



Dear Colleagues,

I want to share the good news that we have prevailed at the New Hampshire Supreme Court in our challenge to the AANA's efforts to mislead the public and patients by utilizing the title "nurse anesthesiologist."

Earlier today, the New Hampshire Supreme Court sided with the New Hampshire Board of Medicine by affirming its ruling limiting use of the term "anesthesiologist" to individuals licensed to practice medicine. As many of you know, ASA and the New Hampshire Society of Anesthesiologists (NHSA) have worked to reverse the New Hampshire Board of Nursing's inappropriate position statement authorizing use of the optional descriptors "nurse anesthesiologist" and "certified registered nurse anesthesiologist." The NHSA organized a strong legal defense of the medical board's decision concerning use of the term "anesthesiologist," including working with ASA, the American Medical Association, the New Hampshire Medical Society, the American Board of Medical Specialties, and the American Board of Anesthesiology to submit paired amicus brief filings.

The New Hampshire Supreme Court noted, "The record before the Board of Medicine included, among other things, studies, surveys, and licensure requirements highlighting similarities and differences between CRNAs and physician anesthesiologists and the public's understanding of that distinction. It is evident that those materials formed the foundation for the Board of Medicine's conclusion that anesthesiology is a subset of the practice of medicine, and professionals who refer to themselves as 'anesthesiologists' must hold a license to practice medicine."

Please refer to ASA's recently issued news release on the ruling.

This is a timely and important win, as several states currently have pending legislation to prevent similar misuse of medical titles. As we are aware, AANA and its state associations are interested in the opposite – purposefully misleading patients with

terminology that exaggerates nurses' professional qualifications, education, and training. Be confident that ASA is actively involved in advocacy, legal, and communications efforts in these states and will aggressively object to any title misappropriation and related mistruths throughout the country. As leaders in your states, I encourage you to work with your legislators to ensure appropriate laws are in place to prevent similar nursing board actions where you are.

In our daily practice, we recognize the positive role and important contributions of nurse anesthetists to the anesthesia care team. In physician-led care team practices, we will continue to successfully work together on behalf of our patients. We do not consider the title manipulation and misleading terminology pursued by AANA and its state associations to be in the best interests of nurse anesthetists.

I applaud the New Hampshire Society and our Advocacy staff for their successful efforts. But we must always remember that new battles remain in front of us. Stay vigilant, and stay tuned.

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