Senate Passes SB 1019, Moves Michigan Closer to Smart, Safe Anesthesia Delivery Regulations

House Urged to Pass Bill Aligning Michigan with Most Other States

LANSING, Mich. — Backed by an overwhelming body of science affirming its medical benefits, legislation to improve access to safe anesthesia services in Michigan hospitals and other facilities and align Michigan’s anesthesia regulations with those in the vast majority of states passed the Senate today.

Senate Bill 1019, sponsored by Senate Majority Floor Leader Mike Kowall, R-White Lake, would enable Michigan hospitals to choose the anesthesia model that best meets the needs of their patients and communities. The bill would remove the physician supervision requirement for Certified Registered Nurse Anesthetists (CRNAs), thereby aligning Michigan with the vast majority of states that do not have such a requirement. Since 2000, nine scientific and medical studies have confirmed that anesthesia policies similar to those proposed in SB 1019 improve access to anesthesia services while protecting patient safety.

“We are grateful that the Senate paid attention to the medical science and the patient benefits that have occurred in other states and passed Senate Bill 1019,” said Andrea Teitel, president of the Michigan Association of Nurse Anesthetists (MANA). “The bill is supported by Republicans and Democrats because it will improve access to care for Michigan patients, especially those in medically underserved areas, and will enable hospitals to choose the anesthesia delivery model that best meets the needs of their communities.”

Teitel, a practicing CRNA, added: “We applaud the Senate and now urge the House to concur in the bill so Michigan patients can benefit like those in the vast majority of other states.”

Under the bill, another meaningless government mandate would be lifted from Michigan hospitals, thereby improving their ability to recruit and retain highly skilled professionals. SB 1019 supporters include the Michigan Health & Hospital Association, surgeons and other physicians, and Republican and Democratic legislators. They point to substantial scientific and medical research that has found that nurse anesthesia services are equally safe in states that don’t impose outdated supervision mandates.

A growing number of states — 40 now — have more flexible anesthesia models than Michigan, because extensive research has found no difference in patient safety and medical outcomes in states with and without
the old model of mandatory “supervision” of CRNAs. In fact, since 2000 nine studies have confirmed that CRNAs ensure access to safe anesthesia care to millions of Americans — including veterans. The most recent study — “Scope of Practice Laws and Anesthesia Complications: No Measurable Impact of Certified Registered Nurse Anesthetist Expanded Scope of Practice on Anesthesia-related Complications”— was published in June in the journal Medical Care. Studies have also found that access to anesthesia can improve and costs can be lower in the growing number of states without mandatory supervision of CRNAs.

In Michigan, nearly 2,600 CRNAs provide anesthesia for every type of surgical and other procedure, staying with their patients throughout their procedure and ensuring their safety and comfort until they are moved to the recovery room. Highly educated, skilled and licensed in the delivery of anesthesia care, CRNAs safely administer anesthesia without mandated physician supervision in the vast majority of states.

More about the issue can be found at www.SmartHealthCareMI.com.

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