

TESTIMONY OF MICHAEL COGAN, PRESIDENT OF THE NEW YORK STATE
ASSOCIATION OF NURSE ANESTHETISTS (NYSANA) BEFORE THE JOINT
ASSEMBLY AND SENATE BUDGET HIGHER EDUCATION HEARING

February 24, 2026

Senate Finance Chair Krueger, Assembly Ways & Means Chair Pretlow, Senate Higher Education Committee Chair Stavisky, Assembly Higher Education Committee Chair Hyndman, and members of the Joint Higher Education Budget Committee, I would like to thank you for this opportunity to submit written testimony for your consideration as you review proposals with respect to the Governor's proposed 2026 – 2027 New York State Budget. My name is Michael Cogan, and I am the President of the New York State Association of Nurse Anesthetists (NYSANA).

NYSANA is the statewide professional association representing New York's nearly 2,200 Certified Registered Nurse Anesthetists (CRNAs) and Resident Registered Nurse Anesthetists (RRNAs). NYSANA has been advocating for state recognition for CRNAs as advanced practitioners commensurate with their national certification, advanced education, clinical training, and experience for over 30 years.

As you contemplate the Higher Education budget priorities for the 2026 – 2027 year, I strongly encourage you to consider including S357-B/A6771-A sponsored by Senator Jeremy Cooney and Assemblymember Karines Reyes in your one-house budget proposals. This legislation will create a title and scope of practice for Certified Registered Nurse Anesthetists in the State. While we know that scope of practice issues aren't usually broadly taken up in the budget process, we believe that this bill should be considered in this context this year because it

is one of the best tools to help address the health care workforce issues in New York and because it complements the Governor's proposal in Part B, section 17 to finally eliminate the sunset provision as it relates to the Nurse Practitioner Modernization Act of 2014. NYSANA strongly supports the removal of this sunset because Nurse Practitioners are authorized to diagnose illness and physical conditions, as well as perform therapeutic and corrective measures, all without any form of supervision. The removal of this sunset would recognize this and make permanent the Nurse Practitioner Modernization Act of 2014 and reflect the findings of a report issued by SED and DOH that was conducted when the original legislation was passed.

As with our Nurse Practitioner colleagues, the time has come for New York to finally properly recognize CRNAs in this State and allow us to practice to the full extent of our education and training. Removing artificial practice barriers is critical to addressing the health care workforce shortage in New York. During the Health budget hearing two weeks ago, we heard repeated statements related to the challenges of ensuring a strong and robust health care workforce in New York. The continued shortage in the health care workforce is a problem that should concern all New Yorkers. Anesthesia is no exception. To help address this shortage in New York, we must remove barriers to practice that limit our ability to maximally contribute to the health care system. We believe that S367-B/A6771-A would accomplish this for CRNAs and ensure better health care access for New Yorkers.

Before I delve more into this, I wanted to share a bit about myself and why this issue is so important to me personally. As I noted above, my name is Michael Cogan, and after finishing a stint in the US Navy, I set my sights on becoming a nurse to follow in my mother's footsteps. While in my undergraduate program, I was introduced to the world of Nurse Anesthesia and knew that it was the career for me. After finishing with my BSN from Adelphi University, I

began my ICU career at Winthrop University Hospital where the foundation was started for my anesthesia training.

During that time our country was thrown into great chaos with the events of 911 and having already served my country, I decided to put anesthesia on hold while I served NYC as a Firefighter (like my father before me), all the while continuing to hone my critical care skills in the ICU at Memorial Sloan Kettering Cancer Center (MSKCC). After several years of serving the Fire Department of New York, while still serving as a critical care nurse, I decided it was time to finally pursue my degree in nurse anesthesia from the University of Medicine and Dentistry of New Jersey. I completed my degree, and in 2010, I began my career as a CRNA at Roosevelt Hospital in NYC and then in 2015, I became a CRNA at MSKCC. I still work at MSKCC, but my hours are now split between there and Stony Brook Medicine, where I am part of the faculty teaching and training the next generation of CRNAs. I am honored to give back to the profession that has given me so much in my role as President of NYSANA, and I hope in this role I can work to ensure that CRNAs in New York are finally properly recognized.

In New York, CRNA practice is not codified in law. Instead, CRNA practice is defined through Department of Health (DOH) regulations, NYCRR §405.13 and §755.4, and requirements from the New York State Education Department (NYSED). As a result, CRNAs do not have their own licensure in the state, as afforded every other advanced nursing specialty. While I am grateful that the DOH regulations exist, and therefore allow me to practice in New York State, these regulations are no longer sufficient for recognizing CRNAs in New York State. The regulations do not define the scope of practice for a CRNA and do not define key duties of a CRNA in New York. As a result, decisions on how a CRNA practices in New York vary from facility to facility and therefore our ability to efficiently provide care likewise

varies. Title VIII of the Education Law clearly defines the scope of practice for over 57 licensed professions, which creates a statewide standard of practice that does not vary from facility to facility. It is well-past time to do the same for CRNAs in the State.

From March 23, 2020 until June 23, 2023, one of the many provisions in the executive orders issued related to COVID and the skilled health care worker shortage in NY, was a waiver of NYCRR §405.13 and §755.4, allowing CRNAs to administer anesthesia without physician supervision. The waiver of the supervision requirements under the New York Health code was critical for the health care infrastructure and allowed CRNAs to finally practice without supervision during the pandemic and during the state of emergency. This waiver showed that CRNAs could practice independently and proved that we are able to provide dependable, high quality anesthesia services without expensive and redundant physician oversight. During the pandemic, when the call for help was issued, CRNAs answered.

The COVID experience brought into sharp focus the false narrative that if physician supervision was removed, there would be negative outcomes and impacts on patients throughout New York State. Yet, it is important to note, even with this data showing that the removal of all physician supervision led to no negative outcomes in the State, our bill does not remove physician involvement —though many do consider it unnecessary. Instead, our bill embraces a model similar to the one that has been used by Nurse Practitioners in the State. CRNAs with less than 3,600 hours of experience will practice under the supervision of a physician, dentist or podiatrist. Once a CRNA has 3,600 hours of experience, the CRNA will serve as a member of a patient-centered care team. CRNAs do not administer anesthesia in a vacuum. Anesthesia is only administered as part of a procedure for a patient. A procedure that has many health care

providers involved depending on the type and complexity of the case. The CRNA will work as a member of this team and will be charged with determining the anesthesia needs of the patient.

Passing a scope of practice bill for CRNAs is not only important to the CRNAs in the State but is critical to ensuring patient access to care. New York residents and patients should not have surgeries delayed while waiting for physicians to be available to supervise highly qualified CRNAs. To be clear, supervision in this context has nothing to do with patient outcomes as there are countless studies demonstrating patient outcomes are not improved in supervisory models. Hospitals at risk of closure and operating at a fraction of their surgical capacity due to a lack of appropriately employed anesthesia providers cannot afford to waste underutilized resources. New York needs CRNAs to do what they were trained to do—administer anesthesia. New York needs physician anesthesiologists to do what they were trained to do—administer anesthesia—not solely supervising others delivering it.

More than 30 years of scientific studies have repeatedly demonstrated CRNAs administer safe, quality care with patient outcomes equivalent to those of physician anesthesiologists. When anesthesia is provided by CRNAs, it is the practice of nursing. When anesthesia is provided by a physician, it is the practice of medicine. Similar to other specialties, there is overlap among anesthesia specialists. While their approach to the way they interact with patients may vary, CRNAs and physician anesthesiologists administer anesthesia services in the same way. Their techniques are the same, their equipment is the same, their protocols and emergency algorithms are the same, and the anesthetic techniques, agents, and medications used are the same. Most importantly, their patient outcomes are the same. There is no difference in morbidity, mortality, patient or surgeon satisfaction, pain, or hospital discharge rates, across the country, in repeated studies looking at tens of thousands of anesthetics over decades.

New York is the last State to recognize CRNAs. For New York to remain at the forefront of cutting-edge medical care, we must remove artificial barriers to practice. Removing these barriers is imperative to ensuring a functioning and quality health care system. In May 2021, the National Academy of Medicine issued a report: *The Future of Nursing 2020 - 2030: Charting a Path to Achieve Health Equity*. Key Message 1 from the report was that “[p]olicymakers need to permanently lift artificial regulatory and practice barriers that keep nurses from practicing to the top of their education and training and that restrict people’s access to high quality care.” The report further found that, “[e]liminating restrictions on the scope of practice of Advanced Practice Registered Nurses and Registered Nurses so they can practice to the full extent of their education and training will increase the types and amount of high-quality health care services that can be provided to those with complex health and social needs and improve both access to care and health equity.”

Nurse anesthesia services are especially critical to rural health care services and access. According to the American Association of Nurse Anesthesiologists (AANA), CRNAs are the primary providers (over 80% nationally) of anesthesia care in rural America, enabling healthcare facilities in these medically underserved areas to offer obstetrical, surgical, pain management and trauma stabilization services. Unlike metropolitan or urban areas that may have access to a robust population and providers in all areas, rural health providers must deliver a broad array of services to a limited population with limited resources. While the rural areas see a critical need for CRNA services, we are also seeing this need growing even in the more urban and populated areas of New York because there are simply not enough providers to fill the need. New York is seeing this firsthand as health systems and patients increasingly suffer with our continued and worsening staffing shortages.

Since 2000, New York has seen at least 34 hospital closures and hospital financial struggles are only worsening. In November 2024, Becker's hospital review cited 29 rural hospitals at risk of closure within five to seven years. That's 56% of the rural hospitals in New York. They add to that alarm a staggering 20 rural hospitals at risk of immediate closure within the next 2-3 years—38% of rural hospitals in New York. While reducing redundancies and the cost of anesthesia labor cannot prevent all closures, anesthesia services can be a major contributor. In 2024, Burdett Birth Center narrowly avoided closure due primarily to a New York State grant included in the 2024 budget. A primary contributor they listed to their financial struggles: the cost of their anesthesia services.

Further, recent national surveys indicate the demand for anesthesia care and services will outpace the supply of providers over the next several years. New York State is the *only* state that does not have a scope of practice law which enables CRNAs to practice to the full extent of their training and education. This limitation has and will continue to impact patient access to care because the demand will outpace the supply. This will be compounded by data that indicates that the lack of an appropriate scope of practice recognition for CRNAs in New York is causing newly graduated CRNAs to leave the State upon graduation and, likewise, is pushing experienced CRNAs to move to other states where they can practice to the full extent of their education and training. States like New Jersey, Maine, Pennsylvania, Vermont, New Hampshire, Connecticut, and Massachusetts are directly benefiting from this phenomenon.

Per data from the AANA, 23.9% of graduates from New York programs have left New York to practice in other states. This is a shockingly high number of new graduates leaving to practice in other states. With New York now having six anesthesia programs—and potentially a few more on the horizon—those numbers are going to be magnified and compounded. Without a

change in New York State law, this brain drain will worsen, our ability to attract CRNAs into our State will continue to be impaired, and our workforce shortages will continue to be exacerbated. Once the graduates leave and start their families and careers in other places, it is difficult to pull them back. The common reason listed by graduates on why they are leaving New York for other states is that they don't want to practice in a state that has such strong practice restrictions on their profession.

Over the past several years, NYSANA, in conjunction with Senator Cooney and Assemblymember Reyes, NYSANA's health care attorneys, and NYSED, have worked and reworked, negotiated and renegotiated, to craft bill S357-B/A6771-A specifically to fit the needs of New York. This bill has now received technical sign off from NYSED, and we believe that this follows New York State health regulations, and the intentions behind them, and would bring New York to the standard of the rest of the United States. In addition, the Senate and Assembly bills have broad support with each house having many co-sponsors. NYSANA believes that including S357-B/A6771-A in the budget is the best way to ensure the current anesthesia workforce shortages New Yorkers experience, and the subsequent risk and harm these shortages bring, do not continue.

As you put together the priorities to be included in the 2026 – 2027 Fiscal Year budget, I hope that you will include S357-B/A6771-A to help address the healthcare workforce shortage in New York and ensure that New York's patients have access to the health care services they need. It is time for New York to join the 49 other states in passing a title and scope of practice for CRNAs.