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ANESTHESIA MONTHLY

House Passes Measure To Repeal and Replace the Affordable Care Act

The House narrowly approved legislation with a vote of 217 to 213 to repeal and replace major parts of the Affordable Care Act, as Republicans recovered from their earlier failures and moved a step closer to delivering on their promise to reshape American health care without supporting mandated insurance coverage.

The House measures faces a great deal of uncertainty in the Senate, where a handful of Republican senators immediately rejected it, signaling that they would start work on a new version of the bill virtually from scratch.

Just before the vote, the Senate gave final approval on Thursday to a $1.1 trillion spending bill that will finance the government through September, and unlike the healthcare legislation, the spending bill had broad bipartisan support.

The House bill would eliminate tax penalties for people who do not carry health insurance.

States could also seek waivers that would let insurers charge higher premiums for some people with pre-existing medical conditions. It would roll back state-by-state expansions of Medicaid, which covered millions of low-income Americans. In place of the government-subsidized insurance policies offered on the Affordable Care Act's marketplaces, the bill would offer tax credits of $2,000 to $4,000 a year, depending on age. As an example, a family could receive up to $14,000 a year in credits. The credits would be reduced for individuals making over $75,000 a year and families making over $150,000.

The bill would make profound changes to Medicaid, the health program for low-income people, ending its status as an open-ended entitlement. States would receive an allotment of federal money for each beneficiary, or, as an alternative, states could take the money in a lump sum as a block grant, with fewer federal requirements. The bill would repeal taxes imposed by the Affordable Care Act on high-income people, insurers and drug companies, among others. It would also cut off federal funds from Planned Parenthood for one year.

Republicans argued with so many problems afflicting the Affordable Care Act, the status quo is unsustainable, regardless of what Congress does. Many defenders of the bill focused less on its details and more on what they saw as shortcomings in the Affordable Care Act.

Democrats, who voted unanimously against the bill, vowed to make the Republicans pay a political price for pushing such unpopular legislation. "I have never seen political suicide in my life like I'm seeing today," Representative Louise M. Slaughter, Democrat of New York, said on the House floor before the vote.

FDA Approves Label Changes For Pediatric General Anesthetic, Sedation Drugs

The FDA has approved label changes for the use of general anesthesia and sedation drugs in young children, given warnings issued in late 2016 about the potential adverse effects on brain development with lengthy or repeated use.

The label changes are as follows:

A new warning states that exposure for prolonged periods or during multiple surgeries or procedures may negatively affect brain development in children younger than 3 years.

Information has been added to describe studies in young animals and pregnant animals that showed exposure to general anesthetic and sedation drugs for more than 3 hours can cause nerve cell loss in the developing brain, with additional research in young animals suggesting that such nerve cell loss can cause long-term negative effects on behavior or learning. For more information, please visit: https://www.fda.gov/downloads/Drugs/DrugSafety/UCM554644.pdf

111 Continental Drive

Suite 412

Newark, DE 19713

203-530-4548

mstewart@periop.com

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Palm Beach, FL

Physical Descriptors Aid Accuracy Of ASA Physical Status Designations

How good are anesthesiologists at choosing the correct American Society of Anesthesiologists physical status classification for their patients? Pretty good, according to the results of a recent analysis from the University of Iowa—at least when the ASA's physical descriptors are used when making the decision.

"As we all know, there's quite a bit of variability within ASA physical status classification," said Anil Marian, MD, clinical associate professor of anesthesiology at the Iowa City institution. "What's ASA I for me might be ASA II for someone else. So in 2015, the ASA came up with additional descriptors for physical status, to help create some consistency when clinicians assign ASA physical status. "So we had the idea of actually incorporating these descriptors into our EMR [electronic medical record] at the point of data entry, which went live on Sept. 14, 2015. Our goal was to look at the impact of this display on the distribution of ASA physical status in our surgical population."

To help shed some light on this question, the researchers analyzed data for two six-month periods: one before the addition of ASA physical status examples to the EMR and one after. Data was limited to elective cases performed at the institution's main operating suite. In total, 17,634 records were analyzed: 8,666 before and 8,968 after the change. The investigators examined both patient and surgical variables to ensure there was no change in patient mix during the two periods. The results found that "perhaps the patients that we thought were healthy were not that healthy after all," Marian said. "On the other hand, people that we thought were very unhealthy were perhaps better off than we initially thought."

"My experience is that when it comes to ASA physical status, most anesthesiologists tend to assign whatever they want to assign," said session co-moderator Uday Jain, MD, a staff anesthesiologist at the Alameda Health System, in Oakland, Calif. "They don't necessarily look at the table."

"Hopefully this will change that," Dr. Marian replied. "The screen where we assign physical status actually had the definitions right there. We don't know how many actually looked at it, but it was right there and could possibly influence their assignment of the ASA physical status."