



Oppose SB 2566 - Would Remove Important Patient Safety Protections

Reject Efforts to Allow Nurse Anesthetists to Provide Care Independent of Physicians

Illinois physicians respectfully request your “NO” vote on SB 2566, a bill which would eliminate important patient safety requirements including physician input, having an anesthesia plan agreement and physician availability to treat medical emergencies when nurse anesthetists provide care.

The delivery of anesthesia is unlike any other medical service. It is a complex, high-risk service whereby life-threatening complications can present quickly. The delivery of anesthesia, as well as pain management is considered CRITICAL CARE, not primary care, and has its own set of complications.

When adverse events arise, they require immediate medical attention by physicians to prevent serious injury or death. Unlike primary care, there are NO SECOND CHANCES with surgical anesthesia and interventional pain medicine care.

SB 2566 would remove the requirement for a nurse anesthetist to discuss an anesthesia plan with an anesthesiologist or other physician, or have that physician remain on premises during the delivery of anesthesia in an office or hospital setting to diagnose, consult, or treat emergency medical conditions. Nurse anesthetists would be able to select, order, and administer medication for anesthesia services without supervision or agreement by an anesthesiologist or other physician. In the office setting, nurse anesthetists would only be required to enter in a written collaborative agreement with a physician. However, such written collaborative agreements are loosely defined requiring only a description of the relationship with the collaborating physician and the categories of care, treatment, or procedures to be provided. These agreements do not contain an anesthesia plan.

This is woefully inadequate for the safe delivery of anesthesia care, something Illinois patients deserve and have appropriately relied upon for years. In a hospital setting, **SB 2566 essentially removes the physician from the patient’s anesthesia care - allowing nurse anesthetists to function as anesthesiologists, despite having not having the same level of education, training, or background.** Nurse anesthetists are not physicians and should not be treated as such when it comes to surgical anesthesia patients.

According to the American Medical Association, data shows that in states that have allowed nurse practitioners to practice independent of physician supervision, nurse practitioners have not chosen to locate or practice in underserved or rural areas. By contrast, states that support a team based approach similar to what we currently have in Illinois have seen greater increases in the number of primary care physicians and nurse practitioners.

Patient safety must be the primary driver behind any modification to our health care laws. **Nearly all states require nurse anesthetists to practice with physicians as part of a supervisory or collaborative agreement.** There is no reason to make Illinois an outlier by eliminating longstanding patient safety requirements for physician input and presence when a nurse anesthetist provides medical services.