LETTER REGARDING ANALYSIS OF POTENTIAL NAME CHANGE OF THE AMERICAN ASSOCIATION OF NURSE ANESTHETISTS TO THE AMERICAN ASSOCIATION OF NURSE ANESTHESIOLOGISTS

Dear Committee for Proper Recognition of CRNA:

You are members of the American Association of Nurse Anesthetists (“AANA”) and have formed a collective, named the Committee for Proper Recognition of CRNA (the “Committee”), which advocates for AANA to change its name to the “American Association of Nurse Anesthesiologists.” If the AANA were to make this name change, the Committee and others are concerned that trade associations comprised of physician anesthesiologists and other interested parties may initiate, or threaten to initiate, legal challenges against the AANA. The Committee asked us to opine on the likely legal arguments that such parties might make in challenging the proposed name change, the strengths and weaknesses of such arguments, and the potential counterarguments that the AANA could assert. This letter provides that guidance.

1 Summary of Guidance

In the event any parties were to challenge the AANA if it changes its name to the “American Association of Nurse Anesthesiologists,” we believe the challenges would be based on a premise that the term “nurse anesthesiologist” misleads or deceives others into thinking one who describes oneself as such is, or has qualifications equal to, a physician or doctor of medicine. From this premise, challengers potentially might assert claims of violations of state Nurse Practice Acts and Medical Practice Acts, as well as federal and state laws prohibiting false, misleading, or deceptive advertising or trade practices. In our opinion, we do not think these challenges would be based on the AANA’s usage of this term as an organization, but rather would be based on a notion that the AANA’s individual certified registered nurse anesthetist (“CRNA”) members are themselves limited in their ability to use or be associated with such identifying terminology. In other words, we anticipate that a legal challenge would assert that the AANA’s name change is improper because its CRNA members individually are legally restricted from using the term “nurse anesthesiologist.”
For the reasons discussed in this opinion, we do not think usage of the term “nurse anesthesiologist” as a means to describe a CRNA’s professional practice activities is unlawfully misleading or deceptive. We caution, however, that the nuances of CRNA regulation, including how a CRNA titles oneself and advertises one’s services, vary state by state. Based on our analysis, we do not think Illinois law, in particular, would preclude a CRNA from describing oneself as a “nurse anesthesiologist,” subject to the terms and conditions that we note in this opinion. To the extent any federal or state laws could be interpreted to prohibit a CRNA from using the term “nurse anesthesiologist” to describe the CRNA’s practice, we believe that such laws would be unenforceable as an unconstitutional restraint on the CRNA’s “commercial speech” rights protected by the First Amendment.

Based on the foregoing, we do not think a legal challenge to the proposed name change – particularly one that is founded on a theory that the term “nurse anesthesiologist” is unlawfully misleading or deceptive – would be successful. The unlikelihood of success may deter other parties from initiating such a challenge. In any event, the AANA should be prepared to respond to other efforts that physician anesthesiologist groups may pursue if the AANA changes its name to the “American Association of Nurse Anesthesiologists.” These could include, among other things, public relations campaigns to criticize the name change and increased lobbying for “truth in advertising” legislation intended to regulate how CRNAs and other healthcare practitioners present themselves to patients.

2 Limitations of guidance

The Committee has engaged us to provide a legal opinion to it in its capacity as representative of individual members of the AANA, who would like the AANA to change its name to the “American Association of Nurse Anesthesiologists.” We emphasize that in the course of this matter we do not represent the entirety of the AANA membership or the AANA as an organization. We also underscore that we take no position on whether the AANA should change its name as proposed and we make no guarantee whether, in light of the analysis presented in this opinion, the membership of the AANA will vote for the name change.

Regulation of CRNAs, including the means by which they may advertise and identify themselves professionally, is primarily a matter of state law. In preparation of this opinion, we did not undertake a comprehensive, 50-state survey of CRNA regulations. Where applicable, we address Illinois laws as illustrative of the types of state laws that may be implicated by the name change or cited by opponents of the name change in a legal challenge.

While we have presented what we believe are the most likely and credible legal arguments that a party may allege to challenge the proposed name change, we cannot foresee all the possible arguments that a party might claim. It is possible that a challenger might assert additional or alternative arguments based on the identity of the challenger, the jurisdiction in which that party commences the challenge, and the specific factual circumstances that give rise to the challenge.
3   Facts as provided

Based on our discussion with the Committee members and other documents provided, our understanding of this matter is as follows.

The Committee consists of members of the AANA who propose that the organization should change its name to the “American Association of Nurse Anesthesiologists.” This change would require an affirmative vote by qualified voting members in accordance with the AANA’s governance documents. To this end, the Committee is seeking comprehensive legal guidance on the implications of the proposed name change to demonstrate to other voting members that the name change would be lawful and could be defended against legal attacks by physician anesthesiologist organizations and other parties.

The proposed name change, if adopted, would be the culmination of other efforts the AANA has expended in analyzing the usage of the term “nurse anesthesiologist,” including convening a Nurse Anesthesiologist Descriptor Task Force to explore the issue. We understand that this task force already concluded that “nurse anesthesiologist” is one of multiple terms that accurately describes a CRNA.

4   Analysis

   A. Argument: The state Nurse Practice Act prohibits a CRNA from identifying as anything but a “nurse anesthetist.”

   Counterargument: Unless the state Nurse Practice Act expressly prohibits any identification as a “nurse anesthesiologist,” the relevant statutes should be construed as allowing a CRNA to use the term “nurse anesthesiologist” – particularly where the usage is descriptive and not intended as a designation of title.

We anticipate that one line of argument against the proposed name change is that a CRNA is not allowed by law under the applicable state Nurse Practice Act (or other act regulating CRNAs) to hold oneself out to the public as anything but a “nurse anesthetist.” In response, we would counter that unless the applicable state Nurse Practice Act expressly prohibits identification as a “nurse anesthesiologist,” the law should not be construed in such a restrictive manner – particularly where usage of the term “nurse anesthesiologist” is only descriptive and not an identification of the CRNA’s formal title. Taking this approach, Illinois law arguably would allow a CRNA to use the term “nurse anesthesiologist” – especially if such usage is sanctioned by the AANA.

Under the Illinois Nurse Practice Act, a CRNA is a category of “advanced practice registered nurse” or “APRN.” “Advanced practice registered nurse” or “APRN” is a CRNA’s “title,” and the designation of “CRNA” or “certified registered nurse anesthetist” is an expression of the
CRNA’s “specialty credentials.” With that distinction, Section 65-50 of the Nurse Practice Act regulates how a CRNA or other type of APRN may identify oneself as follows:

No person shall use any words, abbreviations, figures, letters, title, sign, card, or device tending to imply that he or she is an advanced practice registered nurse, including, but not limited to, using the titles or initials “Advanced Practice Registered Nurse”, “Certified Nurse Midwife”, “Certified Nurse Practitioner”, “Certified Registered Nurse Anesthetist”, “Clinical Nurse Specialist”, “A.P.R.N.”, “C.N.M.”, “C.N.P.”, “C.R.N.A.”, “C.N.S.”, or similar titles or initials, with the intention of indicating practice as an advanced practice registered nurse without meeting the requirements of this Act. For purposes of this provision, the terms “advanced practice nurse” and “A.P.N.” are considered to be similar titles or initials protected by this subsection (a). No advanced practice registered nurse licensed under this Act may use the title “doctor” or “physician” in paid or approved advertising. Any advertising must contain the appropriate advanced practice registered nurse credentials.

Notably, the above provisions do not explicitly forbid a CRNA from describing oneself as a “nurse anesthesiologist.” To the contrary, from a careful reading of these provisions – particularly those that are italicized – one may infer that a CRNA may describe oneself as a “nurse anesthesiologist.” The phrase “or similar titles or initials” supports this reading of the statute, implying that there are other identifiers besides just “certified registered nurse anesthetist” or “CRNA” that can refer to a specialized nurse who administers anesthesia. The phrase “without meeting the requirements of this Act,” moreover, implies that a CRNA may use “similar titles or initials” besides “certified registered nurse anesthetist” or “CRNA” to describe himself or herself as long as he or she “meet[s] the requirements” of the Nurse Practice Act.

One key requirement of the Nurse Practice Act is that a CRNA must “hold[ ] and maintain[ ] current, national certification” as a CRNA. Indeed, the very definition of “advanced practice registered nurse” includes the requirement that a CRNA or other APRN may “only practice in accordance with national certification . . .” For CRNAs, the Illinois Department of Financial and Professional Regulation recognizes the AANA as the applicable certifying body. Thus, if the AANA approves descriptive usage of the term “nurse anesthesiologist” by those CRNAs whom it certifies (as it already has done so), the CRNA could be said to be “practic[ing] in accordance with [the CRNA’s] national certification” and therefore “meeting the requirements”

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1 225 ILL. COMP. STAT. § 65/50-10 (“All advanced practice registered nurses licensed and practicing in the State of Illinois shall use the title APRN and may use specialty credentials CNM, CNP, CRNA, or CNS after their name” (emphasis added)).
2 225 ILL. COMP. STAT. § 65/50-5(a).
3 225 ILL. COMP. STAT. § 65/50-5(b).
4 225 ILL. COMP. STAT. § 65/50-10.
5 ILL. ADMIN. CODE tit. 68, § 1300.400(a)(2)(C).
of the Nurse Practice Act. Further, AANA’s Articles of Incorporation lists six “objects for which it is formed . . .,” including “1. To advance the Science and Art of Anesthesiology . . . [and] 3. To facilitate efficient cooperation between nurse anesthetists and the medical profession, hospital and other agencies interested in Anesthesiology.” This provides further evidence of the AANA’s preexisting use (and arguably endorsement) of the term.

B. Argument: Usage of the term “nurse anesthesiologist” violates legal prohibitions on anyone but a doctor of medicine (or osteopathy, dentistry, podiatry, and/or chiropractic) from identifying as a “doctor” or “physician.”

Counterargument: As understood both in common usage and in industry usage, the term “anesthesiologist” is not synonymous with “doctor” or “physician.” Even if it were, the qualifier “nurse” before “anesthesiologist” in “nurse anesthesiologist” clearly differentiates a CRNA from a physician who holds a doctor of medicine.

Related to the above argument, opponents of the proposed name change may contend that usage of the term “nurse anesthesiologist” violates state laws that limit usage of the terms “doctor” or “physician” by only doctors of medicine (or doctors of osteopathy, in addition to certain other specialists, such as dentists, podiatrists, and chiropractors). Similarly, opponents may argue that by holding themselves out to the public as a doctor or physician, CRNAs who use the term “nurse anesthesiologist” may violate state laws prohibiting the unlicensed practice of medicine.

We would respond that any construction of the term “anesthesiologist” as synonymous with “doctor” or “physician” is incorrect as a matter of etymology and is not how either the public or healthcare practitioners – including even physicians – necessarily construe the word. Even assuming that “anesthesiologist” means a “doctor” or “physician” who administers anesthesia, the “nurse” qualifier clearly denotes that a “nurse anesthesiologist” is not a “doctor” or “physician.” Thus, we believe any allegations of violations of laws regulating the usage of the terms “doctor” or “physician,” as well as assertions of the unlicensed practice of law predicated on such usage, would fail.

As noted above, in Illinois, Section 65-50 of the Nurse Practice Act prohibits APRNs from “us[ing] the title ‘doctor’ or ‘physician’ in paid or approved advertising.” Another provision of that section prohibits an APRN from “indicat[ing] to other persons that he or she is qualified to engage in the practice of medicine.” Further:

An advanced practice registered nurse shall verbally identify himself or herself as an advanced practice registered nurse, including specialty certification, to each

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6 Filed in 1939 and captioned “Certificate of Organization.”
7 225 ILL. COMP. STAT. § 65/65-50(a).
8 225 ILL. COMP. STAT. § 65/65-50(b).
patient. If an advanced practice registered nurse has a doctorate degree, when identifying himself or herself as “doctor” in a clinical setting, the advanced practice registered nurse must clearly state that his or her educational preparation is not in medicine and that he or she is not a medical doctor or physician.9

The Illinois Medical Practice Act contains similar restrictions on the usage of “doctor” or “physician.”10

The issue we face, then, is whether the term “anesthesiologist” means only a physician or doctor of medicine who administers anesthesia and, if so, whether inclusion of such term in the term “nurse anesthesiologist” constitutes misrepresentation that a CRNA is a physician or doctor of medicine, or is otherwise qualified to practice medicine. A review of the history of the meaning of the term “anesthesiologist” and its understood meaning within the healthcare sector and the larger public indicates that the definition of “anesthesiologist” is not necessarily limited to a physician or medical doctor.

The origins of the term “anesthesiologist” trace back to a Dr. M.J. Seifert, who is credited with coining the term in 1902 at the University of Illinois. In a 1938 letter to the then “American Academy of Anesthetists” (now the American Society of Anesthesiologists (“ASA”)), Dr. Seifert noted his original definition of anesthesiology was as follows: “the science that treats of the means and the methods of producing various degrees of insensibility to pain. An anesthetist is a technician, and an anesthesiologist is the scientific authority on anesthesia and anesthetics.”11 By this definition, a CRNA, possessing the advanced education, training, and experience to administer anesthesia, squarely meets the criteria of an “anesthesiologist.”

In the United States, moreover, the suffix “-ologist” is widely used to refer to experts in a field of study, and the suffix is not specific to physicians or those who possess a medical degree.12 Examples include audiologists, cosmetologists, technologists, epidemiologists, and histologists. Outside the United States, the terms “anesthetist” or “anaesthetist” are the preferred terms to refer to a professional (both physician and non-physician alike) who administers anesthesia.13 It
is thus the United States that is an outlier in using two different titles—“anesthetist” and “anesthesiologist”—for professionals who administer anesthesia.

Yet, within the U.S. healthcare context, the term “anesthesiologist” is not the exclusive dominion of doctors of medicine. Dentists who administer anesthesia refer to themselves as “dentist anesthesiologists” and maintain a national trade association named the “American Society of Dental Anesthesiologists.” Further, non-CRNA assistants to physician anesthesiologists commonly refer to themselves as “anesthesiologist assistants” (“AA”) and organize nationally through a trade association named the “American Academy of Anesthesiologist Assistants” (“AAAA”). However, AAs also identify as “anesthetists,” and despite its name and acronym, the AAAA’s website URL is “anesthetist.org.”

Even doctors of medicine who administer anesthesia do not always identify strictly as an “anesthesiologist.” The ASA itself uses the descriptor “physician anesthesiologist” in reference to doctors of medicine who administer anesthesia. Indeed, within the U.S. legal community, our research shows that “nurse anesthesiologist” is an uncontroversial term used to refer to a CRNA. We conducted a 50-state case law search of the term “nurse anesthesiologist” on the LexisNexis database and found that in dozens of court cases from across the United States, CRNAs are described without incident as “nurse anesthesiologists.”

In only one case we found, a malpractice case from Illinois named First National Bank of La Grange v. Glen Oaks Hospital and Medical Center, was the term “nurse anesthesiologist” at issue. In that case, the hospital defendant obtained an order from the trial court barring any reference to one of the hospital’s nurses as a “nurse anesthesiologist.” During the trial, however, the plaintiff’s attorney violated the order and referred to the “nurse anesthesiologist.” On appeal, the hospital argued that this violation was prejudicial to the hospital because it suggested to the jury that the nurse “be held to a higher standard of care than a regular nurse.” The appeals court disagreed, however, ruling that any prejudicial impact was cured by the hospital’s attorney objecting to the reference and the trial court sustaining that objection.

While the First National Bank case arguably supports the idea that the term “nurse anesthesiologist” implies a physician-level standard of care, we believe it is an outlier and note

physician anaesthetists working alone or as part of team, or by non-physician anesthetists who can be either working alone or as part of team. Sharon Lewis et al., Physician anaesthetists versus non-physician providers of anaesthesia for surgical patients (Review), 3 Cochrane Database of Systematic Reviews 7 (2014), citing Christoph Egger et al., Anaesthesia workforce in Europe, 1 European Journal of Anaesthesiology 19 (2007); Vera Meeusen et al., Composition of the anaesthesia team: a European survey, 773 European Journal of Anaesthesiology 27 (2010); Douglas Bacon, et al., Anaesthetic team and the role of nurses—North American perspective, 401 Clinical Anaesthesiology 16 (2002).

14 See AM. SOC’Y OF DENTIST ANESTHESIOLOGISTS, https://www.asdahq.org/about (last visited April 4, 2019).
19 Id. at 391.
20 Id.
that the case has nothing to say about CRNAs *themselves* using the term to describe their professional practice. We also note that the *First National Bank* case is from almost 15 years ago and involves an alleged incident of malpractice that occurred in 1991. In the span of time since then, CRNAs and other APRNs in Illinois and elsewhere have become more prominent in the healthcare delivery system and achieved greater independence in exercising their scope of practice.

We do note that scattered provisions of Illinois’s statutory and administrative codes do make reference to an “anesthesiologist,” and these references appear to be to a physician anesthesiologist. However, these provisions appear to use the term “anesthesiologist” merely in a descriptive manner with respect to a physician who administers anesthesia, without having anything to say about whether and in what circumstances a CRNA may also identify as an “anesthesiologist.” Thus, we do not interpret these provisions to prohibit or otherwise regulate a CRNA’s usage of the term “anesthesiologist” in a descriptive manner, particularly where it is coupled with the “nurse” qualifier.

As the foregoing makes clear, the term “anesthesiologist” is not a mere alternative expression of the terms “doctor” or “physician.” Even if we concede that it is, the qualifier “nurse” in “nurse anesthesiologist” would mitigate any potential misunderstanding from usage of the term.

**C. Argument:** Usage of the term “nurse anesthesiologist” violates legal prohibitions on false, misleading, or deceptive advertising or trade practices, to the extent it implies a CRNA is a doctor or physician, or is otherwise qualified to practice medicine.

**Counterargument 1:** The term “nurse anesthesiologist” is an accurate descriptor consistent with a CRNA’s education, training, and experience and alleviates confusion by differentiating CRNAs from other anesthesiologist practitioners.

While state Nurse Practice Acts and Medical Practice Acts regulate how CRNAs and other APRNs may advertise and identify themselves in relation to physicians, other laws of more general applicability at both the federal and state levels prohibit advertising and trade practices that are false, misleading, or deceptive. Opponents of the name change might cite these in a legal challenge. This would be in keeping with efforts by the ASA and AAAA to push for so-called “truth in advertising” laws at the federal and state levels regulating how different healthcare practitioners identify themselves publicly. Essentially, claims of false, misleading,
or deceptive advertising or trade practices would be a variation of the preceding argument – namely, that the term “nurse anesthesiologist” is false, misleading, or deceptive because it implies that a CRNA is a physician or medical doctor, or is otherwise qualified to practice medicine.

For the same reasons we outline above, we believe these arguments would be unsuccessful. Again, we reiterate that the term “anesthesiologist” is not a synonym of “doctor” or “physician,” and even if it were, the qualifier “nurse” in “nurse anesthesiologist” accurately denotes a CRNA as a nurse who administers anesthesia and thereby reduces the risk that others would be misled or deceived into thinking otherwise. If the term “nurse anesthesiologist” were false, misleading, or deceptive, it simply would not be accepted to the degree that it is by members of the public, other healthcare practitioners, regulators like the New Hampshire Board of Nursing, and the courts. However, we emphasize, as the New Hampshire Board of Nursing did in approving the term “nurse anesthesiologist” as an “optional, accurate descriptor,” that a CRNA should not use such term in a manner that would suggest a “title change . . . [or] an expanded or misleading scope of practice,” but rather should limit such usage to a “term of address, introduction, . . . [or] for use on personal and professional communications.”

**Counterargument 2: To the extent any federal or state laws are construed so as to prohibit a CRNA from using the term “nurse anesthesiologist” as a descriptor of the CRNA’s practice, such laws would unconstitutionally infringe the CRNA’s First Amendment rights to communicate commercial speech.**

To the extent any federal or state laws cited by opponents of the name change could be construed so as to prohibit a CRNA from using the term “nurse anesthesiologist” as a descriptor of the CRNA’s practice, we believe such laws would unconstitutionally violate the CRNA’s commercial speech rights as protected by the First Amendment and therefore be unenforceable.

“Commercial speech” is a type of speech employed in the course of commercial or economic exchanges, distinct from political forms of speech traditionally protected by the First Amendment. Although commercial speech does not receive the same degree of First Amendment protection as traditional political speech, it is still entitled to free speech protection. Courts apply a four-part test to determine whether a restriction on commercial speech is unconstitutional:

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At the outset, we must determine whether the expression is protected by the First Amendment. For commercial speech to come within that provision, it at least must concern lawful activity and not be misleading. Next, we ask whether the asserted governmental interest is substantial. If both inquiries yield positive answers, we must determine whether the regulation directly advances the governmental interest asserted, and whether it is not more extensive than is necessary to serve that interest.26

We apply these requirements as follows:

**Lawful, Not Misleading:** Insofar as the applicable state Nurse Practice Act allows an APRN to limit one’s practice to the administration of anesthesia or another APRN specialty, then it follows that “advertising as a specialist in one of these practice areas concerns lawful activity.”27 For all the reasons we previously cited, usage of the term “nurse anesthesiologist” in a descriptive manner “convey[s] useful, truthful information to the consumer” and thus is not “inherently” misleading.28 At most, the term is only “potentially” misleading, in which case it is still constitutionally protected and could be regulated only if all the following requirements are met.

**Substantial Interest:** Courts have recognized that the government has a substantial interest in “ensuring the accuracy of commercial information in the marketplace, establishing uniform standards for certification and protecting consumers from misleading professional advertisements.”29 We assume that opponents of the name change could assert this as a substantial interest to support a law that restricts usage of the term “nurse anesthesiologist” by a CRNA.

**Direct Advancement of the Substantial Interest:** For this requirement, “a governmental body seeking to sustain a restriction on commercial speech must demonstrate that the harms it recites are real and that its restriction will in fact alleviate them to a material degree,” as shown by “empirical data, studies, and anecdotal evidence,” or “history, consensus, and simple common sense.”30 In this context, the historical definition of the term “anesthesiologist,” going back to Dr. Seifert’s original articulation, is not limited in scope to a physician and is sufficiently broad that it captures a CRNA who has appropriate education, training, and experience in administering anesthesia. Moreover, the ASA’s survey of Americans’ understanding of the term “anesthesiologist” demonstrates that there is no consensus that the term refers only to a physician. These sources show that there are no “real harms” to be rectified by restricting a CRNA from using the term “nurse anesthesiologist” to describe one’s practice. Indeed, to the

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28 Id. at 308.
29 Id. at 309.
30 Id. (citations and internal quotations omitted).
extent a CRNA is limited only in identifying as a “CRNA” or “certified registered nurse anesthetist,” there is equally as much likelihood of confusion among the public regarding the CRNA’s credentials as would arise from usage of the term “nurse anesthesiologist,” given that AAs now frequently identify themselves as “anesthetists.” Accordingly, we do not think any prohibitions on descriptive usage of the term “nurse anesthesiologist” would satisfy this element.

Not More Extensive Than Is Necessary: For this requirement, courts look to whether there are “less-burdensome alternatives to the restriction on commercial speech.”\(^{31}\) As one court has acknowledged with respect to dental specialty advertising restrictions: “To the extent that advertising as a specialist is potentially misleading, a State might consider requiring a disclaimer about the certifying organizations or the standards of a specialty.”\(^{32}\) Similarly, as an alternative to a complete ban on usage of the term “nurse anesthesiologist,” a state might allow a CRNA to describe oneself as a “nurse anesthesiologist,” so long as the CRNA clarifies that his or her title is an APRN and that he or she is not a physician or doctor of medicine. Indeed, Illinois already includes similar regulations for APRN advertising and titling in its Nurse Practice Act,\(^{33}\) which should be sufficient to mitigate the possibility of confusion that could arise from a CRNA’s usage of the term “nurse anesthesiologist.” Thus, we do not think an outright ban on a CRNA’s descriptive usage of the term “nurse anesthesiologist” would comply with this requirement of the commercial speech test.

Counterargument 3: The term “anesthesiologist” is not a proprietary term that, by itself, is subject to trademark or other legal protection.

Although we anticipate that any legal challenge to the proposed name change would most likely turn on an allegation that the term “nurse anesthesiologist” is somehow false, misleading, or deceptive, for the sake of completeness, we note that the term “anesthesiologist” is not a proprietary term with respect to which any single party can assert a trademark or other intellectual property right. This was confirmed by the U.S. Patent and Trademark Office’s (“USPTO”) recent denial of an application for trademark registration for the term “nurse anesthesiologist.”\(^{34}\) The USPTO denied the application on the ground that the combination of terms that would comprise the trademark, including the term “anesthesiologist,” are “merely descriptive” terms, which do not qualify for trademark protection.\(^ {35}\) In so denying registration, the USPTO noted, “[t]aken together, the term NURSE ANESTHESIOLOGIST merely describes a nurse trained in providing anesthesia services.” Thus, if challengers to the proposed name change were to make a claim that the term “anesthesiologist” is somehow a legally protected proprietary term that is off-limits to usage by CRNAs, it would fail.

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31 \textit{Id.} at 311 (citation omitted).
32 \textit{Id.} (citation and internal alterations omitted).
33 \textit{See} 225 ILL. COMP. STAT. § 65/65-50(a).
35 \textit{Id.}
5 Conclusion

I trust that this opinion is responsive to your request. I suggest that we schedule a phone call to
discuss this guidance and the next course of action.

Sincerely,

Jackson LLP

Connor D. Jackson
Attorney

CDJ:lc