



TANA Opposes TMA Bill Restricting CRNA Practice

HB 861 Scheduled for House Health Subcommittee at 1:30pm on 2/16/16

SB 521 Scheduled for Senate Health at 3:00pm on 2/17/16

TANA MEMBERS TAKE ACTION NOW! CRNA Practice, YOUR Practice is at STAKE!!!

1. **Contact** your legislator to **OPPOSE SB 521/HB 861**. (A sample letter is provided below.) Click [HERE](#) to find your legislator.
 - a. **House Health Subcommittee** - <http://www.capitol.tn.gov/house/committees/sub-health.html>
 - b. **Senate Health** - <http://www.capitol.tn.gov/senate/committees/health-welfare.html>
2. **Read** the TMA White Paper as well as SB 521/HB 861 to educate yourself on what TMA's proposal would mean for your practice. (Links provided below.)
3. **Understand** what TMA's leadership believes about the role of APNs in TN. (Link provided below.)
4. **Share** this information with other CRNAs, APRNs and healthcare colleagues.

TANA POSITION – TANA OPPOSES SB 521/HB 861. SB 521 by Sen. Joey Hensley/HB 861 by Rep. Cameron Sexton would enact the "Tennessee Healthcare Improvement Act" to establish physician-led patient care teams to oversee the practice of all APNs in Tennessee, including CRNAs. The TMA proposal is **NOT** about improving access to safe, quality care for patients in Tennessee. It **IS** an attempt to restrict the practice of APRNs in Tennessee. TANA opposes TMA's efforts to restrict CRNA practice and any attempt to negatively impact the Board of Nursing's ability to regulate its licensees.

CRNAs are NOT primary care providers!!! CRNAs are NOT physician extenders!!! There is NO evidence of problems or poor outcomes related to CRNAs delivery of anesthesia care in Tennessee!!!

How would SB 521/HB 861 Impact CRNA Practice?

1. A **CRNA's ability to administer, dispense, or prescribe pharmaceuticals** would be limited to those acts **expressly delegated by a patient care team physician to an advanced practice registered nurse**. (SB 521/HB 861 Section 15)
2. Every APRN **shall** be required to practice as part of a patient care team and would only be allowed to provide to render treatment, including the administration, prescribing, and dispensing of pharmaceuticals, as part of the patient care team. (SB 521/HB 861 Section 17(b)(1))
3. Every APRN **shall** engage in collaboration with at least one (1) patient care team physician, as evidenced in a **written practice agreement**. (SB 521/HB 861 Section 17(b)(3))

4. Practice agreements **shall** include a provision for “appropriate physician review” or referral of a complex medical condition. Every practice agreement shall include a formulary that lists the categories of legend drugs and controlled substances that each APRN may prescribe or issue. (SB 521/HB 861 Section 17(b)(6) and (7))
5. The bill defines what would be considered a “complex medical condition”, specifying that a condition that is “emergent, substantially disabling, or life-threatening; **requires the use of anesthesia...**” The minimum requirements for complex medical conditions **shall** be included in **every practice agreement, including physician involvement and referral.** (SB 521/HB 861 Section 17(a)(4) and (c))
6. Further “if a decision by the board of medical examiners or the board of osteopathic examination as to who or what constitutes a **complex medical condition** contradicts any decision made by the board of nursing concerning a similar complex medical condition, **the decision and rules of the board of medical examiners or the board of osteopathic examination shall supersede the decision made by the board of nursing.**” (SB 521/HB 861 Section 17(c))
7. A CRNA, providing anesthesia services at a **licensed facility (ex. hospital, ASTC),** may use the physician providing the medical or surgical service as a surrogate for a patient care team physician; however, **if a CRNA provides anesthesia in an office-based setting or dental office, then the physician providing the medical or surgical service could not serve as the patient care team physician, meaning an anesthesiologist would be required.** (SB 521/HB 861 Section 17(g))
8. **If a CRNA administers opioids or benzodiazepines,** then the patient care-team physician shall have to **review 100% of patient charts.** (SB 521/HB 861 Section 17(e)(5)).

Below is a sample letter you may customize to e-mail your legislator.

Dear Senator/Representative _____,

I am writing to ask you to oppose SB 521 by Senator Joey Hensley/ HB 861 by Representative Cameron Sexton. This bill would severely restrict advanced practice nurses and their ability to provide healthcare services in your district and across the state. The bill would impose restrictions and onerous requirements by attempting to impose a “one size fits all” model on all APRNs without recognizing that Nurse Practitioners (NP), Certified Registered Nurse Anesthetists (CRNAs), nurse midwives, and clinical nurse specialists (CNS) are distinct health professionals, each with their own specialized education/training, licensure requirements and scope of practice. The bill is **NOT** about improving access to safe, quality care for patients in Tennessee. It **IS** an attempt to restrict the practice of APRNs, including CRNAs in Tennessee and limit the ability of the Board of Nursing to oversee its licensees.

As a Certified Registered Nurse Anesthetist, I have received specialized training in the delivery of anesthesia and related services. When anesthesia care is delivered by a CRNA, it is the practice of nursing; when an anesthesiologist delivers it, it is the practice of medicine. The standard of care is the same for all anesthesia care regardless of who provides the service. For the past (____) years, I have worked as a CRNA in (name of city/town). I provide anesthesia and related services at (describe your practice setting). I (live and/or practice) in your district, and I work daily to provide safe and high-quality healthcare. I **OPPOSE** SB 521/HB 861 and respectfully request that you **OPPOSE** the SB 521/HB 861 as well.

Thank you,
(CRNA Name)

TMA White Paper – “A Blueprint for Team-Based Healthcare in Tennessee” was published by TMA to garner support for SB 521/HB 861. CRNAs need to know what TMA has planned and would have others believe about your ability as an APRN to deliver quality healthcare in Tennessee. TMA wants to impose a physician-led care team model on all APNs with physicians serving as the “quarterback” for all complex medical conditions, leaving only “uncomplicated” services to so-called “mid-level providers”. To read the White Paper, see the link below.

TMA’s Blueprint for Team-Based Healthcare in Tennessee White Paper:

<http://www.tnmed.org/Documents/A%20BLUEPRINT%20FOR%20TEAM-BASED%20HEALTHCARE%20IN%20TENNESSEE.pdf>

TMA’s Tennessee Medicine - This month’s issue of *Tennessee Medicine* is focused on the “Collaborative Care” model. In the cover article, it states that “the bill (SB 521/HB 861) would change the relationship between physicians and advanced practice nurses from supervisory to collaborative.” **However, when you read SB 521, it’s clear that TMA is seeking to increase physician supervisory oversight of APNs not collaboration.** TMA President, Dr. John Hale, in the *President’s Comments* section, describes all APNs as “physician extenders”, noting, “if ever there was question about what work was to be assigned to the physician extender, the physician made the final determination. Since the doctor was the employer, his or her authority was unquestioned.” He goes on to assert that APNs or so-called physician extenders want to “practice medicine without the supervision and education that is warranted.” As part of his call-to-arms for physicians, he encourages physicians to “record anecdotes of problems you have encountered with APRNs, physician extenders and others in your practice setting.” **Does this sound like the spirit of collaboration that they are claiming?!?**

Read the article for yourself, and ask yourself, are TMA’s efforts to pass SB 521/HB861 to improve healthcare in Tennessee through collaborative interaction between providers or is it their intent to protect turf by imposing supervision on all APRNs, effectively putting nurses back in their place?!?

Tennessee Medicine President’s Comments:

TMA bill SB 521/HB 861 - <http://www.capitol.tn.gov/Bills/109/Bill/SB0521.pdf>.

(Current Status of SB 521/HB 861 – Referred to Senate Health & Welfare Committee. Assigned to House Health Subcommittee.