

MINUTES
of the First Meeting of the
Anesthesiologist Assistants Technical Review Committee
August 25, 2022
2:00 p.m. to 4:00 p.m.

Members participating

Dan Vehle, Chairperson
David Deemer, NHA
Rebecca Doctor, BS, MA
Mark Malesker, RP, PharmD
Susan Meyerle, PhD, LIMHP
Larry Hardesty

Members Absent

Mary Sneckenberg

Staff persons participating

Matt Gelvin
Ron Briel
Jessie Enfield

I. Call to Order, Roll Call, Approval of the Agenda

Chairperson Dan Vehle called the meeting to order at 2:00 p.m. The roll was called; a quorum was present. Mr. Vehle welcomed all attendees and asked committee members to briefly introduce themselves. The agenda and Open Meetings Law were posted, and the meeting was advertised online at <https://dhhs.ne.gov/Licensure/Pages/Credentialing-Review.aspx> The committee members unanimously approved the agenda for the first meeting.

II. Presentation of the Proposal by the Applicant Group

Richard Evans, AAAA, came forward to present a power point on the Anesthesiologist Assistant profession. Mr. Evans informed the Committee members that the Anesthesiologist Assistant profession was created fifty years ago to address matters pertinent to service shortages in the provision of anesthesia services. Today, these professionals work under Federal Medicare rules which state that an Anesthesiologist is allowed to supervise up to four Anesthesiologist Assistants. By rule the supervising Anesthesiologist must be “immediately available” to his supervisees.

Mr. Evans went on to show the Committee members that there are nineteen states and two other types of jurisdictions that credential Anesthesiologist Assistants in some manner, or, which allow physicians to use their delegatory authority to allow Anesthesiologist Assistants to provide their services. Nebraska currently does not allow for the use of a physician’s delegatory authority for this purpose, nor does Nebraska credential these professionals. This means that the members of this profession cannot practice in Nebraska under the current statutory situation. The applicant group seeks to eliminate this restrictive situation by pursuing licensure for Anesthesiologist Assistants. Mr. Evans went on to state that the applicant group believes that licensure is the best way to get practice rights for these professionals because it provides for accountability, discipline, and continuing education.

Regarding supervision Mr. Evans delineated the components of the supervision process for Anesthesiologist Assistants which involve: 1) Pre-examination, 2) Prescription, 3) Monitoring, and 4) Physician availability.

Pertinent to education and training Mr. Evans stated that all Anesthesiologist Assistant training is at a Masters-Degree level, and that it provides for the following: 1) Pre-Med, 2) 600 classroom didactic hours, and 3) 2500 clinical practicum hours. Medical schools offer these courses.

Mr. Evans went on to inform the Committee members that there are thirteen accredited Anesthesiology Assistant training programs around the USA. At this juncture, Jennifer Stevers, CAA, came forward to comment on the lab component of this education. Ms. Stevers stated that the goal of this education and training is to balance and coordinate didactic and clinical elements to maximize clinical competency. The didactic portion occurs first followed by 2500 hours of clinical training. Ms. Stevers went on to describe the overall training / post-training sequence for Anesthesiology Assistants which proceeds from: 1) the certification examination, 2) CE, and later, 3) recertification. Fifty hours of CE would be required every 10 years.

At this juncture Richard Evans resumed his comments by informing the Committee members that studies have shown that Anesthesiology Assistants are as safe as CRNAs, adding that CRNAs and Anesthesiology Assistants are virtually interchangeable when it comes to patient safety.

Dr. Cale Kassel came forward to comment on the reasons why Nebraska needs the Anesthesiologist Assistants proposal. Dr. Kassel stated that the proposal would increase the availability of anesthesia care providers and that any increase in services in this area of care is a good thing. Dr. Kassel added that current restrictions on the ability of members of the applicant group to practice their profession in Nebraska constitutes a limitation on access to care and that these restrictions need to be removed. Dr. Kassel went on to state that no new harm would be created by passing this proposal. He added that this is a profession for which the public would benefit from an assurance that its members possess high-quality education and training, adding that there is no doubt that these professionals, in fact, do possess such education and training. Dr. Kassel concluded his remarks by stating that there is no other way of addressing the concerns raised about current practice restrictions in Nebraska than passing the proposal.

III. Comments by Opponents of the Proposal

Tiffany Mayland, MS, CRNA, speaking on behalf of CRNA professionals in Nebraska, came forward to present comments opposing the Anesthesiology Assistants proposal. Holly Chandler, CRNA, stated that there are serious concerns about the proposal and identified these concerns as follows:

- The fact that applicant professionals are not independent practitioners raises serious questions about applicant group assertions that these professionals would provide services that are equivalent to those provided by CRNAs.
- Currently, there are no members of the applicant profession in Nebraska. How can we be assured that if the proposal were to pass that sufficient numbers of the profession under review would come to Nebraska to have an impact on the availability of the services in question?
- Evidence of service shortages under the current practice situation has not been provided.
- Could oversight as defined in the proposal be effectively maintained? Or, would there be a constant risk of non-compliance?
- There is no peer review evidence pertinent to the safety of the professionals under review.
- There is no peer review evidence pertinent to the need for the proposal.

Karen Wade, Vice President of NNA, came forward to make comments on behalf of her organization. Ms. Wade characterized the proposal as offering a “double-provider model” for the provision of services given that under the terms of the proposal the applicant group cannot provide services without an Anesthesiologist being “immediately available” for direction or consultation. Ms. Wade went on to state that this is not an efficient model for providing outreach services to underserved areas, and as such would not be cost-effective outside of urban areas, for example.

IV. Committee Comments and Information Requests

Dan Vehle asked the applicants if this approach to oversight would always be the way it would be done, and if so, how would this work in rural areas of our state. Richard Evans responded that this is how oversight would be accomplished and added that the applicant group is not saying that this proposal is a solution or access to care problems in rural Nebraska but that it would work well in urban areas of our state.

Chairperson Vehle asked Committee members if they had any follow-up questions or information requests for the applicant group to address at the next meeting of the Committee.

Committee member Meyerle asked the applicants to provide a map of respiratory care services in Nebraska pursuant to the identification of underserved areas in our state. Committee member Meyerle also asked for information pertinent to reimbursement for the services of the professionals under review. She also asked for tuition estimates for the education and training of Anesthesiologist Assistants.

Committee member David Deemer asked the applicants to provide information from other states pertinent to the extent to which credentialing Anesthesiologist Assistants has had an impact on staffing shortages in other states. He then identified the states of Colorado, Kansas, and Missouri as examples of such states, adding that it would be good to know how many openings for positions there were prior to the passage of CAA credentialing in these states.

V. Public Comments

There were no public comments at this time.

VI. Other Business and Adjournment

There being no further business, the committee members unanimously agreed to adjourn the meeting at 3:05 pm.