As you no doubt have noticed, there is a lot going on with Advanced Practice Registered Nurses (APRNs), which include nurse anesthetists. At the time that I am writing this article, we are at the halfway point in the 60-day comment period on the proposed VA APRN rule. If you have not done so already, stop reading this article right now and go to SafeVACare.org to register your comment, and please take five of your friends with you. Okay, now that you are back, you can see the importance of this issue. You might have been involved this past legislative session with Senate Bill 187, which sought to remove the collaborative practice agreement (CPA) requirement for APRNs. SB 187 came close, but did not pass...this time. This would not have affected nurse anesthetists directly. The nurse anesthetists did successfully request and achieve a rule change by the Louisiana State Board of Nursing, which while not removing physician supervision of nurse anesthetists, has produced some confusing interpretations. So what is happening and why is it happening now?

A few years ago, current ASA President-Elect Jeff Plagenhoef, M.D. informed ASA leaders and members about the “APRN Consensus Model.” According to the National Council of State Boards of Nursing, the APRN Consensus Model, which does include nurse anesthetists, “…provides guidance for states to adopt uniformity in the regulation of APRN roles.” This Consensus Model has been around since 2008 and you can research it on the internet to read the entire document. The APRN Consensus Model certainly does not seek to align state regulation and legislation with so-called “restrictive states,” but rather seeks to align states to allow APRNs including nurse anesthetists to be licensed as “independent practitioners with no regulatory requirements for collaboration, direction or supervision.”

In the June 2016 edition of the ASA Monitor, President-Elect Plagenhoef and ASA Senior State Affairs Associate Erin Berry Philp, M.A., J.D. discuss the new “APRN Compact,” which seeks to automatically eliminate physician involvement with those APRNs who hold multistate licenses. Please refer to that article for their analysis. They conclude that, “We must vigorously oppose the APRN Compact in its current form in order to prevent the usurpation of state laws regarding public safety.”

Make no mistake that the APRN Consensus Model, the APRN Compact, the proposed VA APRN Rule, and the recent legislative and regulatory activity in Louisiana are connected. These are all part of a grand plan to remove physicians as the leaders of the care team, and in our case, the leaders of the anesthesia care team. We know from our daily clinical activity the importance of physicians in protecting the safety of our patients. Our wisdom and expertise achieved through medical education and training, are irreplaceable. Unfortunately, political forces are at play. With the push of a button on a legislator’s voting machine…

2016 LSA Goals and How You Can Help Accomplish Them

INCREASE MEMBERSHIP
There are still physician anesthesiologists who are not members of ASA or LSA. Urge your colleagues to join.

To join, click here
To renew your dues, click here

CONTRIBUTE TO THE ASAPAC and LSA PAC
In 2015, despite tremendous effort, less than 46% of LSA members contributed to the ASAPAC. In 2016 we’d like to increase that number to 60%. To contribute to the ASAPAC - click here.

In 2015, only 15% of LSA members contributed to the LSA PAC. We would like to reach at least 30%. To contribute to the LSA PAC go to lsahq.org/lsa-pac/

INCREASE PARTICIPATION
There are several ways to get involved in LSA…. join a committee, become a LSA Ambassador, write an article for the newsletter, and/or attend the LSA Annual Meeting. Contact the LSA Office at janna@lsa-online.org for additional information.

Stay Connected!
We’re on the Web! LSASHQ.org Follow us on Twitter @LSA_HQ!
Like us on Facebook /LSASHQ!

Put in your 2 cents!
Have any events to add? Interested in submitting an article for this newsletter? Want to get more involved with the LSA? Contact Janna at janna@lsa-online.org.
“There’s something happening here…” Cont.

and the stroke of a pen, the difference in our clinical and education backgrounds could instantly become irrelevant. Worse yet is that our patients don’t even realize this battle is taking place. Right now, they can ask to meet their physician anesthesiologist, but will we be there for them in the future?

What can you do? Get involved. Educate yourselves on the issues with this newsletter, our LSA e-mail updates, ASA publications and your own research. Be the model example of a physician anesthesiologist in your practice, delivering the best care you can. Get involved in your hospital leadership. On a political level, contribute to the ASAPAC and LSAPAC. Look for calls-to-action such as the SafeVACare initiative and respond. Schedule appointments with your local lawmaker to introduce yourself and to serve as a resource for them when healthcare issues arise. Let LSA know about these meetings so we can help you prepare.

The title of this article references the lyrics of the 1967 song “For What It’s Worth” by Buffalo Springfield. In particular, the first line of the song famously points out, “There’s something happening here.” In contrast to the song, what it is should now be “exactly” clear.

References:


Kraig de Lanzac, MD is President, Louisiana Society of Anesthesiologists & Alternate Director, ASA Board of Directors

CAPITOL VIEW: from Haynie and Associates

On June 23rd, the Louisiana Legislature wrapped up its 3rd Legislative Session of the year (technically the 4th), which set a record in Louisiana for nearly 20 straight weeks of legislative action. The purpose of the 2nd Special Legislative Session was to raise enough money to plug budget shortfalls before the fiscal year starts on July 1st. The Governor asked the legislature to raise $600M in revenue (much being taxes) but the legislature, which is still majority Republican in both bodies, were only able to agree on less than half of his goal.

Healthcare was able to provide some of the solution to the budget shortfalls:

• The HMOs accepting a new premium assessment and Medicaid expansion bringing in more federal dollars. The roughly $260 Million raised during the 2nd Special Legislative Session was just as quickly spent just minutes before the clock struck midnight, and the session would have to adjourn by law.

• In the Health sector DHH made out with nearly $70M (PrivatePublicPartnerships and HMOS), The Shreveport and New Orleans Medical School were promised much of their reduced ask through a new partnership with LDH (Louisiana Department of Health) related to maximizing data/outcome spending federal match.

• A couple notable underfunded priorities of a long list include: k-12 MFP, higher-Ed and the TOPS program. TOPS, for example, is only funded at 70% next year - but they will frontload the payments to cover the upcoming fall semester at 100%, leaving students with only 40% of their tuition paid for spring.

• The hope is that new revenues will be recognized and those dollars would go to the remaining shortfalls, and at worse, parents and students will have some time to plan for the spring payments.
Now that the immediate $2B shortfalls has mostly been addressed with the last three sessions, a major fiscal cliff is looming in 2018 when short term solutions such as the extra penny on sales tax are set to expire. The 2017 session, which is another fiscal (tax) session, is setting up to be the most difficult of recent memory as major tax reforms will have to happen or the state will be left with bad options: temporary tax changes will have to made permanent or budget cuts and shortfalls will continue to take place.

### LEGISLATIVE: The Controversial Senate Bill 429

This bill was initially very controversial, wherein senator Barrow attempted to take away the Louisiana State Medical Society appointments to the Board, replacing it with a system based on congressional districts. After heavy lobbying from both the Louisiana Medical Society (LSMS) and the LSA, the Board composition was agreed upon.

Effective January 1, 2017, the LSBME board will be comprised of:

- TWO members from a list submitted by the Louisiana State Medical Society - one of the members appointed shall practice in a parish or municipality with a population of less than 20,000 people
- ONE member from a list submitted by the Louisiana State University Health Sciences Center at New Orleans and the Louisiana State University Health Sciences Center at Shreveport
- ONE member from a list submitted by the Tulane University Medical School
- TWO members from a list submitted by the Louisiana Medical Association,
- ONE member from a list submitted by the Louisiana Academy of Family Practice Physicians.

A few other interesting eligibility changes: members must now be residents of Louisiana for at least 6 months, and have 5 years of experience practicing in Louisiana.

### LEGISLATIVE: Senate Bill 291 (Fred Mills) Amended

Like many other physician groups this legislative session, the Louisiana Orthopaedic Association was concerned with scope of practice legislation, destined to endanger patients in the name of “access.” Senate bill 291 (Fred Mills) sought to give unrestricted, unlimited direct access to physical therapists without physician referral. While we were unfortunately not successful in defeating the legislation, we were able to get it amended into a much more palatable piece of legislation.

The final version of this bill allows PT direct access only under the following conditions: the physical therapist must have a Doctorate of Physical Therapy (DPT), or the physical therapist must have five years of clinical experience.

A physical therapist can see a patient for thirty days. After thirty days, he or she must refer a patient to another healthcare provider if the patient does not demonstrate “functional improvement.” This term was not defined in the final bill, and is thus sadly open to broad interpretation by the treating physical therapist.

Additionally, the LOA was able to get the bill amended
LEGISLATIVE: Senate Bill 291 (Fred Mills) Amended Cont.

so that insurance companies are not required to pay for physical therapy services without a medical diagnosis. Physical therapists are neither qualified, nor allowed to document a medical diagnosis as stipulated in the final bill, and this should therefore protect patients somewhat, by requiring a physician to be involved somewhere along the line.

The final amendment removed provisions that would have required a PT to notify a physician when they began treating a patient without a referral. This notification requirement was seen as possibly shifting liability to physicians or other health care providers simply by virtue of the notification.

What does this mean for the future? It’s inevitable that more allied health groups will be bringing scope of practice legislation next year and beyond. State lawmakers continually complain about having to choose between two interest groups. Your emails, phone calls, and visits were and will continue to be instrumental in placing intense legislative pressure, to protect patient safety and maintain physicians, appropriately, at the head of any patient care team.

Cindy Bishop
Checkmate Strategies
for the Louisiana Orthopaedic Association

SAVE THE DATE!

LSA WORKING FOR YOU!

For eight weeks LSA purchased billboards in heavy traffic areas in Greater New Orleans to bring awareness to the profession of anesthesiology. The first billboard focused on the SAFE VA CARE Issue then once that campaign was complete the billboard changed to bringing awareness to the term Physician Anesthesiologist. These billboards were made possible due to a grant we received from the ASA.
As a Ca-1 anesthesia resident at Tulane University I have had the opportunity of serving as a Louisiana delegate for the ASA over the past year. Along with this opportunity I was able to attend the ASA Legislative Conference in Washington DC to discuss key issues within our specialty.

My initial involvement in the LSA and later ASAPAC stemmed from my curiosity of the political influence within our specialty and medicine as a whole. This curiosity has fostered my ability to take both a leadership and educational role within our program on the issues surrounding anesthesia. As a first time attendee to the ASA Legislative Conference I was encouraged about the future of our specialty after meeting the bright and passionate advocates of our field.

There are many key issues impacting our specialty from both a state and national level. Having witnessed the ASA’s direct involvement in all sectors and with continued member support, our specialty will continue to advance. A key example includes the ASA’s involvement in educating and raising awareness of the changes surrounding the “VA Nursing Handbook”.

During the ASA Legislative Conference, physician representatives from all states made their way across Congressional Hill speaking with their respective House and Senate representatives on this urgent issue.

The opportunity to have physicians within our specialty speak first hand on the importance of safe care for our veterans shows our elected officials the investment we have in keeping anesthesia safe for not only our veterans but all patients needing our care. Being involved with the LSA and ASAPAC has allowed me to grow both personally and professionally, and also gives me the opportunity to now be an educator for my fellow residents and staff on the issues that will keep the future of our specialty promising.

Burton Beakley, MD
Tulane University Resident

Washington, D.C. Is one of my favorite cities in the world to fly into. There are few cities with as many famous monuments and sites that can be recognized from a plane. Seeing those monuments, monuments that mean so much to the history of the United States, gives me a strong sense of patriotism. The opportunity to visit D.C. and attend the ASA for a second year in a row was an opportunity I jumped at.

It’s hard to believe that so much of the world’s power is derived from such a small area. On a daily basis our president, Supreme Court, Congress and Senate have influence over the future of the world.

The Asa legislative conference provides a unique opportunity to bring issues that we as physician anesthesiologists face to the forefront of the discussions that are held on Capitol Hill. It also provides an opportunity to begin building friendships and relationships with our elected officials and leaders that will last a lifetime. Just as last year I was impressed that we were able to get the undivided attention of our congressmen and senators. This year in particular I ran into an old friend from college who has taken on a role in the office of the speaker of the house. He was able to give us a private tour of the Speakers office space prior to sitting down with them to discuss our issues. Looking from the speaker’s window over the balcony where our next president will be sworn in come November across the Reflecting
The LSA Quarterly

LEGISLATIVE ESSAYS

Pool to the Washington monument was a sight I will never forget. We were able to take a tour of the Capitol and used the private tram that the senators and congressmen use on a daily basis to travel between buildings.

I was encouraged by two things in particular. Our congressmen and senators were very supportive of our concern over the issues with the VA and several agreed to sign a congressional letter to the VA. I was also very encouraged by the interest and participation of other young physician anesthesiologists at the conference. I had the opportunity to visit and discuss issues with other residents from Louisiana, Mississippi, Indiana, Texas and Arkansas.

As a physician anesthesiologist in training the opportunity to learn exists around every corner. Becoming a well-rounded anesthesiologist includes knowing our strengths, weaknesses, opportunities and threats both inside the operating room and out. In the past two years the ASA legislative conference has done an excellent job educating and giving me confidence to represent our field of medicine to anyone from the most powerful people on the planet to your everyday patient.

Richard Robertson, MD
Ochsner Health System

Traveling to the ASA Legislative Conference for the first time this year was as enjoyable of a trip as I could have hoped for. Predictably, the allure and mystique of Washington D.C. was palpable - the history, the architecture, and all that goes along with a trip to D.C. was front-and-center for the week.

Getting a chance to meet face-to-face with the Congressional delegation from Louisiana at the Capitol offices was the icing on the cake. Wherever one falls on the political spectrum, the chance to meet these men whom are tasked by the People and given the unique power and responsibility to represent their constituents was quite an experience.

Even more refreshing was the commitment to give of their time and effort in support of patient safety at the VA, with many agreeing to sign on to a congressional letter to the VA urging them to protect the rights and quality of care for America’s veterans.

However, I was most impressed and encouraged by the number of young anesthesiologists and residents that took the time and put forth the effort to make the trip. If role of physician anesthesiologists in medicine is to be saved and, hopefully, improved upon, it will have to be the younger generation that carries that torch, as we have ample years left in our careers to learn these issues well and advocate on our own behalf.

We have a strong incentive to do so for that very same reason, as any significant decline in, or challenge to, our unique roles as the physician and perioperative expert will affect us most of all. I believe that continued efforts in recruiting young physicians and residents to advocate on behalf of physician anesthesiologists will provide the greatest return on investment in the long-term. For my part, I hope to inspire more of my Ochsner resident colleagues to join me next year in D.C. and get motivated to become active leaders in promoting our profession wherever their careers take them.

Patrick Torres, MD
Ochsner Health System