November 15, 2022

Nebraska Department of Health and Human Services
Licensure Unit
Attn: Technical Review Committee
PO Box 95026
Lincoln, NE 68509-5026

Attn: Technical Review Committee, Board of Health, and Dr. Anthone,

On behalf of the Wisconsin Association of Nurse Anesthetists, I write to strongly ask you to oppose licensure of certified anesthesiologist assistants (CAA) in the state of Nebraska.

In 1972, the American Society of Anesthesiologists (ASA) and the American Association of Nurse Anesthesia (AANA) had a written agreement stating that because of the nature of anesthesia, persons prepared to administer anesthesia should first be prepared in total patient care.[1] CAA's were a budding new profession in 1972 aimed at assisting in the operating room to learn the flow of care and to be used as a stepping stone to medical school. As states started to opt out of a requirement of physician supervision for payment of anesthesia services by a CRNA in the year 2000, anesthesiologists became interested in a completely dependent provider. Thus the push for AA licensure began, especially in states that had opted out. CAAs are not Physician Assistants as they can never work unattended. Nor do they approve of clinical doctoral degrees by other providers, stating such degrees are a "scope of practice infringement".[3]

Following the opt out of physician supervision in 2007, the state of Wisconsin licensed AA-C's, now known as CAA's, in 2012. Statements made by the Wisconsin Society of Anesthesiologists at that time asserted that anesthesiologist assistants would alleviate the nursing shortage by keeping nurses in the ICU. A decade later, the Wisconsin Hospital Association (WHA) reports a double-digit shortage of nurses for the first time since 2005.[2.]

CAA's have no patient experience required before attending a master's level course. Their clinical experience includes basic life support classes and medical terminology. A GRE or MCAT is required, but there's no established baseline. Comparatively, student nurse anesthetists start with high level patient assessment skills, and experience with complex medication and ventilator management. In addition, they have prior ICU work experience in situations that require expert communication skills, a good knowledge of hospital protocols, and expected standards of care.

At places that hire CAAs in Wisconsin, the scope of practice of CRNAs have diminished to that of an CAA. There are chronic shortages of providers at sites with CAAs, as CRNAs tend to avoid positions in cultures that are not collaborative, and that limit their skill set. At the University of Wisconsin Hospital, over a

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dozen highly experienced CRNAs left after facing an increasingly top-down hierarchy, and job dissatisfaction after new CAAs were hired preferentially over experienced CRNAs.

In Wisconsin, the anesthesiologists are liable for the actions of CAAs due to a strict employer-employee relationship.[4] In addition, the risk of billing fraud greatly increases when the supervision exceeds a 1:2 ratio, as CAAs can only be billed under medical direction.[5] In large urban facilities with anesthesiologists and CRNAs, patients reap the benefit of both providers bringing their unique total patient care experience to the bedside. There are places that enjoy a culture of a collaborative environment, and have resisted those who desire an archaic hierarchy. In addition, CRNA care can be billed independently, thus providing protection from fraud when lapses in documented supervision occur—as they often do in busy environments full of aging and high acuity patient populations.

In Wisconsin, 51 of its 52 critical access hospitals are staffed solely by CRNAs, with several larger hospitals being CRNA-only Anesthesia Care Teams. Hospital administrators and surgeons see the value in their flexibility, high quality care, and fewer subsidies to support salaries in this competitive environment.

Patient safety and high quality of care should be paramount. Patients deserve the best care possible. Investment in nursing programs is far more beneficial in the long run to provide bedside nursing staffing and collaborative advanced practice providers. The Wisconsin Hospital Association states that "breaking down barriers to top-of-skill practice" is an important strategy in supporting the health care workforce.[2]

We urge Nebraska not to take a step backwards with a dependent provider.

Thank you for your consideration.

Sincerely,

Jenna Palzkill
President of the Wisconsin Association of Nurse Anesthetists

References:
1. *Ira Gunn testimony to the Ohio legislature, Senate Bill 130*
2. *Wisconsin 2022 Healthcare Workforce Report, wha.org*
3. *AAAA Statement on Clinical Doctorate Degrees, 2015*
4. *Attorney Laura Rose memo to Representative Scott Suder. Wisconsin Legislative Council assessment of amendment to 2011 Senate bill 383*
5. *Influence of Supervision Rations by Anesthesiologists on First-case Starts and Critical Portion of*

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