

# KANA TIMELINE OF SIGNIFICANT EVENTS

## **1931 FORMATION OF THE NATIONAL ASSOCIATION OF NURSE ANESTHETISTS:**

Through the efforts of CRNA Agatha Hodgins, our national association became a reality on June 17, 1931, in the midst of the great depression. A group of forty-eight anesthetists, representing twelve states, met in a classroom in the anesthesia department of the University Hospital of Cleveland Lakeside in Cleveland, Ohio, to form the NANA. Nurse anesthesia was the first specialty nursing organization in the United States!

## **1935 NANA CHANGES NAME TO AMERICAN ASSOCIATION OF NURSE ANESTHETISTS (AANA)**

## **1940 CREATION OF THE KANSAS ASSOCIATION OF NURSE ANESTHETISTS (KANA):**

On October 16th, seven nurse anesthetists met at the Wesley Hospital Nurse Home in Wichita to found our state association. Our first president was Viola Baker from Wichita. Viola served at the KANA president until 1945. Velma Thompson of Marysville was elected first vice-president. Ethel Paul from Wichita served as second vice-president and Mildred Clark of Fort Leavenworth became the secretary/treasurer. Also attending was Zella Hammann from McPherson.

## **1945 FIRST NATIONAL CERTIFICATION EXAMINATION GIVEN:**

The first national qualifying examination, now called the certification examination, was administered in June of this year. The adoption of the credential of "certified registered nurse anesthetist" was granted to those persons who passed the examination. Nurse anesthesia became the first nursing specialty for which certification was available.

## **1956 THE FIRST PUBLICATION OF THE OFFICIAL KANA NEWSLETTER, KANESTHESIA,**

## **1959 FIRST SCHOOLS OF NURSE ANESTHESIA IN KANSAS:**

Both St. Joseph Hospital and Wesley Hospital in Wichita were the first in the state to offer an education in nurse anesthesia.

## **1974 KANSAS CRNA MILDRED RUMPF IS ELECTED AANA PRESIDENT**

## **1976 CREATION OF HEALTH CARE STABILIZATION FUND (HCSF):**

This fund was created by the Kansas Legislature as part of the Health Care Provider Insurance Availability Act. The HCSF mandated primary professional liability insurance, provided excess professional liability coverage, and established an availability plan for providers. All health care providers (defined as physicians, CRNAs, hospitals, and professional corporations or partnerships) working in Kansas, subsequently, must participate in the HCSF and are subject to basic professional liability coverage and Fund surcharge requirements. In 1986, Wilma Naethe was the first CRNA to accept an appointment to the HCSF Board of Governors.

## **1982 MEDICARE CONDITIONS OF PAYMENT TO ANESTHESIOLOGISTS FOR MEDICAL DIRECTION OF CRNAS (TEFRA):**

The Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 set forth the conditions an anesthesiologist must meet in order to be paid by Medicare for an anesthetic which involved the medical direction of a CRNA. The seven TEFRA payment conditions came about because of abuses to the system by some anesthesiologists who billed for medical direction of a CRNA when they were not even in the hospital. At that time, the Health Care Financing Administration (HCFA) paid more for anesthesia services delivered by an anesthesia team (CRNA and anesthesiologist). Therefore, HCFA sought to contain costs, prevent fraud, and reduce overpayment by initiating these payment conditions. Under these Medicare rules, an anesthesiologist can receive

Medicare Part B reimbursement for medically directing a CRNAs only if they:

- (1) Perform a pre-anesthesia examination and evaluation;
- (2) Prescribe the anesthesia plan;
- (3) Personally participate in the most demanding procedures of the anesthesia plan, including induction and emergence;
- (4) Ensure that any procedures in the anesthesia plan that he or she does not perform are performed by a qualified anesthetist.
- (5) Monitor the course of anesthesia administration at intervals;
- (6) Remain physically present and available for immediate diagnosis and treatment of emergencies; and
- (7) Provide indicated post-anesthesia care.

These seven rules are Medicare's conditions for payment, NOT to be confused as quality of care standards.

## **1986 PASSAGE OF MEDICARE DIRECT REIMBURSEMENT LEGISLATION FOR CRNAS**

was signed into law by President Ronald Regan. Prior to January 1, 1989, hospitals were reimbursed for their CRNA-employee anesthesia services on a reasonable cost basis under Medicare Part A. The Omnibus Budget Reconciliation Act of 1986, however was successfully lobbied by AANA so that CRNAs could be directly reimbursed for their anesthesia services under Medicare Part B, beginning January 1, 1989. This action makes nurse anesthesia the first nursing specialty to be accorded direct reimbursement rights under the Medicare program!

## **1986 RURAL PASS THROUGH PROVISION:**

In conjunction with the national legislation that gave CRNAs direct reimbursement under Medicare Part B, Congress decided to create an exception for certain hospitals in rural areas. Because many rural hospitals did not perform a large number of anesthesia services or surgical procedures per year, it was difficult for them to attract and retain a full-time CRNA at the current Medicare Part B reimbursement level. Therefore, Congress passed the Family Support Act of 1988, which gave eligible hospitals the choice between having their CRNAs bill directly for anesthesia services under Medicare Part B, or the hospital itself could continue to be paid on a reasonable cost basis for that CRNA's services under Medicare Part A. The legislation also increased the surgical procedure limit for hospital participation in the rural pass through provision from 250 to 500 cases per year.

## **1986 KANSAS REGISTERED NURSE ANESTHETIST STATUTE:**

For the first time, the practice of nurse anesthesia was specifically addressed under state statute. Senate bill 179 created the language found within the Registered Nurse Anesthetist statute (K.S.A 65-1158), a part of the Nurse Practice Act. Effective January 1, 1987, all CRNAs in Kansas had to be authorized by the Kansas State Board of Nursing as a Registered Nurse Anesthetist (RNA) in order to administer anesthesia.

## **1986 PROFESSIONAL PRINTED FORMAT FOR KANESTHESIA, THE OFFICIAL PUBLICATION OF KANA.**

**1987 VICARIOUS LIABILITY DEFINED UNDER HCSF:** The Kansas Legislature clarified the issue of whether a surgeon could be held vicariously liable for the actions or omissions of others who he/she request undertake the care or treatment of the patient. Prior to the statutory regulation of vicarious liability, case law controlled the interpretation of a surgeon's vicarious liability for the acts of an anesthesia provider, be it an anesthesiologist or CRNA. As of July 1, 1987, health care providers (definition includes CRNAs) are qualified for coverage under the HCSF and cannot be held vicariously liable for the actions of another health care provider (K.S.A. 40-3403(h)).

**1989 THE INTERNATIONAL FEDERATION OF NURSE ANESTHETISTS (IFNA) IS FOUNDED** in Switzerland, four years after the first International Symposium for Nurse Anesthetists.

**1993 KDHE REMOVES THE PHYSICIAN SUPERVISION REQUIREMENT OF CRNAS UNDER HOSPITAL REGULATIONS:** Concerned that the supervision language in place under hospital regulations could act as a disincentive to the utilization of CRNAs and consequently effect the availability of anesthesia providers in small hospitals, the Kansas Department of Health and Environment (KDHE) removed the requirement under hospital regulations. To quote KDHE: "The assignment of patient care directly to state approved practitioners assures the most direct approach to the establishment of safe anesthesia administration." (4-15-98 letter, Greg L. Reser, Director of KDHE Hospital and Medical Program).

Previous language of K.A.R. 28-34-17(p): "All anesthetics shall be given by a physician or shall be given under the supervision of a physician."

New language passed in 1993 K.A.R. 28-34-17a(d. 1): "The governing body shall determine the extent of anesthesia services and shall define the degree of collaboration required for the administration of anesthesia. Certified registered nurse anesthetists shall work in an interdependent role with other practitioners."

**1994 KANA CREATES THE PROVIDER RESOURCE NETWORK (PRN):** On September 28, 1994, KANA incorporated the for profit subsidiary, the Provider Resource Network (PRN). It was created for these reasons: (1) to act as a resource for Kansas CRNAs in the face of a rapidly changing health care environment, (2) to assure equal access and equal employment opportunity for CRNAs within health care organizations, and (3) to facilitate contract negotiations by and between CRNAs, Health Maintenance Organizations, and health care facilities.

**1996 KANSAS NURSE ANESTHETIST STATUTE (K.S.A 65-1158) REVISED:** This statute was opened for review in 1996. New authorization language was added along with several other language changes. The revised statute passed as S.B. 152 in July of 1996. The new language came as a bipartisan effort by the Kansas Association of Nurse Anesthetists and the Kansas State Society of Anesthesiologists.

**1997 KANSAS NATIVE SCOTT FOSTER CRNA, PhD, BEGINS YEAR AS AANA PRESIDENT.**

**1997 KANA HOME PAGE:** In October, KANA joins the burgeoning number of organizations on the world wide web! The official website of KANA is [www.kana.org](http://www.kana.org).

**2001 ON APRIL 5TH, KDHE REMOVES THE PHYSICIAN SUPERVISION REQUIREMENT OF CRNAS UNDER THE NEWLY REVISED AND RELEASED AMBULATORY SURGERY CENTER (ASC) REGULATIONS:** It was 1973 when KDHE developed the first set of regulations to address ASCs. The 1998 revisions proposed across the board changes and greatly expanded on the existing regulations. Under the new regulations, CRNAs are defined, the supervision of CRNAs by a physician is removed, and the ASC medical staff is opened to other practitioners. The removal of the supervision requirement for ASCs is consistent with KDHE's hospital regulations, where this requirement was removed in 1993.

Original 1973 language of K.A.R. 28-34-52 (ee): "All anesthetics shall be given by a physician or shall be administered under the supervision of a physician personally present in the surgical suite."

2001 revised regulation K.A.R. 26-34-56a (h): "Anesthesia shall be provided only by a qualified individual licensed by the Kansas Board of Healing Arts, the Kansas Board of Nursing, or the Kansas Dental Board to administer anesthesia. Certified registered nurse anesthetists shall work in an interdependent role as a member of a physician or dentist directed health care team."

**2001 PRN TO INACTIVE STATUS:** At the June 30th Board of Directors meeting, the Board voted unanimously to move the Provider Resource Network into inactive status. It was created in 1994 as a subsidiary of KANA. Though well intentioned, the organization was never fully utilized by the membership.

*Submitted by Lori Harris CRNA, MHS*