



American Society of  
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# Indiana - Component Society News

IN Society of Anesthesiologists

January 2019

## Indiana State Component Society Update

### Message from ISA's President

Dear ISA members:

A sincere thank you to all of the ISA members for your continued support of the Indiana Society of Anesthesiologists. Our membership continues to grow with new active and educational members. ISA serves our members by fulfilling the ISA mission of promoting patient safety, medical education, and advocacy.

In promoting continuing medical education, ISA offers its members continuing medical education through the ISA Annual Meeting, Practice Management Meeting, and Women in Anesthesiology. The 2019 ISA Annual Meeting, under the leadership of Dr. Sandra Kinsella and the Education Committee members, Drs. Boyer, McNiece, Nakata, Sadhasivam, Sim, and Yu, has an exceptional list of speakers and hands on workshop. As a member benefit, the cost of the Annual Meeting has been greatly discounted to just \$50 for members.

Following the conclusion of the Annual Meeting, a Distinguished Service Award will be presented to Dr. William McNiece. Dr. McNiece has been a great mentor and a leader within ISA and ASA for many years. Please join me in honoring Dr. McNiece on this special evening of celebration. More information regarding the Annual Meeting and the Distinguished Service Award will be in the following paragraphs.

ISA members continue to show how important advocacy is today. We have seen many challenges including the scope of practice, out of network billing, liability insurance costs, and many others. The work of advocacy never stops. I encourage every member to become more active in your local, state, and national advocacy efforts. We have to show our value to the CEOs, legislators, and patients. Be actively involved in your hospital committees and participate in ISA and ASA. You can start today by donating to the ISA and ASA PACs. Donating to the PACs should be the minimum that every ISA member should and be able to do. Don't wait for someone else to do all of the heavy lifting. Thank you to all of those that have already donated in 2019. If you have yet to make your donations in 2019, follow the links to make your donations now: <https://isahq.net/members-sub1/> and <https://www.asahq.org/advocacy-and-asapac/asapac>.

During the 2019 ISA Annual Meeting, Anesthesia Consultants of Indianapolis will be awarded the inaugural Indiana Cup for having the most members donating, highest percentage of donors, and most dollars donated to the ISA PAC in 2018. 83 ACI members donated \$17,430 in 2018! Encourage your group and partners to donate to the ISA PAC to earn the coveted Indiana Cup in 2019.

ISA has joined the "Raise it for Health" coalition in Indiana. The initiative seeks to raise the cigarette tax by \$2 per pack. A number of ISA members will be at the State Capitol to urge legislators to pass this important bill this year. Please consider joining your colleagues at the State Capitol on January 30, 2019 from 10 a.m. to 2 p.m. Here is a link for more information: <http://raiseitforhealthin.com/>



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On January 31, 2019, ISA will host a Day at the Capitol from 9 a.m. to 3 p.m. This is an advocacy day for the ISA during the Physician Anesthesiologists week, January 27, 2019 - February 2, 2019. In 2018, Governor Holcomb proclaimed the week as Physician Anesthesiologist Week. In 2019, it's our hope that both the House and the Senate will proclaim January 27, 2019 - February 2, 2019 Physician Anesthesiologists Week. Dr. Corinna Yu, ISA Board member, has kindly volunteered to serve as the Doctor of the Day at the Capitol on January 31. Thank you, Dr. Yu. Please consider joining us at the Capitol even for few minutes. The more members we have, the greater our voice.

Thank you to Drs. Channing Park and Oliver Montoya. The ISA website has undergone major renovations. Over the next several months, they will continue the upgrade by adding more content and notifications. Don't hesitate to contact them if you have any suggestions or comments. Click on the link to view the new webpage: <https://isahq.net/>.

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

Sincerely,

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



## Governmental Affairs

The ISA Committee for Governmental Affairs is working closely with our lobbyist, Elizabeth Cierzniak, on bills that directly affect the practice of anesthesiology.

Physician Anesthesiologists Day at the Statehouse is Thursday, January 31. Several ISA members will present at our booth on the third floor of the Statehouse. A physician anesthesiologist will be the Physician of the Day on January 31. This is an opportunity to meet with your legislators as well as the legislators that serve on the health committees in both the House and Senate. We invite additional anesthesiologists to also be present. If you are able to attend, please contact the ISA office at [admin@isahq.net](mailto:admin@isahq.net).

At this time, we are beginning with plans to attend the ASA Legislative Conference in Washington, D.C. on May 13, 2019 - May 15, 2019. We will be meeting with Indiana Legislators to discuss the issues affecting the ASA. If interested in attending, please contact the ISA office at [admin@isahq.net](mailto:admin@isahq.net).

*Sandra B. Kinsella, M.D.*



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## Education

Please plan to attend the ISA Annual Meeting and Anesthesia Update on February 9, 2019. The meeting will be at a new location, the Renaissance Indianapolis North Hotel, located at 11925 North Meridian Street, Carmel, IN. We have an excellent list of speakers as well as offering the Point of Care Ultrasound Workshop. Go to <https://isahq.net/> to register for the meeting.

We are also pleased to announce the Women in Anesthesiology Meeting on August 24, 2019. This meeting is highly informative for both men and women. Save the date and watch for further updates.

Breaking from tradition, the 2020 ISA Annual Meeting will be the weekend of September 12 - 13, 2020. This weekend meeting will also include Practice Management and Women in Anesthesiology.

*Sandra B. Kinsella, M.D.*

## Legislative Update

The Indiana General Assembly reconvened earlier this month for the biennial budget-making session. While fiscal issues are expected to dominate activity at the Statehouse this year, a number of measures impacting health care providers will also be considered. Following are brief highlights:

**APRN Scope of Practice.** Three substantially identical bills that expand the scope of practice for APRNs with prescriptive authority have been filed to date: [HB 1097](#) (authored by **Rep. Ron Bacon** and co-authored by **Rep. Cindy Kirchhofer**); [SB 343](#) (authored by **Sen. J.D. Ford**), and [SB 394](#) (authored by **Sen. Ed Charbonneau**).

Under the proposed legislation, an APRN would be able to practice independently after operating for one year under a practice agreement with a practitioner who has been licensed in Indiana for five or more years. "Practitioner" means physician, dentist, optometrist, podiatrist, or APRN. During that year, the practitioner must review at least 5% of the APRN's prescriptive charts. The proposed legislation does not apply to CRNAs, who do not have prescriptive authority under Indiana law. However, if the collaboration requirement is reduced or eliminated for APRNs with prescriptive authority, the Indiana Association of Nurse Anesthetists are expected to seek a similar reprieve from the physician direction requirement in their scope of practice law.

SB 394 is scheduled for a hearing on January 23 in the Senate Health & Provider Services Committee. HB 1097 was heard in the House Public Health Committee on January 9. Several representatives from ISMA and other physician groups testified in opposition. No vote was taken on the bill. Instead, Rep. Kirchhofer closed the hearing by asking the stakeholders to meet in an effort to come up with a compromise which could be brought back to the committee for further consideration.

**Physician Maintenance of Certification.** [SB 203](#) would prohibit a hospital from denying hospital staff or admitting privileges to a physician based solely on the decision of the physician not to participate in maintenance of certification. The bill, which is authored by **Sen. Liz Brown**, specifies that the medical licensing statute does not require a licensed physician to hold or maintain a board certification in a specialty medical area in order to practice. The bill also prohibits insurers from (1) denying a physician the right to enter into a reimbursement agreement with the insurer; (2) denying a physician reimbursement for a covered service; or (3) setting reimbursement at a lower rate; based solely on the decision of the physician not to participate in maintenance of certification.

Physicians on both sides of the issue testified at the hearing. The bill passed out of committee along party lines by a vote of 8-3 and is now awaiting passage by the full Senate.



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**Nurse Licensure Compact.** Last week, the Senate Health and Provider Services Committee heard [SB 436](#), authored by **Sen. Andy Zay**, which would allow Indiana to join the Nurse Licensure Compact (NLC). The NLC allows registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license, with the privilege to practice in their home state and other NLC states without obtaining additional licenses. Currently, 31 states participate in the compact, including Kentucky and Wisconsin. Michigan and Illinois have pending legislation to join the compact. The bill does not provide for multi-state licensure of APRNs. An identical bill, [HB 1344](#), is scheduled to be heard on January 23 in the House Statutory Committee on Interstate and International Cooperation Committee.

*Libby Cierzniak, J.D.*

*ISA Lobbyist*

## ASA Connections

In addition to publishing *Anesthesiology*, the premier anesthesiology journal in the world, our ASA produces many other valuable publications for ASA members and the profession. The ASA monthly newsletter, *ASA MONITOR*, is received by all of us and has informative articles. Our world is changing at an ever-increasing pace. Our professional environment extends well beyond the operating room and hospital. Health care systems, third party payers, state and federal governments, and numerous other entities affect our care of our patients. Our ASA maintains a presence on numerous social media outlets, Facebook, Twitter, and others. Look for these and sign up as a follower.

Leadership and staff at our ASA also send numerous regular email communications to the membership. The Monday Morning Outreach is a weekly message from our President, Linda J. Mason, M.D., FASA. She sends updates on ASA activity of the past week and important future activities. *Anesthesiology Today* is a daily staff-produced e-newsletter (sent Tuesday-Friday) offering the latest clinical information, research political activity, and other health care news to the members. This is a valuable resource to stay abreast of current events. The MACRA Minute is intermittently sent out to keep us informed about the government's reform efforts in health care financing. In addition, the ASAPAC send out VITAL SIGNS, a political and grassroots report to donors keeping us aware of the current political landscape.

Our ASA is a member service organization. In this respect, it is important we are getting you the information you need to optimize your practice. If you are not getting these communications, please make sure that your contact information is current, if you need assistance, contact the Member Service Department. If you have suggestions on ways our ASA could keep you better informed, please let us know.

*Gerard T. Costello, M.D.*

## Communication

The Communication Committee's main objective is to relay relevant information in a timely and organized manner to the membership of the ISA. Newsletters will always be important in giving a broad overview of the state of the society. Our new webpage has been reformulated to facilitate updating important information for the Indiana anesthesiology community. Links can be found to the ASA, ISA PAC, legislative updates, and Indiana and ASA meetings. We are in the process of refreshing our Facebook page for current Indiana and national issues. We will also be emphasizing current topics from the larger ASA network. And as always, our support staff can be reached by phone or email (or fax!).



As chairman of the Communication Committee, I welcome you to explore our refreshed website and engage in our growing social media platform. While information technologies and networking capabilities continuously evolve, we hope to find ways we can all be better connected as a society.

Please follow us:

<https://isahq.net/>

Facebook: Indiana Society of Anesthesiologists - ISA

*Oliver S. Montoya, M.D.*

### 2018 Distinguished Service Award – William L. McNiece, M.D.

The Distinguished Service Award (DSA) is the highest honor bestowed by the Indiana Society of Anesthesiologists (ISA). The award is given following submission of a nomination packet, evaluation and recommendation of a committee of senior ISA members including previous ISA Presidents and DSA award recipients, and a vote of the ISA Board. The award is given to an ISA member and recognizes outstanding achievement, contributions to the specialty, and/or exemplary service to the ISA.

William L. McNiece, M.D. is the recipient of the 2018 ISA Distinguished Service Award, which will be presented at the 2019 ISA Annual Meeting on February 9<sup>th</sup>, 2019. Dr. McNiece completed his medical degree and anesthesiology residency at Indiana University where he also served in his final year as Chief Resident. He then completed a fellowship in pediatric anesthesia and critical care at the Children's Hospital of Philadelphia. Following his fellowship, he joined the faculty of Riley Hospital for Children in 1980 and is currently an Associate Professor of Anesthesia and was a former Gopal Krishna Scholar in Pediatric Anesthesia. He is also the current Medical Director of the Anesthesiologist Assistant Degree Program.

Dr. McNiece has held numerous positions through his many years of service to his patients and to the practice of anesthesia. He has been a Board Member and Past President of the Indiana Society of Anesthesiologists and a Board Member and current President of the Wood Library Museum. He has been in several committees at Riley as well as serving in leadership roles in those committees. In addition, he has been involved in his community as a member of the Society for Industrial Archeology, Indianapolis Municipal Band, and the Marion County Historical Society.

The ISA is pleased to recognize William L. McNiece, M.D. as the recipient of the 2018 Indiana Society of Anesthesiologists Distinguished Service Award.

*Please join us in congratulating Dr. McNiece at Maggiano's Italian Restaurant on February 9, 2019 at 6:00 p.m.*

**Maggiano's Italian Restaurant**  
3550 E. 86<sup>th</sup> Street  
Indianapolis, IN 46240

Please use the following link to register for the dinner and RSVP by February 2, 2019:

<https://isahq.net/2018-dsa/>.



## Women in Anesthesiology – Indiana State Conference 2019

Women in Anesthesiology is a national organization dedicated to the professional development of women physician anesthesiologists. They work side-by-side with the ASA's Ad Hoc Committee on Women in Anesthesia. Their goal is to increase local and state component involvement and I have recently been promoted to Component Liaison on their Board of Directors. On September 8<sup>th</sup>, 2018, the first Women in Anesthesiology – Indiana State Conference was hosted with support from the Department of Anesthesia at the IU School of Medicine and several GoFundMe donors. It was a resounding success! Over a hundred people attended the CME event, which featured guest speaker Dr. Cynthia Wong, Professor and Chair at University of Iowa.

We discussed the status of women in academic anesthesiology, work-life balance, contract negotiation, and an update on OB anesthesiology. There was a panel discussion and a mentorship luncheon. Participants included attendings (46%), residents (23%), medical students (16%), and student anesthesiologist assistants (13%) with 24% male attendance. Pre- and post- conference surveys demonstrated statistically significant changes in perspective at the end of the event, and the ongoing need for men and women to continue to discuss issues relevant to women in anesthesiology. The ISA Board of Directors has agreed to sponsor the next conference on Saturday, August 24, 2019. I hope to see you all there!



*Corinna J. Yu, M.D.*



## IU Master of Science in Anesthesia Student Clinical Rotations

The Master of Science in Anesthesia (MSA) Program will be graduating its first class of students - The Class of 2019 - on December 7, 2019. The second class of students began classes in August 2018 and will graduate in December 2020. Interviews for the third class of students beginning classes in August 2019 are underway.

In addition to their classroom and simulator-based coursework, the students of the Class of 2019 all completed at least seven hundred hours of clinical operating room experience through January 22, 2019. These students will now be spending most of 2019 on a series of three-week long general and specialty clinical rotations. While the students can complete all their education on campus, they can also complete portions of their final year's clinical rotations off campus working with anesthesiologists in other practices.

The MSA Program invites interest from anesthesiologists in practices across Indiana in offering clinical rotations for MSA students during this last year of their educational continuum. The anesthesiologist (or a member of an anesthesia care team) must be present in the room with the student anesthesiologist assistant throughout the course of an anesthetic. From the student perspective, this offers the student the opportunity to participate in the anesthetic care of patients away from the program's core sites under the direction of anesthesiologists practicing in community settings.

From the anesthesiologist and anesthesia group perspectives, this offers the opportunity to work with student anesthesiologist assistants. This can be particularly valuable in practices that would like to know more about anesthesiologist assistants and how they might be assets to anesthesiologist practices. If a practice has decided to include anesthesiologist assistants, this also gives the practice the opportunity to work with students being considered for future employment by the practice for three weeks.

Student rotations with an anesthesiology practice require an agreement between the MSA Program and the practice or hospital. Typically, it takes about three months to complete the initial paperwork involved. The agreement template can be obtained from Sara Hickman, MSA Program Coordinator at sarhickm@iu.edu. Her office phone number is 317-278-2532. Ms. Hickman will work with practices and hospitals to complete the agreement.

I will be happy to speak with anesthesiologists regarding these student rotations. Please feel free to contact me if you have any related questions.

William McNiece, M.D.  
Medical Director of MSA Program  
Associate Professor of Anesthesia  
Department of Anesthesia  
IU School of Medicine

Contact Information:  
317-278-2532 - Program Office  
317-944-9981 - Clinical Office  
317-341-1809 - Mobile

*William L. McNiece, M.D.*

### Contact Information

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## Updates

### State Affairs Update - *Click the link for full text.*

- [Are you prepared for Physician Anesthesiologists Week coming up Jan. 27 - Feb. 2, 2019?](#)
- [Anesthesiology Policy Research Rotation in Political Affairs Applications Opens Mid-December](#)
- [CPT® Codes Change Annually - Here's How to Stay Updated to Ensure You Get Paid](#)
- [ASA Member Suzanne Harrison, M.D., elected to Utah House of Representatives](#)
- [Humana Fined \\$700,000 for Inadequate Anesthesiologist Network](#)
- [NEW! 2018 ANESTHESIA ALMANAC](#)
- [ASA Says "No" to Medicare as a Benchmark for Out of Network Payments](#)
- [California Governor Signs Dental Anesthesia Legislation](#)
- [South University AAs Achieve 100 Percent Certification Pass Rate](#)
- [Texas Society of Anesthesiologist President Awarded AMA Medal of Valor](#)
- [Reminder to the State Components](#)
- [It's Not Too Late to Join ASA Team535](#)

### Federal Legislative Update

- [President signs into law opioid legislation; while ASA study finds patients undergoing surgery continue to expect opioids](#)
- [ASA Commends Administration's Report Confirming the Importance of Laws that Protect Patients from Harm](#)
- [ASA 2018 Election Analysis](#)
- [ASA Leadership Presents at Public Meeting on Drug Shortages: FDA Task Force Takes Next Steps](#)
- [House Passes ASA-Supported Medical Liability Bill](#)
- [U.S. Senate Out-of-Network Payment Discussion Draft Circulated to Stakeholders](#)
- [ASA President Presents Before National Academies Forum on Drug Shortages](#)

### Federal Regulatory Update

- [Extortion Scam Targeting DEA Registrants](#)
- [ASA Member Appointed to National Academies Opioid Collaborative](#)
- [ASA Submits Comments on USP <797> Proposed Language on Compounding Sterile Preparations](#)
- [ASA Weighs-in on Opioid Sparing Clinical Trials: FDA Advisory Committee Votes to Continue Discussions](#)
- [CMS Updates the 2017 MIPS Performance Feedback Reports and Payment Adjustments](#)
- [ASA Pushes for Reduced Regulatory Burden and Greater Opportunities for Anesthesiologists to Participate in the Quality Payment Program](#)

### Payment and Practice Management Update

- [CMS Issues 2019 Final Rule](#)
- [ASA Backs Regulatory Relief; Cautions Against the "Company Model"](#)
- [ASA Survey Results for Commercial Fees Paid for Anesthesia Services - 2018](#)
- [ASA Joins with Others to Oppose Changes to E/M and Multiple Procedure Payment Policy](#)
- [Timely Topics in Payment and Practice Management](#)
  - [2019 Relative Value Guide Updates Include Anesthesia Time and Field Avoidance \(December 2018\)](#)
  - [Anti-kickback Statute and Physician Self-Referral Laws \(Stark Laws\) \(November 2018\)](#)
  - [PRACTICE MANAGEMENT 2019: What Does It Offer for Residents? \(November 2018\)](#)
  - [2019 CPT® - New Codes and New Instructions \(October 2018\)](#)
  - [Medicare Remittance Advice to Include the New Medicare Beneficiary Identifier in October \(September 2018\)](#)
  - [An Introduction to Hierarchical Condition Categories \(HCC\) \(September 2018\)](#)



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#### Public Relations Update

- [American Society of Anesthesiologists names Linda J. Mason, M.D., FASA, new president](#)
- [Beverly K. Philip, M.D., FASA, elected first vice president of the American Society of Anesthesiologists](#)
- [American Society of Anesthesiologists honors Jerry A. Cohen, M.D., with its Distinguished Service Award](#)
- [Healthcare Groups Release Recommendations to Address Drug Shortages](#)
- [American Society of Anesthesiologists announces Perioperative Surgical Home scholarship recipients](#)
- [American Society of Anesthesiologists and Anesthesiology Congratulates John B. "Iain" Glen, Ph.D., FRCA Recipient of the 2018 Lasker-DeBakey Clinical Medical Research Award](#)
- [Blood Management Program Safely Reduces Transfusions in Orthopedic Patients](#)

#### Upcoming Events

- [Practice Management 2019 \(January 2019\)](#)
  - [PRACTICE MANAGEMENT 2019: What Does It Offer for Residents?](#)
- [Simulation Education Network Summit \(March 2019\)](#)
- [LEGISLATIVE CONFERENCE 2019 \(May 2019\)](#)

Are you prepared for Physician Anesthesiologists Week coming up Jan. 27 – Feb. 2, 2019?

The fifth annual [Physician Anesthesiologists Week](#) is your chance to alert policymakers, the media and the public that when seconds count, physician anesthesiologists save lives.

We need all physician anesthesiologists to help make our voices heard on critical issues and advocate for the specialty and patients. This year's initiative will include some new materials to highlight ASA's commitment to ending opioid abuse and educating parents on what they need to know about pain management and opioids.

Get all the [resources](#) you need to plan for a successful week of advocacy, public outreach and to participate in Physician Anesthesiologists Week 2019 in your state or community. Listen to our podcast; order posters or table tents; learn how to schedule a meeting with your state legislator or request for a state proclamation; download a banner for your website, social media graphics and more. And be part of the conversation: #PhysAnesWk19. Continue to visit [www.asahq.org/PAW](http://www.asahq.org/PAW) for updates!

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#### Anesthesiology Policy Research Rotation in Political Affairs Applications Opens Mid-December

The application for the competitive Anesthesiology Policy Research Rotation with the ASA Advocacy Division in Washington, DC, will open next week!

A handful of residents will spend four weeks during the fall, winter, or spring of their academic year with the advocacy team. They will get up-close, hands-on experience in advocacy, and drill down into the policy details that directly impact patients and the future of the specialty.

Residents PGY - 4 / CA - 3 and fellows are eligible to apply. Selected Resident Scholars will receive a stipend of \$5,500 to help with living expenses. Find more information, and the application once launched, at [asahq.org/ResidentScholar](http://asahq.org/ResidentScholar).



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Not a resident? Tell a resident! This competitive and prestigious program is an unique opportunity to learn and grow. [Read articles written by past Resident Scholars sharing their thoughts on their rotation \(members only\).](#)

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## CPT® Codes Change Annually – Here’s How to Stay Updated to Ensure You Get Paid

Each year, Current Procedural Terminology (CPT) codes are added, revised and deleted. These code changes affect your daily practice, and staying abreast of these changes is critical. ASA closely monitors these revisions and updates coding resources each year by releasing new iterations of Relative Value Guide® (RVG™) and CROSSWALK®. For more information or to purchase 2019 Relative Value Guide and 2019 CROSSWALK, visit [asahq.org/billing-coding](http://asahq.org/billing-coding).

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## ASA Member Suzanne Harrison, M.D., elected to Utah House of Representatives

Midterm elections across the country displayed positive outcomes in key races for many ASA members and physician anesthesiologists, six in total, running for office. This includes ASA member Suzanne Harrison, M.D., who was elected to represent Utah’s 32nd District as a Democrat in a traditionally Republican district.

Dr. Harrison initially ran for this seat in 2016 and lost by just three votes. This year, she won by almost 2,000 votes. ASAPAC supported Dr. Harrison in her election campaign, as well as other physicians and dentists running for state and federal office. Congratulations to Dr. Harrison!

ASA would like to congratulate all of its physician anesthesiologist lawmakers on their elections. Please continue to report physician anesthesiologists and ASA members running for public office by emailing [grassroots@asahq.org](mailto:grassroots@asahq.org).

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## Humana Fined \$700,000 for Inadequate Anesthesiologist Network

On October 8, [the Texas Department of Insurance \(TDI\) announced that it fined Humana](#), Texas’ fourth largest health insurance writer and ninth largest HMO, \$700,000 for failing to maintain an adequate number of physician anesthesiologists in Bexar, Harris, and Travis counties. The Texas Society of Anesthesiologist (TSA) was instrumental in bringing Humana’s inadequate networks in multiple counties to the attention of TDI. Sherif Zaafran, M.D., FASA, Noah Bunker, M.D., FASA, and TSA advocacy staff met with TDI Commissioner Kent Sullivan and his staff to report directly about anesthesiologist group contracts being terminated mid-contract and related concerns for patients assumingly receiving care without their knowledge from out-of-network physician anesthesiologists at in-network facilities.

Texas network adequacy laws require Humana to contract with enough providers to meet its obligation to provide health care services. Beginning in January 2018, Humana had a sufficient number facility-based anesthesia providers but by June contract terminations resulted in an unacceptable decrease in contracted facility-based anesthesiology groups with no in-network facility-based anesthesiologists in dozens of facilities. Humana failed to disclose the decrease prominently or in a timely manner. Humana’s actions resulted in patients receiving care at in-network facilities from out-of-network physician anesthesiologists - some of these Humana enrollees received balance bills. Humana will hold patients harmless and their financial responsibility will not exceed in-network cost sharing requirements.



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ASA is working closely with states and physician organizations to ensure appropriate network adequacy laws are in place. ASA further advocates that in instances where a provider or service is out-of-network, a balanced mechanism must be in place to determine fair payment.

Read the [Consent order for PPO and group plans](#) and [Consent order for HMO plans](#).

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## NEW! 2018 ANESTHESIA ALMANAC

The ASA® Analytics and Research Services (ARS) Department is excited to announce the [2018 ANESTHESIA ALMANAC](#). The ANESTHESIA ALMANAC is a compilation of perioperative data for the United States and includes information about surgical volume and anesthesia utilization trends and anesthesia workforce characteristics. ASA® hopes that health care professionals and researchers find the ANESTHESIA ALMANAC a useful resources relating to health care practice, administration, research and policy.

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## ASA Says “No” to Medicare as a Benchmark for Out of Network Payments

On September 7, ASA joined several physician organizations in a [formal communication](#) to provide feedback on the [Centers for Medicare and Medicaid Services' \(CMS\) request for information on price transparency](#). The communication stressed that Medicare should not be used as a benchmark for reimbursement of out-of-network providers. It also recommended that “the best measure of standard charges is the usual and customary physician charge (“U&C charge”) procured from a not-for-profit, independently owned and operated entity.”

The CMS request for information provided in part, CMS’ concerns that “challenges continue to exist for patients due to insufficient price transparency. Such challenges include patients being surprised by out-of-network bills for hospital-based physicians, such as anesthesiologists and radiologists, who provide services at in-network hospitals, and patients being surprised by facility fees and physician fees for emergency room visits.”

Out-of-network payment, also commonly termed “surprise bills” or “balance billing” is a high-level issue of concern for ASA, state component societies, large group practice entities, and a growing number of stakeholders including medical specialty organizations, insurers, patients and consumer groups, and others. Out-of-network payment occurs when a patient receives a bill for the amount remaining between the out-of-network provider’s fee and the amount contributed by the patient’s insurer after copay and deductibles. In most cases, balance billing is the result of a large gap between what the insurer chooses to pay and the physician’s billed charge. Indeed, ASA believes a more accurate term for the occurrence is “surprise insurance gaps.”

The coalition’s letter answered CMS’ five main questions, including how physicians, CMS, and insurers can better assist consumers in making the best choice for their health and safety:

We believe that it is the responsibility of payers, including CMS, to clearly provide information to consumers about the potential costs of seeking care under their particular coverage. Clinicians can participate by helping patients interpret or help decipher, as best they can, their patients’ cost-sharing responsibilities, particularly in- and out-of-network out-of-pocket costs, but ultimately, the onus should be on insurers to make these costs transparent to patients. Hospital based clinicians often are not aware of the patient’s particular insurance terms and conditions, secondary or tertiary insurance, or the carriers’ policy on coordination of benefits.



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Other groups who joined the communication included the American College of Emergency Physicians, the American College of Radiology, and the American Society of Plastic Surgeons. For additional information about out-of-network payment, please contact [advocacy@asahq.org](mailto:advocacy@asahq.org).

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## California Governor Signs Dental Anesthesia Legislation

In 2015, six year old Caleb Sears was given anesthesia in a dental office under the single operator model where the oral surgeon performing the surgery was also administering the anesthesia and monitoring Caleb's vital signs. Soon after the procedure began, Caleb stopped breathing while under general anesthesia and subsequently passed away. Since that time, the Sears family has lobbied state lawmakers in an effort to change the law and prevent other small children from the same fate as their son. The result of this effort is Senate Bill 501 which was initially stalled in 2017 but was amended and pushed forward during the 2018 legislative session.

On September 29, 2018, [California Governor Jerry Brown signed CA SB 501](#). This legislation makes several changes to current dental anesthesia and sedation statutes, the majority of which will affect pediatric dental patients and which will become effective January 1, 2022. The notable changes are outlined below and [the full bill text may be viewed here](#). The bill requires dentists to possess a pediatric endorsement of their general anesthesia permit in order to administer deep sedation or general anesthesia to patients younger than seven years old. A licensed surgeon or physician may also administer deep sedation or anesthesia if various requirements are met, including holding a general anesthesia permit. The bill also requires dentists to be present in the dental office setting during both the ordering and administration of deep sedation or general anesthesia. For patients younger than 13, the operating dentist and at least two additional personnel must be present for the procedure, and certain personnel must be certified in pediatric life support and airway management. In addition, onsite inspections and evaluations of licensees are required.

All references of "conscious sedation" are replaced with "moderate sedation" and a dentist may administer or order the administration of moderate sedation to a dental patient receiving outpatient care if specific criteria are met, including completion of appropriate training. If a dentist orders moderate sedation for a patient, the dentist must be physically present in the facility while the patient is sedated. If a patient is younger than 13, the operating dentist plus two additional personnel must be present during the procedure, with one of the additional attendees dedicated primarily to monitoring the patient.

Regarding minimal sedation, a dentist is authorized to administer or order the administration of such sedation on a patient younger than 13 if the dentist has specific licensing credentials and remains physically present in the treatment facility, among other things. In addition, a dentist shall have the training, equipment and supplies to rescue a patient should he or she fall into an unintended deeper level of sedation. Finally, the bill also requires the Dental Board of California to maintain data on all adverse events pertaining to dental anesthesia and sedation for at least the past 15 years. Although the signed bill does not incorporate all of the changes the California Society of Anesthesiologists (CSA) initially hoped for, including the fact that the bill language does not mandate that one of the additional personnel be a fully qualified physician anesthesiologist, CSA does commend the California State Legislature and the Governor for this new law. It strengthens the training and continuing education requirements for anesthesia permits, and puts the terminology defining different levels of anesthesia and sedation in-line with standard medical terminology as defined by the ASA.

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## South University AAs Achieve 100 Percent Certification Pass Rate

For the eleventh time in the past thirteen years, [South University](#) Anesthesiologist Assistant (AA) students taking the National Commission for Certification of Anesthesiologist Assistants (NCCAA) exam finished with a [100 percent pass rate](#). The NCCAA is the certifying body for the AA profession in the United States. The certification process includes passing the certifying exam, completing continuing medical education hours, and ongoing examinations to demonstrate professional qualifications.

Anesthesiologist Assistants are highly skilled health professionals who work under the direction of a physician anesthesiologist to implement anesthesia care plans. Anesthesiologist assistants work exclusively within the Anesthesia Care Team environment. All AAs possess a premedical undergraduate background and complete a comprehensive didactic and clinical program at the graduate school level. They are trained exclusively in the delivery and maintenance of quality anesthesia care as well as advanced patient monitoring techniques. There are currently [12 accredited educational programs](#) for AAs in the United States.

For additional information about anesthesiologist assistants, please reach out to [advocacy@asahq.org](mailto:advocacy@asahq.org).

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## Texas Society of Anesthesiologist President Awarded AMA Medal of Valor

In November 2018, ASA member G. Ray Callas, M.D., FASA was awarded the American Medical Association's (AMA) [Medal of Valor](#) at the [2018 AMA Interim Meeting of the House of Delegates](#). This prestigious award is presented to those who show "courage under extraordinary circumstances in nonwartime situations." Dr. Callas was presented the award due to his extraordinary efforts during and after Hurricane Harvey.

Dr. Callas, the current President of the Texas Society of Anesthesiologists, worked non-stop to help those who were affected or injured during the 2017 natural disaster that decimated much of the Houston area. Beyond helping those in need of medical attention, Dr. Callas went above and beyond, also cooking and serving food to evacuees. Congratulations to Dr. Callas on earning the AMA Medal of Valor!

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## Reminder to the State Components

With the legislative sessions having concluded in most states, state component societies are reminded that the work to protect patient safety by ensuring physician-led anesthesia care is far from over. Administrative agencies are continuing to consider ideas for and propose/adopt regulations that could help or hurt patients. Additionally, lawmakers and their staff are developing language for 2019 legislative introductions.

Now is the time to ensure participation at medical, nursing, dental, health, and insurance board meetings. If not able to attend these meetings for the sake of being resource, then at minimum review upcoming meeting agendas (most are on-line). If a board meeting agenda item is on-point (i.e. discussion or rule proposal that would impact the practice of anesthesiology and the patients it serves), then ensure the presence of a physician anesthesiologist at the meeting to provide insight.

Rules are proposed by each of these boards, so ASA members are encouraged to review the proposal, discuss with your state component society leadership, and submit written comments as appropriate. At the state legislative level, ensure relationships are maintained with local lawmakers.



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Now is an opportune time to meet with lawmakers and/or their staff to share with them the extensive medical education, training, and background required to become and continue as a physician anesthesiologist. Please contact [grassroots@asahq.org](mailto:grassroots@asahq.org) for guidance pertaining to any upcoming lawmaker meetings.

The ASA's Department of State Affairs serves as a resource to the state component societies for their state level advocacy initiatives. State Affairs is happy to help to the extent requested by the state and can be reached at [advocacy@asahq.org](mailto:advocacy@asahq.org).

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## It's Not Too Late to Join ASA Team535

Help build ASA's grassroots resources and protect your patients by joining ASA Team 535, the key contact program. You will join the ranks of ASA's effort to ensure strong, enduring relationships with all 535 members of the United States House of Representatives and Senate.

Key Contacts should have a strong, reliable, and personal connection with at least one specific elected official, probably the one who represents them in Congress.

Through ASA Team 535, ASA's Committee on Governmental Affairs will assist ASA members as they grow from physician members into Key Contacts.

[Please click here to sign up if you are interested in becoming key to our Advocacy work.](#)

[Started Module 1, but haven't completed the others? Click here to complete all of the Modules.](#)

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