American Society of Anesthesiologists™

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DHHS Licensure Unit
Office of Research, Policy, and Quality Improvement
ATTN: Credentialing Review
PO Box 94986
Lincoln, NE 68509

August 11, 2022

Re: Support of Credentialing Application to License Certified Anesthesiologist Assistants in Nebraska

Dear Members of the Anesthesiologist Assistants Technical Review Committee,

On behalf of the more than 55,000 members of the American Society of Anesthesiologists (ASA), **I am writing in strong support of the credentialing application to license certified anesthesiologist assistants (CAAs) in Nebraska.** Licensure of these medical professionals would allow CAAs to utilize their unique team-based skills and practice in Nebraska, as well as provide your residents access to the benefits CAAs provide — benefits that patients in 20 jurisdictions can receive from CAAs.

ASA Policy

ASA strongly believes in the Anesthesia Care Team (ACT) and supports CAA practice authorization in all states.[1] We actively encourage our members to promote enabling legislation that would authorize licensing of CAAs.

CAAs are Key Members of the Anesthesia Care Team

CAAs are highly trained master's degree level non-physician anesthesia care providers. They work under the medical direction of physician anesthesiologists to implement anesthesia care plans. CAAs work exclusively within the ACT environment as described by ASA. ACTs consist of a supervising anesthesiologist and from 1 to 4 non-physician anesthesia providers (i.e., CAAs and nurse anesthetists). All CAAs possess a pre-medical undergraduate background and complete a comprehensive didactic and clinical program at the graduate school master's degree level. They are trained extensively in the delivery and maintenance of quality anesthesia care as well as advanced patient monitoring techniques.

[1] See ASA Standards, Guidelines and Statements: Statement on the Anesthesia Care Team available at http://www.asahq.org/~/media/Sites/ASAHQ/Files/Public/Resources/standards-guidelines/statement-on-the-anesthesia-care-team.pdf

When hospitals, surgery centers, and related institutions choose to utilize the physician-led ACT approach to patient care, those facilities should be authorized to do so with all of our qualified anesthesia providers and NOT be deprived the choice of qualified, medically-based trained CAAs.

Education & Training

CAAs undergo rigorous and advanced graduate education focusing on the ACT approach to anesthesia practice. AA master's programs are 24 to 28 months in length and are frequently housed within university schools of medicine, similar to physician assistant programs. As a prerequisite for admissions, applicants must hold a bachelor's degree, complete the same pre-medical course work that physicians complete, and score competitively in upper percentiles on the MCAT (Medical College Admission Test). AA master's degree programs are accredited by the Commission on Accreditation of Allied Health Educational Programs (CAAHEP), a national accrediting body certifying 2000 educational programs in 23 different allied health professions. AAs must pass a certification examination administered by the NCCAA (National Commission for Certification of Anesthesiologist Assistants) in collaboration with the National Board of Medical Examiners. Finally, they must complete 40 hours of continuing medical education every two years and complete a recertification exam every six years.

CAAs and Nurse Anesthetists Are Clinically Interchangeable

CAAs are as safe and effective as nurse anesthetists. There is no peer-reviewed or other credible evidence of any sort that the care provided by a CAA is less safe than that of a nurse anesthetist. My physician anesthesiologist colleagues who work with both CAAs and nurse anesthetists can attest to the complete interchangeability of the two types of non-physician anesthesia providers.

Throughout more than four decades where physician anesthesiologists and CAAs have worked together, patients have enjoyed increased access to care with a demonstrated and impeccable safety record. More than 80 percent of all anesthetics throughout the United States are delivered in the ACT model of care. The supervising physician anesthesiologist does not perform their own cases while supervising ACT members and must be immediately available at all times. ACTs operate in every state in the country and this type of practice is a long-established and safe model for providing anesthesia care.

It is the position of ASA that both CAAs and nurse anesthetists have identical patient care responsibilities and technical capabilities – a view in harmony with their equivalent treatment under the Medicare Program. The proven safety of the ACT approach to anesthesia with either CAAs or nurse anesthetists serving as the non-physician anesthetists confirms the wisdom of this view. Moreover, a 2018 study published in the

peer-reviewed journal *Anesthesiology* further confirmed this fact when it examined care between a physician anesthesiologist – nurse anesthetist team and a physician anesthesiologist – anesthesiologist assistant team. The results found "the specific composition of the anesthesia care team was not associated with any significant differences in mortality, length of stay, or inpatient spending."[2]

Conclusion

On behalf of ASA, I strongly encourage your support of the credentialing application to license CAAs in Nebraska. Proceeding with this application would allow your citizens to benefit from the highly trained care CAAs can provide in 20 jurisdictions. Thank you for your consideration of this important effort. Should you have any questions, please feel free to contact Jason Hansen, MS, JD, Director of State Affairs, at j.hansen@asahq.org.

Sincerely,

Randall M. Clark, MD, FASA
President

[2] Sun EC, Miller TR, Moshfegh J, Baker LC. Anesthesia care team composition and surgical outcomes. *Anesthesiology* 2018; 129:700-09