March 21, 2019

Governor Jared Polis
Colorado Governor's Office
200 E Colfax Ave, Denver, CO 80203

Dear Governor Polis,

The Colorado Pain Society board of directors is writing you concerning the possibility of legislation or executive order to allow independent practice of CRNA’s. Since pain management is a sub specialty of anesthesia we have concern that this far reaching ruling will impact pain management, which is a specialty of Anesthesia, Physiatry, Psychology, and Neurology (amongst other medical providers). Below is our policy on APP’s performing interventional spine procedures. Please note that our Colorado Medical Society has a similar policy against this practice as well. We feel this ruling (or any similar bill) will be bad for medicine in Colorado, and detrimental for patients/voters. Please consider our position that interventional pain is a practice of medicine not an appropriate practice by APP’s. For safety of our patients, your constituents, we would like to see a law passed that recognizes interventional pain to be a practice of Medicine by physicians.

COLORADO PAIN SOCIETY
POLICY STATEMENT ON INTERVENTIONAL PAIN MANAGEMENT

The mission of the Colorado Pain Society is to promote the advancement of pain medicine by encouraging the proper application of empirically-supported multi-disciplinary pain assessment and treatment strategies designed to reduce pain and improve function; and to provide leadership in the avenues of professional education, pain policy development and pain research.

CPS stands by the American Society of Anesthesiology (ASA) opinion, that is supported also by the Colorado Society of Anesthesiologists, Spine Interventional Society, American Society of Interventional Pain Physicians, and other national organizations, that recommend maintaining that the practice of interventional pain management, including Fluoroscopic, CT, ultrasound guided spine injections be restricted to qualified physicians. CPS agrees with the ASA, that Nurse Anesthetists, Anesthesia Assistants, physician Assistants, nurse practitioners, Advanced Practice Registered Nurses (APRN’s) all lack the appropriate medical education and training to safely perform Interventional spine procedures. Examples of interventional spine procedures to diagnose/treat chronic pain include: Epidural (Interlaminar, Transforaminal, Cervical, Lumbar, thoracic) Steroid Injections
Medial Branch Blocks  
Cervical and lumbar facet injections  
Radiofrequency Ablation  
Sympathetic Blocks  
Spinal Cord Stimulation  
Neurolytic Blocks  
Intrathecal pump trials and implantation  
Stem Cell and regenerative Medicine

These Spine procedures above are much more complex than routine office based trigger point, or joint injections, and often require fluoroscopic, CT, or ultrasound guidance to facilitate the precise and proper placement of the medication. Interventional pain medicine by unqualified providers presents serious risks to patients, such as persistent or worsened pain, bleeding, infection, nerve damage, brain damage, paralysis or death. Due to the complexities involved in the treatment of pain, pain medicine is recognized as a separate medical subspecialty by the American Board of Medical Specialties, requiring the completion of post residency fellowship training, or Board certification by the American Board of Pain Medicine, or American Board of Interventional Pain Physicians. Other physicians treating chronic pain receive additional training, mentoring, and education outside of formal fellowship. By either approach, all interventional pain physicians have completed 12 years or more of education and training to achieve a designated medical specialty such as Anesthesiology, Physical Medicine and Rehabilitation, Neurology, or Surgery.

Nurse anesthetists and Anesthesia Assistants receive education and training to administer anesthesia in the perioperative setting, which by necessity requires the treatment of acute pain during and after anesthesia. Nurse anesthetists are an important part of the anesthesia care team, and many supervising anesthesiologists work closely with nurse anesthetists on a daily basis. However, there is grave concern about nurse anesthetists managing chronic pain, since their educational curriculum does not prepare them to perform complex interventional procedures, diagnose, and medically treat chronic pain. Weekend classes offered by the American Association of Nurse Anesthetists' (AANA) cannot substitute for years of formal medical training in diagnostic assessment, anatomy of normal and abnormal states, disease presentation, and in prescribing treatment – all of which are required to safely perform chronic pain interventions.

Nurse Practitioners, APRN'S and Physician anesthetists (mid-level providers) do not have formal education or training in chronic pain assessment and treatment to the level of physician providers. Some mid-level providers may receive on-the-job training for chronic pain services, assisting qualified physicians performing these procedures, but our expressed position remains similar to those concerns expressed regarding Nurse Anesthetist training. The CPS recognizes the value of having mid-level providers as an important part of the care team model, to assist the supervising physician in diagnosing, and treating chronic pain patients, and values those practitioners so much that it changed its bylaws in recent years to allow membership into this traditional physician only society. CPS however, feels strongly that mid-level providers should not perform Interventional spine procedures with or without supervision.
CPS recognizes that the Colorado Final Rules; Department of Regulatory Agencies Board of Medical Examiners Certification of and Practice by Physician Assistants (PAs) – 3 CCR 713-7 specifically states “... the Board regards supervision as something best left to the particular physician and physician assistant in question. The rules are designed to provide for accountability on the part of the supervising physician by making that physician responsible if inadequate supervision or improper delegation is provided.” Although a physician could argue that it is within their legal right to allow mid-levels to perform these interventional procedures under their supervision, and it is their malpractice at risk, we as a society feel this undermines the physician profession of Interventional Pain management, is not within the current standard of care, and potentially puts patients at serious risk.

Sincerely,

[Signature]

Kevin Smith, MD
Colorado Pain Society Secretary