

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
Board of Medicine

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PETER DANLES
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February 11, 2019

Memorandum to the NH Board of Nursing:

The NH Board of Medicine has been apprised of action from the Board of Nursing regarding use of a new title “nurse anesthesiologists” appearing to refer to nurse anesthetists who are uniformly given designation of Certified Registered Nurse Anesthetists (CRNA). We are not aware of this terminology having been used anywhere else in the country. The CRNA professional certifying body uses the term anesthetists. Use of the title nurse anesthesiologist will have the potential for nurse anesthetists to inadvertently advertise themselves as physicians, in violation of RSA 329:24, I. Such violation constitutes a misdemeanor and can result in a fine up to \$50,000. *RSA 329:24, II and III.*

Our concerns primarily relate to the potential for confusion of the citizens of the state of New Hampshire as to the role these individuals will play in their health care. Nurse anesthetists are independently licensed practitioners who work in close collaboration with anesthesiologists who are physicians with many more years of training in the provision of anesthesia. The members of the public recognize terms such as anesthesiologist, radiologist and obstetrician as referring to physicians whose training was accomplished over many years of medical school and residency education.

The public is becoming increasingly familiar with the professionals whose path of training and expertise differs from physicians. Forcing this new designation would imply that anesthesiologists would need to introduce themselves as physician anesthesiologists. In common practice this change in nomenclature will be much more likely to be confusing to the public. Both the CRNA’s and anesthesiologists will not uniformly use both words to designate their roles. Neither will be recognized for the discipline from which they come. Physicians value the cooperative nature of their work with their advanced practice provider colleagues and would not like to see this inadvertently undermined. Anesthesiologists collaborate with nurse anesthetists so that the anesthesiologists are able to care for sicker more complicated patients. This collaboration expands the numbers of clinicians in the workforce to meet the needs of our citizens. The two groups are not interchangeable, and the public deserves to be clear on the difference.

The Board of Nursing position statement on this issue is misleading. It includes statements that have specific attributions but include no references to evaluate the validity of the statements. The initial statement is from 1902. An internet search to find confirmation of the statement that 55% of the country does not recognize an anesthesiologist as a physician produced the following result but no other information that could be attributed to a verifiable source.

"NH BON Nurse Anesthesiologist - Office of Professional Licensure and ...

<https://www.oplc.nh.gov/nursing/documents/nh-bon-nurse-anesthesiologist.pdf>

Position Statement regarding the use of Nurse **Anesthesiologist** as a communication tool and optional descriptor for Certified ... Evidence: **Research** from the **American Society of Anesthesiologists** confirms that **55% of the country does not recognize** an "anesthesiologist" as a **physician**. **Physicians** who specialize in ..."

In the BON position statement, reference is made to the term anesthetists as an alternative term used elsewhere in the world to denote both types of medical professionals. Anesthetists in Canada, Australia and the United Kingdom are all physicians. The discussion about the use of "-ologist" does not universally connote physician training is undeniable, but within hospitals and clinics the interpretation of "-ologist" is accepted as a referring to a physician. The allegation that the American Academy of Anesthesiologist Assistants could generate confusion if a citizen went to their site (www.anesthetist.org) is highly unlikely as the site consistently refers to its members as Anesthesiology Assistants.

The assertion that "it is recognized at both the national and state level as a transparent and lawful term of address, introduction" at best over reaches the facts. The American Association of Nurse Anesthetists does not use this alternative designation anywhere in its official publications. The AANA uniformly refers to its members as anesthetists. An internet search of "nurse anesthesiologists" find only sites relating to nurse anesthetists. New Hampshire is the only state in the country who has recognized this designation. This action was not supported by the New Hampshire AANA. It has not been endorsed by any national or state organization.

It appears that the Board of Nursing was lobbied by an individual with strong convictions about this issue. It does not appear that there was information sought from the NH AANA or the public. The internet now links NH OPLC to potentially inaccurate statements and will be used as a precedent for other state's boards.

The mission of the BOM is to protect the public. It is in this spirit that we request you reconsider your position statement at this time as not being in the best interest of the citizens of New Hampshire nor the best interest of the state.

Sincerely,

for 
Emily R. Baker, MD
President, New Hampshire Board of Medicine

New Hampshire

MEDICAL SOCIETY

ADVOCATING FOR PHYSICIANS & PUBLIC HEALTH SINCE 1791

February 20, 2019

Denise Nies MSN, RN, BC
Board Administrator
New Hampshire Board of Nursing
121 South Fruit Street
Concord, NH 03301

Dear Ms. Nies,

We are writing to you on behalf of the New Hampshire Medical Society (NHMS) regarding the position statement released by the Board of Nursing (BON) supporting the use of the optional descriptor “nurse anesthiologist” by Certified Registered Nurse Anesthetists (CRNAs).

The Medical Society supports the New Hampshire Society of Anesthesiologists in opposing the use of the term “nurse anesthiologist” by CRNAs. Using this term in communications with patients and patient’s families will lead to confusion as to the training and background of the anesthesia practitioner(s) involved with their care. Our goal is to offer clear and transparent communication with our patients and the public and sharing the term “anesthiologist” between both physicians and CRNAs will impede this goal.

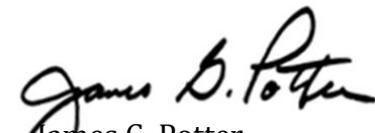
If left to stand, we believe this policy will also have a detrimental impact on team-based, collaborative anesthesia care that is utilized throughout the Granite State. And longer-term, we think that it will promote a more adversarial environment that will only negatively impact patient care.

We respectfully request that this position statement be withdrawn.

Please do not hesitate to contact us at 603-224-1909 or james.potter@nhms.org should you have any further questions or like further on this issue.

Sincerely,


Tessa Lafortune-Greenberg, MD
President


James G. Potter
Executive Vice President