

Senate Business, Professions and Economic Development Informational Hearing on Pediatric Anesthesia, Panel B, Monday, Feb. 13, 2017, Karyn Karp, CANA Practice Director

Mr. Chair, Members of the Committee, and Assembly Member Thurmond,

My name is Karyn Karp. I am the Practice Director for the California Association of Nurse Anesthetists (CANA) and a certified registered nurse anesthetist with 28 years of experience practicing in Northern California. I was asked by the committee to testify on the current practice of CRNAs in California, as well as give CANA's thoughts on the Dental Board's report.

First, I would like to thank Senator Hill and Assembly Member Thurmond, as well as the Dental Board for their leadership on the issue of pediatric dental anesthesia safety. CANA has participated through supporting Senator Hill's request and supporting Assembly Member Thurmond's legislation, as well as meeting with the Dental Board during their process and providing input into their report.

First a little about CRNAs in California. Certified Registered Nurse Anesthetists (CRNAs) are advanced practice registered nurses (APRNs) who are required to have a minimum of 8 years of combined education, training and critical care nursing experience before passing a national certifying examination and entering the anesthesia workforce with a master's or doctoral degree. There are 2400 active licensed CRNAs practicing in California. CRNAs do not require physician supervision in California and practice independently in every healthcare setting where anesthesia is delivered, from traditional acute care hospitals to ambulatory surgery centers and physician offices. CRNAs are the primary providers of anesthesia in rural and medically underserved communities providing 65% of anesthesia services to these populations. Currently, nine counties in California depend solely on CRNAs for anesthesia care and services. However, CRNAs also practice in team care settings on a daily basis, collaborating with surgeons, obstetricians, anesthesiologists, dentists and other healthcare providers to deliver safe, high-quality, cost-effective anesthesia care.

In regard to the Dental Board's Report on Pediatric Anesthesia and in light of time, CANA supports, in general, recommendations to improve collection of data, updating definitions, education requirements, personnel, requiring capnography usage and increasing authority for the Dental Board to conduct onsite inspections and evaluations. CANA also supports the Dental Board's assertion that any change needs to "*strike the balance between established practices and evidence-based changes... that provide greater patient safety, as well as the need to examine the effect of any proposed new legislation on access to care and cost effectiveness for pediatric dental patients and our resource-constrained healthcare system.*"

CRNAs see every day, on a first-hand basis, the continued need of vulnerable communities for access to safe, effective anesthesia care. One current California statutory requirement impedes CRNAs' ability to offer anesthesia services in dental office settings and serves as a barrier to access. Even though CRNAs have independent scope of practice, we currently are not able to obtain an office anesthesia permit individually from the Dental Board, like our other anesthesia provider colleagues. Instead, dentists, many of whom practice in rural or underserved communities that may not have any other anesthesia providers available than CRNAs, must obtain their *own* anesthesia permit, which requires additional fees and educational requirements. This creates an undue burden on dentists for using CRNAs in dental offices which does not exist in any other setting. This includes hospitals and dental ambulatory surgery centers where CRNAs currently provide pediatric dental anesthesia on a regular basis, as well as office settings for a multitude of other specialty services. We do not see this as a scope battle between anesthesia providers; we work collaboratively in our daily lives and there is a need in our communities that provides opportunities for all anesthesia providers.

CANA asks that this inequity in the dental permitting process be addressed in any legislation implementing the report's recommendations, so that CRNAs can be utilized more easily in dental office settings to serve communities in need.