a NA. Although I present my testimony as an out-of-state practitioner, I fondly recall my time on staff at Yale-New Haven Hospital and the Yale School of Medicine (1993 – 1998) where I served as Assistant Professor, Co-Director of the Cardiac Anesthesia Fellowship and Associate Operating Room Manager.

I am very concerned about the proposal in Connecticut to relax the scope of practice regulations as they apply to advanced practice nurses and NA's. As recently as 1992, HCFA, now CMS, ruled that it was inappropriate to allow anesthesia administration by NA unless supervised by a physician. Because of the aging population and increasingly complex medical and surgical procedures, this need for physician supervision has never been greater. Our specialty has recognized this fact and in the mid 1980s actually added an additional year of residency training for physician anesthesiologists.

To appreciate why NA should not be allowed to independently practice the critical care specialty of anesthesiology, you must first understand the differences in education and training.

1. NA education and training ranges from 4-6 years after high school. Almost 40% of NA have no college degree.
2. That is in contrast to an anesthesiologist's education and training which ranges from 12-14 years after high school, or 2 to 3 times the length of NA education and training.

Equally important as the difference in length of training is the difference in depth of knowledge. The shorter education and training of NA does not allow them to learn in as much detail or to gain as much experience as is needed to practice independently. Yes, the education and training to become a NA prepared me to function as a member of the anesthesia care team. However, it did not provide me with the comprehensive medical and surgical knowledge, judgment, and skills necessary to independently provide anesthesia care. As an anesthesiologist, I can now go and evaluate my patient preoperatively to sort out all of their medical problems, and treat them, in order to get them in the best possible shape before their surgery. After getting them through their anesthetic, I can then take care of them postoperatively in the recovery room or intensive care unit and deal with any complication that may arise. I can also serve as a perioperative consultant to all members of the healthcare team. NA education and training does not prepare you to do this.

As a NA, I felt limited in my ability to care for my patients, but not because I didn't have independent practice. Rather it was because I knew that I did not know enough. I take care of patients every day having heart surgery, who have their heart stopped and the restarted, during the course of their anesthetic. Life saving decisions must be made within seconds. I can never be too well educated or too well trained to function in this environment.

On a personal note, both of my parents are Medicare beneficiaries who are fortunate enough to travel. If they need surgery and anesthesia while traveling, I don't want to be concerned about what state they are in to know whether a nurse or a physician will supervise their anesthetic. All patients, in every state, deserve the right to benefit from physician input into their anesthetic care.

Cost is not the issue because there is no difference in reimbursement. I strongly urge the Public Health Committee to reject the proposed relaxation of physician oversight of NA's, as this would deny patients the right to have a physician supervise their anesthetic. Greater than 80% of senior citizens polled across the country do not support losing their ability to have a physician involved in their anesthetic care. The practice of anesthesiology is far too critical to not have physician involvement.

I would like to leave you with 2 thoughts:

1. I challenge NA who want independent practice to go for it – but do what I did, and go through the proper medical education process and don't seek legislative shortcuts.
2. I challenge the Public Health Committee to make the decision that is in the best interest of patient safety, and that is the ability to independently practice the critical care specialty of anesthesiology should only be granted through proper medical education and training and not through legislation.

Thank you for your time and attention. I regret my inability to present this testimony in person, but I have a unique perspective on this matter which I urge you to take into account as you consider this important matter:

Respectfully submitted,

Jane C.K. Fitch, MD
Professor and Chair
John L Plewes Chair
Department of Anesthesiology
University of Oklahoma
920 Stanton L. Young Blvd.
Williams Pavilion Rm 2530
Oklahoma City, OK 73104
Ph 405/271-4351
Fax 405/271-8695
Jane-Fitch@ouhsc.edu