



AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS



February 13, 2018

The Honorable Joan Carter Conway
Chairwoman
Maryland State Senate Committee on Education, Health, and Environmental Affairs
Miller Senate Office Building, 2 West Wing
11 Bladen Street
Annapolis, Maryland 21401

Dear Chairwoman Carter Conway:

The American Osteopathic Association (AOA) and the Maryland Association of Osteopathic Physicians (MAOP) are writing to urge you to reconsider your support for SB 698. This legislation expands the authority of certified registered nurse anesthetists (CRNAs) by allowing them to order and interpret tests and radiographic imaging studies, order medications and provide perioperative care without collaboration with a physician. The AOA and MAOP are concerned that such a large increase in CRNA scope of practice, without commensurate increases in education, training or competency demonstration requirements, could place the health and safety of Maryland patients at risk.

The AOA represents 137,000 osteopathic physicians (DOs) and medical students, promotes public health, encourages scientific research, serves as the primary certifying body for DOs and is the accrediting agency for osteopathic medical schools. More information on DOs/osteopathic medicine can be found at www.osteopathic.org. MAOP is a professional medical organization that represents over 1,100 DOs providing patient care in Maryland.

The AOA and MAOP support the “team” approach to medical care because the physician-led medical model ensures that professionals with complete medical education and training are adequately involved in patient care. Any increase in CRNA scope of practice should be directly related to additional education, training and competency demonstration requirements.

DOs complete:

- **Four years of medical school**, which includes **two years of didactic study** totaling upwards of 750 lecture/practice learning hours just within the first two years, **plus two more years of clinical rotations** done in community hospitals, major medical centers and doctors' offices.
- **12,000 to 16,000 hours of supervised postgraduate medical education**, i.e., residencies, where DOs develop advanced knowledge and clinical skills relating to a wide variety of patient conditions.

CRNAs complete:

- A **two-year master's degree** in a nurse anesthesia program.
- **No postgraduate training.**

This bill allows CRNAs to independently:

- **Order and interpret laboratory and diagnostic tests.**
- **Order and interpret radiographic imaging studies**, even if their master's program requires no coursework in diagnostic imaging.
- **Order drugs and medications.**
- **Manage fluids in intravenous therapy and provide respiratory care.**

Eliminating physician involvement and expanding the authority of CRNAs to independently provide health care services without appropriate increases in training and competency demonstration could place patient safety and the public at risk. Further, diagnostic imaging, including X-rays, poses a potential risk to patient safety, due to the presence of radiation, which can cause cell mutations that may lead to cancer. Increasing the number of clinicians with the ability to order diagnostic imaging also increases the risk that patients will be exposed to duplicative or otherwise unnecessary imaging. CRNAs have not had similar education and training to a physician, which prepares them to understand the risks and appropriate use of diagnostic imaging.

We urge you to protect the safety of Maryland's patients by reconsidering your support for SB 698. Should you need any additional information, please feel free to contact Raine Richards, JD, Director, State Government Affairs at rrichards@osteopathic.org or (800) 621-1773, ext. 8199.

Sincerely,



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President, AOA



Brian Kahan, DO
President, MAOP

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