

Connecticut Association of Nurse Anesthetists

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Written Testimony of
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House Bill No. 6674, An Act Concerning Workforce Development and Improved Access
to Health Care Services

Monday, March 16, 2009
General Assembly's Public Health Committee

Good day Senator Harris, Representative Ritter, Senator Debicella, Representative Giegler and members of the Public Health Committee. My name is Dianne Murphy. I live in Waterbury. I am a Certified Registered Nurse Anesthetist (CRNA), a licensed Advanced Practice Registered Nurse (APRN), and I hold a Master's Degree in Biological Sciences specializing in anesthesia. I am here today representing the Connecticut Association of Nurse Anesthetists (CANA). Thank you for this opportunity to testify on House Bill 6674, "An Act Concerning Workforce Development and Improved Access to Health Care Services."

On behalf of CANA I would like to state clearly our position regarding House Bill 6674. We are not seeking a legislative change to our section of the Statute. At this time Connecticut CRNAs do not experience those same problems with access to health care as our APRN colleagues. Nonetheless, we understand and support our APRN colleagues' efforts to increase access to health care for Connecticut's citizens.

Since the beginning of discussions on this most important legislation, CANA has communicated this position to our fellow APRN partners, to the leadership of this committee, to the Commissioner of the Department of Public Health and his staff, our anesthesiologist colleagues and the State Medical Society.

In the way of background there are approximately 36,000 nurse anesthetists across the country, with about 400 in Connecticut. Nurse anesthetists represent a little more than 10-percent of Connecticut's Advance Practice Nurses. Nurse anesthetists provide anesthesia in every setting in which anesthesia care is delivered including hospitals, obstetric units, ambulatory surgical centers and office base practices, for all types of surgical cases.

The practice of anesthesia is a recognized specialty in both nursing and medicine. Both nurse anesthetists and anesthesiologists administer anesthesia for all types of surgical procedures. It is important to note, that no federal or state nursing statute or regulation requires nurse anesthetists to be supervised by an anesthesiologist. Patient outcomes data consistently have shown that the anesthesia provided by nurse anesthetists is of the same high quality as that provided by anesthesiologists.

There are two models in which nurse anesthetists practice. They either contract with a freestanding surgical center or they are part of an anesthesia team in a hospital/outpatient setting.

In the surgical center or office-based practice, nurse anesthetists work with the surgeon to provide anesthesia to patients. In the hospital/outpatient setting, the anesthesiologist and nurse anesthetist work together as a team to provide coverage for several operating rooms at one time. Both of these approaches serve the patient well.

Finally, please find attached to my testimony an amendment to this legislation which we trust addresses this issue.

Once again, thank you for this opportunity to address you regarding this important legislation to Connecticut's citizens. I would be glad to answer any questions.

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Amendment to HB 6674, An Act Concerning Workforce Development and Improved
Access to Health Care Services (LCO 4664)

In line 45 after "inclusive" remove the period and bracket before "except"

In line 52 after the period insert a bracket