

Facts about H 4278 / S 563: Removal of Physician Supervision of CRNAs from South Carolina Nurse Practice Act

What are H 4278 / S 563?

- The South Carolina Association of Nurse Anesthetists (S.C.A.N.A.) supports Senate Bill 563 sponsored by Senator Tom Davis (District 46 - Beaufort) and House Bill 4278 sponsored by Representative Phillip Lowe (District 60 - Florence) which would allow Certified Registered Nurse Anesthetists (CRNAs) in South Carolina to practice to the full extent of their education, training, certification, and licensure without physician supervision.
- The most positive result of passage of these bills would be improved patient access to safe, high quality, cost-effective anesthesia care across our great state. Anesthesia, of course, enables facilities to provide essential healthcare services such as surgery, labor and delivery, trauma stabilization, and pain management.
- These bills remove physician supervision language from the South Carolina Nurse Practice Act as it relates to the practice of nurse anesthesiology in South Carolina.
- Currently, 40 states and the District of Columbia have no supervision requirement concerning nurse anesthetists in nurse practice acts, board of nursing rules/regulations, medical practice acts, board of medicine rules/regulations, or their generic equivalents. Neither does the U.S. Military. *We believe it is time for South Carolina to join them.*

Who are CRNAs?

- CRNAs are anesthesia experts who safely administer more than 49 million anesthetics to patients each year in the United States.
- CRNAs are highly qualified, receiving 7 to 8 ½ years of education and approximately 9,300 clinical hours of training specific to nursing and anesthesiology.
- CRNAs are qualified to deliver anesthesia care to all patients, from infants to seniors, for every type of procedure that requires anesthesia, and in every type of healthcare setting where anesthesia is delivered.
- Nurse anesthetists were the first recognized anesthesia providers, delivering care to wounded soldiers on battlefields during the American Civil War. They have been the main providers of anesthesia care to U.S. Military personnel on the front lines since World War I.

Why is this Legislation Good for SC?

- By allowing CRNAs to work to their full scope of practice, South Carolina can help improve patient access to safe, cost-effective anesthesia care and enable more healthcare facilities to provide essential surgical, obstetrical, emergency and pain management services, particularly in rural and other medically underserved areas.
- Unfortunately, South Carolina continues to have one of the lowest rankings in overall health statistics in the country (#45 out of #50). Our goal is to change that by making South Carolina a top-tier state.

- SC is currently experiencing a population explosion, so to meet the growing demand for healthcare services all providers, especially CRNAs, need to be able to practice to the highest level of their education, training, certification, and licensure to ensure patient access to care.
- CRNAs practicing to the fullest extent of their education and training will help control skyrocketing healthcare costs. It will allow healthcare facilities the flexibility to choose the most cost-effective anesthesia practice model for their patient care. Research has confirmed that a CRNA working as the sole anesthesia provider is at least 25 percent more cost-effective than any other anesthesia delivery model, and even more cost-effective than a CRNA working with an anesthesiologist. (NOTE: The mean annual salary of anesthesiologists is approximately 2½ times greater than the salary of CRNAs. Because Medicare pays the same fee for an anesthesia service whether it is provided by a CRNA, an anesthesiologist or both working together, the higher compensation of the anesthesiologist is borne by the hospital, healthcare facility or the patient.)

Everything Else You Need to Know...

- CRNAs do not provide anesthesia in a vacuum. They are and always will be part of the *patient care team*, working closely with surgeons, nurses, technicians and other healthcare professionals to ensure the best possible outcome for the patient. Incidentally, whenever anesthesiologists are the hands-on providers of anesthesia, they too function as part of the *patient care team*, providing the exact same services as CRNAs.
- Numerous studies have confirmed that the care CRNAs provide is equally safe regardless of whether they are supervised by a physician or practice independently.
- There is a 0% difference in safety between CRNAs and physician anesthesiologists.
- CRNAs are educated and trained to provide anesthesia care for complicated medical procedures and to handle any type of emergency situation.
- The courts have consistently determined that surgeons and other healthcare providers face no increase in liability when working with a CRNA versus an anesthesiologist.
- CRNAs carry the same liability insurance as physician anesthesiologists for all the services they provide. On a nationwide basis, the average 2018 malpractice liability insurance premium for self-employed CRNAs was 33 percent less than it was in 1988. When trended for inflation through 2018, the reduction in premiums was even greater, at 68 percent.
- This is not a practice expansion bill for CRNAs. It will not expand on what nurse anesthetists are currently doing every day in healthcare facilities and offices throughout the state. It will merely allow CRNAs to deliver anesthesia to their full scope of practice, thereby ensuring patients access to safe, cost-effective anesthesia care.

Show your support for this important legislation by signing our [petition](#). Or, “[Find Your Legislator](#)” on the South Carolina legislature website and tell him or her how much you support H 4278 / S 563: Removal of Physician Supervision of CRNAs from South Carolina Nurse Practice Act. Thank you!