



# Indiana – Component Society News

IN Society of Anesthesiologists

| June 2018

## Indiana State Component Society Update

### Message from ISA's President

Dear ISA members:

I am very honored and humbled to serve as your next ISA President. Joining me in the Executive Committee are Dr. Alex Choi as the Immediate Past President, Dr. Nic Datzman as the President-Elect, and Dr. Doris Hardacker as the Secretary-Treasurer. I look forward to working with the Executive Committee and all of the ISA members to continue the work of Dr. Alex Choi. He has continued the excellent work of the past ISA Presidents to navigate ISA into a better and stronger organization that it is today.

With the continuing support of all ISA members, I will work to improve and strengthen ISA. ISA's mission of education and advocacy can never take a back seat. With ever changing healthcare landscape, we have to be more engaged than ever before.

### Annual Meeting

Thank you to Dr. Sandy Kinsella, Dr. Alex Choi, Education Committee, and our Executive Directors, Wendy Gagnon and Alise Dillow, for planning and executing the 2018 ISA Annual Meeting. The two day meeting of clinical lectures and practice management was well received by those that attended. The 2019 ISA Annual Meeting is set for February 9, 2019. Join us to learn the latest in Anesthesiology and to connect with your fellow colleagues. Please mark your calendars now.

### ASA PAC

ASAPAC will have Day of Contribution, DoC, on June 21, 2018. Please join me and the rest of the ISA Physician Anesthesiologists in actively participating on this call to action day. Indiana had a great call to action day last year with donations in the amount of \$37,302 from 202 individuals. Indiana ranked first in the number of contributors and second in the amount of contributions. I encourage everyone to mark this date on your calendar to donate a nominal amount to the future of Anesthesiology and your patients.

Please consider joining ASA Team 535, an initiative to ensure that all 535 members of Congress have a strong relationship with at least one ASA member. Follow the link for more information. [https://docs.google.com/forms/d/e/1FAIpQLSdTEIF\\_2eTjX\\_g3ORfG8UH2\\_pu19ZIHhygkUMzhVTyfgHxRQ/viewform](https://docs.google.com/forms/d/e/1FAIpQLSdTEIF_2eTjX_g3ORfG8UH2_pu19ZIHhygkUMzhVTyfgHxRQ/viewform)

### ISA PAC

ISA PAC is a non-partisan political action committee that donates to state candidates to foster advocacy for Hoosier patients and Physician Anesthesiologists. I ask every ISA member to donate whatever amount he or she thinks is appropriate for the future of Anesthesiology in Indiana. We can no



longer wait for someone else to do the heavy lifting for us. If we are not at the table to have important discussions concerning the care of Hoosier patients and the future of Physician Anesthesiologists, who will? Please follow the link to make your donation today. <https://isahq.net/members-sub1/>

### ISA Physician Anesthesiologist Day at the Capitol

Under the leadership of Dr. Alex Choi, Governor Holcomb proclaimed January 29 - February 2, 2018 Physician Anesthesiologist Week. Click on the link to view the proclamation: <https://isahq.net/physician-anesthesiologists-week/>. Thank you Dr. Choi. We had many Physician Anesthesiologists participating during the ISA Day at the Capitol including Drs. Choi, Kinsella, McNiece, Cossu, Boyer, Yu, Johnson, Tran, Stark, Lambert, Franco, Pond, Sim, Crewdson, Sours, Mueller, Egan, Mirman, Highly, and Farthing. I encourage those that attended in 2018 to plan to attend in 2019. Those that were unable to attend, please consider joining us in 2019 for ISA Day at the Capitol even for a few minutes. I will forward the date to everyone once it has been set.

Please do not hesitate to contact me if you have any questions or comments at [ssim@orthoindy.com](mailto:ssim@orthoindy.com).

Sincerely,

*Seung B. Sim, M.D., FASA  
President  
Indiana Society of Anesthesiologists*



### ASA Legislative Conference 2018

The ASA Legislative Conference 2018, May 14-16, 2018, was a tremendous success. The ISA had 11 members and 6 residents in attendance. The key topics discussed were the Opioid Crisis and Drug Shortages. We had the opportunity to meet with both Senators Young and Donnelly, as well as with Representatives Visclosky, Walorski, Banks, Rokita, Carson, and Bucshon.

Congress is working to address the opioid crisis. There are numerous bills in both the Senate and the House of Representatives. Indiana Representative Jackie Walorski introduced on May 9 H.R. 5722 Dr. Todd Graham Pain Management Improvement Act of 2018.

We discussed asking HHS to convene key stakeholders such as the FDA, DEA, DHS, manufacturers, and organizations, such as the ASA, for the purpose of developing long-lasting solutions to the current drug shortage crisis.

ASA strongly supports Section 403 of the Senate HELP Committee S. 2680, the Opioid Crisis Response Act: which has dedicated grants to hospitals and other acute care settings to implement best practices on the use of alternatives to opioids.



ASA strongly supports H.R. 5718, the Perioperative Reduction of Opioids Act, to establish a US Department of Health and Human Services Technical Panel directed at reducing opioids in the surgical setting and collecting data on perioperative opioid use.

ASA supports H.R. 5197, Alternatives to Opioids (ALTO) in the Emergency Department. This bill in the House of Representatives is similar to section 403 of S. 2680.

During the meeting we heard from ranking government officials:

Vanila Singh, M.D.  
CMO  
Office of the Assistant Secretary of Health  
US Department of HHS

Capt. Valerie Jensen R. Ph.  
Associate Director of the Drug Shortage Staff  
Center for Drug Evaluation and Research  
US FDA

Andy Harris, M.D. (who is an anesthesiologist)  
R-MD-1  
CO-Chair, House "Doc Caucus"  
Member, Committee on Appropriations  
US House of Representatives

Julia Brownley  
D-CA-26  
Ranking Member, Health Subcommittee on Veterans Affairs  
US House of Representatives

Bill Pascrell  
D-NJ-9  
Member, Committee on Ways and Means  
US House of Representatives

Peter Roskam  
R-IL-6  
Chair, Health subcommittee  
Committee on Ways and Means  
US House of Representatives

Mark your calendars for the next ASA Legislative Conference May 13-15, 2019.

Remember Thursday, June 21 is the 5<sup>th</sup> Annual ASAPAC Day of Contributing "DoC" Challenge. ASAPAC donors will show their support through online contributions beginning at midnight CT and ending at 11:59 PM CT. The state with the largest number of donors and the state with the largest amount contributed will be deemed the winners. Last year Indiana had the largest number of donors and the second largest amount contributed. Let's be first in both categories this year. Go to [www.asahq.org/asapac](http://www.asahq.org/asapac).

*Sandra B. Kinsella, M.D.*



## ISA Annual Meeting

**MARK YOUR CALENDERS:** February 9, 2019 for the ISA Annual Meeting. It will be at a new venue: The Renaissance Indianapolis North Hotel. Specific details on speakers and workshops will be available soon. Please visit the ISA webpage at [www.isahq.net](http://www.isahq.net).

## Legislative Update

About a dozen ISA members were gathered on the 3<sup>rd</sup> floor of the Statehouse in late January when a panicked legislator rushed up and asked if there was a doctor in the group. A lobbyist who had just testified in a committee hearing had suddenly become ill and was feeling faint and dizzy. As luck would have it, ISA was at the Statehouse that day to celebrate Physician Anesthesiologist week, so there was a physician in house - more than one, in fact -- to render aid and remain with the stricken woman until the ambulance arrived.

At the same time all of this excitement was occurring on the 3<sup>rd</sup> floor, a large group of advanced practice registered nurses in long white coats had convened on the ground floor of the building to host a luncheon for lawmakers. Had the lobbyist become ill on the ground floor, it's likely the legislator would have passed right by the ISA members - many of whom were clad in business attire - and rushed to white-coated nurses for assistance. And it's also likely that more than one of the APRNs could have truthfully answered "yes" when the legislator asked for a doctor, since the legislator did not specify that she was seeking a medical or osteopathic doctor.

This incident sums up the confusion that policy makers are facing as a growing number of APRNs earn a doctorate. At the same time, CRNAs and other APRNs have become an increasingly vocal and visible presence at the Statehouse, pushing for expanded scope of practice free from physician supervision.

The Coalition of Advanced Practice Nurses of Indiana (CAPNI) scored a partial victory during the 2018 legislative session with passage of [legislation](#) that changes all references to "advanced practice nurse" in the Indiana Code to the term "advance practice registered nurse." Although the Indiana Association of Nurse Anesthetists (IANA) is not a member of CAPNI and the legislative change did not affect CRNA scope of practice, the switch in terminology could make it a little easier for the state to adopt the multi-state APRN licensure compact, which CRNAs have pushed for in other states as a backdoor means to independent practice.

Before Indiana considers the APRN compact, however, it will likely need to adopt the licensure compact for RNs. The nursing lobby may make some progress on that front this summer as a legislative study committee examines the issue of nurse licensure compacts. The Interim Study Committee on Public Health, Behavioral Health, and Human Services has been charged with reviewing the impact that joining the nurse licensure compact would have on the delivery of nursing services and whether it would increase employment opportunities, improve access in underserved areas, and impact oversight by the Indiana Board of Nursing. Although the study is aimed primarily at RN compact, it's possible that the APRN compact may also be discussed.

Regardless of whether Indiana moves toward multi-state licensure, CRNAs and other APRNs in Indiana will continue to advocate at the Statehouse for increased scope of practice. At the same time, some rural hospitals in Indiana would like to see the legislature repeal the physician direction requirement for CRNAs. Although ISA leadership and lobbyists have been working to educate lawmakers about the critical role that physician anesthesiologists play in the delivery of anesthesia care, all ISA members need to make their voice heard by participating in Physician Anesthesiologist Week at the Statehouse and by contributing to the ISA PAC.

*Libby Cierzniak, J.D.*  
*ISA Lobbyist*



## American Society of Anesthesiologists 2018 Annual Meeting

- October 13-17, 2018
- San Francisco, CA

### Indiana Night Reception

**SAVE THE DATE:** Saturday, October 13, 2018 from 6-8 PM.

If you are attending the Annual Meeting of the ASA, please join us for Indiana Night at the San Francisco Marriott Marquis.

### Contact Information

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[www.isahq.net](http://www.isahq.net)

### Updates

State Affairs Update - Click the link for full text.

- [New Advocacy Modules Enhance Member Engagement](#)
- [NYSSA and ASA Campaign Preserves NY Patient Safety Standard](#)
- [ASA and CSA say "No" to CA Medicare Payment-Based Legislation](#)
- [ASA Participates in AMA Scope of Practice Partnership Summit](#)
- [Understanding the Difference between the APRN Compact and the eNLC](#)
- [AAAA2018™](#)

### Federal Legislative Update

- [Update on Departing Members of the 115th Congress](#)
- [ASA and Pain Care Coalition Offer Formal Comments on Senate Opioid Bill](#)
- [ASA Submits Formal Communication to FDA Opioid Policy Steering Committee](#)
- [Committee on Ways and Means Releases Opioid White Paper](#)
- [ASA Leaders Participate in White House Briefing on Initiatives to Combat Opioid Abuse](#)
- [ASA Offers Recommendations as Key Congressional Committee Prepares to Address Opioid Misuse](#)
- [ASA Promotes the Perioperative Surgical Home to House Subcommittee](#)

### Federal Regulatory Update

- [Surgical Attire Joint Statement Released; ASA Expects Continued Stakeholder Engagement](#)
- [DEA Addresses Drug Shortages Following ASA Letter](#)
- [ASA and Drug Shortage Stakeholders Urge DEA Action on Opioid Shortage](#)
- [ASA Members Appointed to HHS Pain Management Task Force](#)
- [ASA Participates in Surgical Attire Roundtable](#)
- [NIH Announcing Funding for Opioid Research](#)
- [ASA Urges Changes to Medicare Part D Opioid Prescriptions Program](#)



#### MACRA Update

- [After Meeting with CMS, ASA Provides Additional MIPS Feedback](#)

#### Payment and Practice Management Update

- [CMS Publishes Information on Claims Reprocessing per the Bipartisan Budget Act of 2018](#)
- [ASA Calls on Anthem to Rescind Its New Policy on Anesthesia for Cataract Surgery](#)
- [Timely Topics in Payment and Practice Management](#)
  - [Submitting Paper Attachments to Medicare Claims \(May 2018\)](#)
  - [Your MIPS Score Sticks With You \(April 2018\)](#)
  - [Key Performance Indicators \(KPIs\): Continued \(April 2018\)](#)
  - [Key Performance Indicators: How Do You Measure Up? \(March 2018\)](#)

#### Public Relations Update

- [Anesthesia Drug Shortages Negatively Affecting Patient Care, American Society of Anesthesiologists \(ASA\) Survey Finds](#)
- [Worried about the pain of labor and delivery? It's not as bad as you think!](#)
- [Having Fully Stocked Cart to Treat Malignant Hyperthermia During Labor and Delivery Not Cost-Beneficial](#)
- [ASA Advises Walmart on Appropriate Opioid Treatment for Pain and Pharmacists' Role in Safe Dispensing](#)

#### Upcoming Events

- [LEGISLATIVE CONFERENCE \(May 14, 2018\)](#)
- [International Forum on Perioperative Safety & Quality \(June 2018\)](#)
- [Professional Development: The Practice of Anesthesiology \(June 2018\)](#)
- [Executive Physician Leadership Program \(September 2018\)](#)
- [ANESTHESIOLOGY® 2018 \(October 2018\)](#)

#### New Advocacy Modules Enhance Member Engagement

The ASA Advocacy Division has launched a series of advocacy modules to enhance the grassroots activities of its members as they promote patient safety and the specialty. As part of ASA Team 535, an initiative to have at least one strong relationship with all members of Congress, the modules will be rolled out in a series over the coming months.

Members of ASA Team 535 will be guided through the online advocacy modules as part of the program. At the conclusion of the module, they will be prompted to answer three questions to ensure understanding of the material. Throughout the program, they will be assisted with outreach to their representative and will be asked to meet with their lawmaker or staff at least once. At the conclusion, they will also verify their participation and interests with a personal phone conversation. ASA President James Grant, M.D., M.B.A., FASA, launched ASA Team 535 to continue to build on growing interest among physician anesthesiologists to be advocates for patient safety.

[ASA members interested in joining ASA Team 535 can sign-up here.](#)  
[The Advocacy Modules are posted online here.](#)

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#### NYSSA and ASA Campaign Preserves NY Patient Safety Standard

New York's 2018-2019 state fiscal year budget excluded a provision that would have undermined physician-led anesthesia care and was strongly opposed by both the New York State Society of



Anesthesiologists (NYSSA) and the American Society of Anesthesiologists (ASA). The new fiscal year began April 1, 2018.

As originally proposed, Part H of the Governor's health budget (A9507/S7507) would have eliminated physician supervision of nurse anesthetists and substituted a very weak collaboration arrangement. The collaboration relationship would not of required a physician to be at the same location. In fact, the collaborator did not have to be a physician, and could be a hospital administrator. Beyond significantly lowering the standard of anesthesia administration in the state, the bill would have also provided nurse anesthetists with unrestricted prescriptive authority, allowing more than 1,240 mid-level providers to prescribe narcotics at a time when the country is experiencing a critical opioid epidemic.

Claims in the bill language that there would be \$10 million in savings were immediately refuted as under Medicare and Medicaid, reimbursement for anesthesia services is exactly the same whether it is administered by a physician anesthesiologist or a nurse anesthetist who is medically directed by a physician anesthesiologist or supervised by a surgeon. Nurse anesthetists claims thatthey already provide the vast majority of rural and low income urban care were similarly shown to be inaccurate as there are over three times as many practicing physician anesthesiologists in New York and most of the nurse anesthetists practice in and around New York City at large hospitals. Many lawmakers also understood that if signed into law, Part H would have created a two-tier anesthesia delivery system in New York. Patients in more economically favorable positions would have continued to benefit from and have ready access to physician anesthesiologists while those of lesser means would be required to utilize nurse anesthetists.

For nearly two decades, the New York Legislature has rejected nurse anesthetists efforts to eliminate physician supervision safety requirements. ASA commends New York lawmakers for again putting patient safety first and removing this provision that would have undermined patient safety.

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### ASA and CSA say "No" to CA Medicare Payment-Based Legislation

On April 17, the American Society of Anesthesiologists (ASA) joined with the California Society of Anesthesiologists (CSA) in expressing strong opposition to AB 3087, the California Health Care Cost, Quality, and Equity Commission. The measure would create an unprecedented politically-appointed commission to set payment rates for physicians, hospitals, and other providers in California. The Commission would have the authority to base provider payment rates for commercial insurance on Medicare rates - a wholly inappropriate benchmark for physician anesthesiologists. In [formal comments to the committee of jurisdiction](#), ASA urged a halt to the "legislation before it creates a devastating atmosphere for health care in California." ASA commends the CSA for their lobbying and grassroots effort in CA in opposition to the harmful legislation.

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### ASA Participates in AMA Scope of Practice Partnership Summit

On March 20, ASA physician leaders and staff joined nearly 80 other stakeholders from around the country at the American Medical Association (AMA) headquarters in Chicago for a strategic Scope of Practice Partnership Summit. This meeting grew out of a resolution at the last AMA House of Delegates where ASA was the leading sponsor. Since most scope issues reside in the states, the composition of the group focused more on leaders of state medical associations and state government relations staff from the specialty societies.



Key takeaways included :

- ASA continues to be recognized as a leader in advocating for patient-centric, physician-led care and patient safety.
- Patient safety is the top priority for everyone.
- It's crucial to continue to develop deep grassroots relationships with all legislators and policymakers.
- The number-one issue for anticipated legislation is the multistate licensure APRN Compact followed by removing physicians from the anesthesia care team.
- Of physicians surveyed, scope-of-practice issues were a top-tier priority.
- An increase in collaboration among all specialties is needed to address scope-of-practice issues.
- Almost all participants felt it necessary to continue to put more resources into scope of practice.
- Patient-centric, physician-led care and patient safety is the one subject where the vast majority of physicians were engaged.
- How can states and national organizations communicate faster and better?
- The more data the better, and improved sharing of such among each other is needed.
- Social media has become an indispensable tool in getting the message out.

In 2005, ASA was a leading organization in the formation of the SOPP (Scope of Practice Partnership). Through the SOPP, the AMA tracks bills in the various state legislatures. In 2018, there were 223 various bills involving APRNs, 368 involving physician assistants, 30 bills involving naturopaths and three bills about the APRN Compact. The SOPP also provides robust resources and serves to help facilitate strategy development between specialties and states.

A full report will be delivered to the AMA House of Delegates in June.

See also: [AMA Adopts ASA Led Resolution Opposing the Onerous APRN Initiative](#)

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Understanding the Difference between the APRN Compact and the eNLC  
The 2018 legislative session is in full swing for the majority of states and with it, the ASA State Affairs Department is tracking and monitoring a wide variety of bill introductions and proposed regulations. This includes a number of medical and nursing interstate licensure compacts. Because there are several of these circulating state legislatures, it is easy to confuse them. In particular, understanding the difference between the Advanced Practice Registered Nurse (APRN) Compact and the Enhanced Nurse Licensure Compact (eNLC or Nurse Licensure Compact) is vital, as they have very different effects on the scope of practice for APRNs and more specifically, nurse anesthetists.

The APRN Compact is similar to other medical and nursing licensure compacts in that it would allow a group of professionals, in this case APRNs, to hold one multistate license with the ability to practice in other states who have enacted the compact. However, one of the reasons the APRN Compact is so dangerous is because of Article III, Section h that states "An APRN issued a multistate license is

authorized to assume responsibility and accountability for patient care independent of a supervisory or collaborative relationship with a physician."<sup>1</sup> This statement effectively authorizes APRNs, including nurse anesthetists, to practice and provide patient care without any physician supervision or oversight. In order for the APRN Compact to be implemented, at least 10 states must enact the legislation.<sup>2</sup> Once

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<sup>1</sup> See APRN Compact Model Legislation, [https://www.ncsbn.org/APRN\\_Compact\\_Final\\_050415.pdf](https://www.ncsbn.org/APRN_Compact_Final_050415.pdf), last accessed 01/23/2018.





this is done, APRNs with multistate licenses in compact states would be authorized to practice “independent of a supervisory or collaborative relationship with a physician,”<sup>3</sup> regardless of state law. So far, three states have enacted the compact: North Dakota, Wyoming, and Idaho. As of April 2018,

the compact has been introduced in four states that we are aware of: Minnesota, Nebraska, West Virginia, and Iowa (carry-over from the 2017 legislative session). Nebraska and West Virginia’s legislatures have adjourned, officially stopping the bills in those states from moving forward. The bills in Minnesota and Iowa similarly have not moved forward.

On the other hand, the Enhanced Nurse Licensure Compact (eNLC) provides registered nurses (RNs), licensed practical nurses (LPNs), and licensed vocational nurses (LVNs) the ability to have one multistate license with the ability to practice in their respective home states and other states who have enacted the eNLC. The eNLC does not increase a nurse’s scope of practice and implements 11 uniform licensure requirements<sup>4</sup> to help protect patients and ensure only qualified providers are licensed under the compact. The eNLC does not involve APRNs, nor does it increase an APRN’s scope of practice.<sup>5</sup>

Understanding the difference between these two compacts can be helpful as they have very different effects on the practice of nursing, and generally elicit very different responses from physician anesthesiologists and physicians in other specialty organizations. As the 2018 legislative session progresses, we will continue to track and monitor the licensure compacts that state legislators introduce. For questions about the APRN Compact or for support and resources to oppose these bill introductions, please contact Erin Mahrt, J.D. at [e.mahrt@asahq.org](mailto:e.mahrt@asahq.org).

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## AAAA2018™

The American Academy of Anesthesiologist Assistants (AAAA) recently concluded its annual national conference in St. Pete Beach, Fla. Record attendance of 775 represented an increase of 19 percent over participation in 2017. More than twice as many physicians anesthesiologists attended this year over last.

More than 35 CME credits were offered during the educational activity that was jointly sponsored by the AAAA® and the American Society of Anesthesiologists®. Several anesthesia practice groups exhibited and utilized the five-day schedule to interview AAs for future hiring. Private interview rooms were provided to anesthesia groups as a benefit of exhibiting.

AAAA2019™ will be held April 13-16 at the JW Marriott in Indianapolis, Ind. Physicians, meet your future anesthetists at the 2019 meeting. To join the AAAA as a physician member, go to [www.anesthetist.org](http://www.anesthetist.org).

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<sup>2</sup> See APRN Compact, <https://www.ncsbn.org/aprn-compact.htm>, last accessed 01/24/2018.

<sup>3</sup> See APRN Compact Model Legislation, Article III, Section h, [https://www.ncsbn.org/APRN\\_Compact\\_Final\\_050415.pdf](https://www.ncsbn.org/APRN_Compact_Final_050415.pdf), last accessed 01/23/2018.

<sup>4</sup> See Uniform Licensure Requirements for a Multistate License, [https://www.ncsbn.org/ULRs\\_1\\_19\\_18.pdf](https://www.ncsbn.org/ULRs_1_19_18.pdf), last accessed 01/23/2018.

<sup>5</sup> See Article III, General Provisions and Jurisdiction, [https://www.ncsbn.org/NLC\\_Key\\_Provisions-FINAL.pdf](https://www.ncsbn.org/NLC_Key_Provisions-FINAL.pdf), last accessed 01/24/2018.