

Respondent Name
Washington Association of Nurse Anesthetists
Complainant Name
Amy Brackenbury
Complaint Description
<p><u>Amy Brackenbury</u> reported via the portal</p> <p>A website with no attribution was registered and published on 2/14/24 for the purpose of advocating against legislation before the Legislature. It is available to the general public and does not identify the name or address of its sponsor. The website appears to be a campaign of misinformation designed to discourage the Governor from signing a bill into law. Because there is no information about the sponsors of the website, there is no way to contact anyone about the false statements being made. The public is being misled.</p> <p>An internet search leads to a political consulting firm based in Texas as the registrant, but all other information is redacted and it doesn't identify the sponsor of the website. Based on the content, it is clearly someone who has been involved in legislative & stakeholder discussions in Olympia this legislative session.</p>
What impact does the alleged violation(s) have on the public?
<p>A public website was registered and published on 2/14/24 designed primarily to influence state legislation which does not identify the name and address of its sponsor. The website constitutes a campaign of misinformation designed to mislead the public and elected officials.</p> <p>A search on whois.com indicates the website's registrant is a "full service political consulting firm here to help you win campaigns" based in Texas. All contact information is redacted for privacy and there is no information about the who hired the political consulting firm.</p>
List of attached evidence or contact information where evidence may be found
<p>https://votenosb5184.com</p> <p>https://www.whois.com/whois/votenosb5184.com</p>
List of potential witnesses
Certification (Complainant)
I certify (or declare) under penalty of perjury under the laws of the State of Washington that information provided with this complaint is true and correct to the best of my knowledge and belief.

RE: SB 5184

Dear Governor Inslee,

This letter concerns SB 5184, authorizing licensure for anesthesia assistants. **Please VETO this bill as it appears today!** Prior to the start of this 2024 session, CRNAs participated in a series of meetings with stakeholders on this bill, understanding the concern of the legislature to prioritize legislation that has the potential to expand the healthcare workforce. CRNAs have asked for AA licensure as combined package that includes broader and more comprehensive solutions to the entire anesthesia workforce to make equitable, lasting solutions that will benefit ALL Washingtonians. Our concerns are based on negative unintended consequences seen in all other states where similar legislation has been enacted.

Every WA nursing organization and association including two large nursing unions and the Washington Board of Nursing opposed this legislation with in-person testimony and visits to legislators and formal written opposition. Thousands of voters sent opposition letters to oppose SB 5184 to their respective district legislators, yet decisions were made based on money paid by special interest groups.

At a time when we have a critical nursing shortage in every facility, this is just bad legislation. It is not healthy for the state “to have doctors criticizing and spreading false propaganda about the nurses they work alongside.” It creates a hostile working environment, which adds to high attrition rates and causes severe access issues for all WA residents seeking care.

For the past 22 years, nurses have been ranked the #1 most trusted profession. According to Gallup's 2023 Honesty and Ethics Poll, nurses are perceived more often as ethical, even compared to doctors, and clergy. In fact, this session the Washington State Medical Association (WSMA) circulated incorrect and disparaging flyers about the education of nurse anesthetists to legislators. WANA contacted WSMA and requested a formal apology, which was received by email. This was not an oversight as they have used this “very same **deceptive tactic** and identical information” in other states where AAs were being introduced. This is dishonest, unethical, and misleads the legislators trusted to make decisions on behalf of their constituents and is they should be sent a message that their behavior was unacceptable and will not be tolerated in the future.

Nurses vote more than many other professions because, at the core of who they are, the 3 million nurses in the nation are advocates. CRNAs requested and negotiated for a workforce study BEFORE this legislation was introduced which licenses a new anesthesia provider with substantially less training than physician anesthesiologists or nurse anesthetists (this was NOT done nor was a cost analysis showing this as a cost-effective solution for the public by the department of health during the Sunrise Review **despite this requirement listed in RCW 18.120.010**). CRNAs also asked that patients be informed who is providing their anesthesia care. AAs call themselves “anesthetists” which is fictitious and misleads patients as they are not anesthetists, and not interchangeable with anesthetists. Deceptively, the AA website is <https://www.anesthetist.org> They are not nurse anesthetists nor interchangeable with CRNAs even though that is the false narrative they communicate.

Patients have rights to be informed of who AAs are so patients understand WHO is giving their care. Both the request for workforce study AND a requirement of informing patients were denied during negotiations by proponents (WSSA – Washington State Society of Anesthesiologists) of this legislation. There is no safety data FOR or AGAINST AA practice since they must work under the physician and bill under the physician. Reorganizing and using proven safe current anesthesia providers, physician anesthesiologists and nurse anesthetists in an efficient way would allow Washington state to have a surplus of full practice anesthesia providers OVERNIGHT with ZERO increased costs.

CRNAs have been committed to continue to work with all stakeholders throughout this 2024 session. The striking amendment of SB 5184 that was passed out of the House Healthcare and Wellness Committee is a product of some stakeholder negotiations to address “a few” safety concerns. However, other significant safety concerns were left at the table. We formally request a veto of this legislation so these safety concerns and more balanced and expansive solutions can be worked in for 2025. We have been focused on safe and equitable solutions that will not increase risk of harm or costs to Washington residents. We ask for this to be the priority rather than choosing special interest group agendas over the access of care for Washington residents, especially in underserved areas of the state.

In addition, a house floor amendment was adopted at the very last minute, despite opposition and a verbal agreement that it would not be considered if CRNAs did not continue to oppose the legislation. The language contained in that amendment is a **full departure** from the language contained in every other state's language for physician anesthesiologists that direct AA practice (despite the DOH recommendations that language is consistent with other states in the sunrise review found below). Furthermore, the consistent supervisory qualifications language had appeared in the first introduction of this bill in 2022 and again last year carrying-over to this year. The departure language was introduced just days before the final date for bills to pass out of the second chamber. This amendment allows foreign medical physicians with NO experience working with AAs in other countries (they are forbidden in the military and in foreign countries) the untethered ability to direct this new anesthesia provider in WA state. It is untested in the United States and has the potential for grave consequences. Additionally, we asked for provisions for the public to know who is providing their anesthesia care by requesting language in the legislation that AAs must identify themselves clearly and properly to the public.

If legislators are interested in making a **full departure** from language included in every other state statute regarding AA supervisor qualifications, we would suggest also including the ability of Certified Registered Nurse Anesthetists to direct and supervise AA practice. This approach is more equitable to the two legally recognized independent providers in the state and would be in line with increasing access to the entire state. Embracing a statewide approach to current and future workforce shortages is necessary now and in the future. There is a large anesthesiologist shortage on the horizon and without anesthesiologists, AAs cannot work. As of Feb 27, 2024, when searching the most comprehensive anesthesia workforce job posting website, WA state is the ONLY state with more physician anesthesiologist job openings than CRNA job openings. There is a critical physician anesthesiologist shortage which cannot be filled by AAs. Indeed, currently the only model AAs can work under is where physician anesthesiologists are available to direct their care. If CRNAs could also direct their care, this would alleviate the issues with anesthesia workforce expansion.

The addition of CRNAs to supervising personnel would allow the workforce to exponentially increase in ALL areas of the state, and this would make inroads in access to care for rural and medically underserved areas of the state. CRNAs are most times the provider for marginalized patients in clinical settings and AAs cannot fill that gap. CRNAs treat mental health, PTSD, and substance use disorders in CRNA owned ketamine clinics, provide dental anesthesia to developmental and challenged patients, and provide necessary anesthesia to ensure reproductive rights are protected. Additionally, CRNAs are the primary provider for over 90% of rural hospitals in WA and deliver 70% of the anesthesia in the entire state. The only true equitable solution is to allow **all** independent anesthesia providers in WA state to direct the care of anesthesia assistants.

At the very least we ask you as Governor to veto the last amendment regarding the qualifications that anesthesiologists that work and supervise AAs NOT have to be trained in residencies in the United States. Being trained in the US is consistent with the language in **EVERY other state** that has licensed AAs. Anything less unsafe, anticompetitive, and seeks to monopolize and create a very expensive anesthesia care model. This bill still needs work, **please VETO the bill as it appears today** and tell the legislature to work with all stake holders equitably and bring back a more cost-effective, balanced, and comprehensive model in 2025.

Thank you for your service,
[Your Name]
[Your Address]