August 11, 2022

DHHS Licensure Unit
Attn: Credentialing Review
PO Box 94986
Lincoln, NE 68509-4986

Dear Members of the Technical Review Committee:

This letter is in opposition to the proposal to license Anesthesiologist Assistants (AA) within the state of Nebraska. The licensure of AAs in Nebraska will reduce the number of Certified Registered Nurse Anesthetist (CRNA) graduates produced by the two existing educational programs in Nebraska and thereby adversely impacting the overall workforce of anesthesiology providers.

CRNAs are in high demand as skilled, independent, and efficient anesthesia providers by all types of practice settings and a reduction in graduate numbers can threaten access to quality care. Rural hospitals will be particularly affected as CRNAs provide the bulk of anesthetic services in rural Nebraska, and serve an important role in emergency stabilization services.

Our CRNA educational program has been sponsored by Bryan Medical Center since 1968 and we currently have 68 students in the 36 month doctoral program. We have been fortunate to partner with 33 sites throughout Nebraska to provide 3000 hours of clinical experience to each student. These clinical sites range from urban hospitals such as the Nebraska Medical Center in Omaha, to rural hospitals such as Lexington Regional Health Center, as well as ambulatory surgery centers. Several surgical specialties are limited to the larger hospitals including open hearts, thoracic procedures, craniotomies, and trauma services. Every CRNA student must have significant experience with these specialties in order to become certified. Open heart procedures are the most difficult to obtain and we have sought open heart experience at every hospital in Nebraska with a program. We currently utilize Bryan Medical Center, CHI CUMC Bergan Mercy, CHI Good Samaritan, Kearney Regional Medical Center, and Faith Regional Health Services.

If AAs are placed in NE hospitals, and because an AA must have a physician Anesthesiologist physically present for medical direction, they will be utilized as assistants to the physician Anesthesiologists in the larger hospitals instead of CRNA students having that opportunity. These are the same hospitals that we depend on as training sites for surgical specialty services. And since AAs cannot teach a CRNA student based on accreditation standards, there would simply be fewer clinical opportunities for our CRNA students. In addition, any launch or increase of AA training programs would even further reduce the availability of clinical cases available to CRNA students. With fewer clinical opportunities available, we will not be able to train as many CRNAs and the capacity of our CRNA educational programs will need to be reduced.

The Bryan College of Health Sciences program has successfully grown incrementally from 6 graduates in 2000 to 22 graduates in 2023. In the past year an application to increase the class size to 25 has been approved, and a further expansion to 28 is planned for 2024. There have been times when our graduate numbers have exceeded demand within the state; for example in 2013, three graduates who wished to remain in Nebraska were unable to obtain a position. All left the state, but returned within 2 years, and all currently work in the Omaha area.

A CRNA Manpower survey has been conducted by the program every 5 years beginning in 1990 in order to assess the future demand for CRNAs in the state. The data has guided our educational program planning, and we believe the current expansion plans of the Nebraska CRNA programs is optimal in meeting the needs of both the urban and rural areas of the state.

Even a small number of AAs placed in a few urban hospitals will have a disproportionately large negative impact on the number of CRNAs produced. This would be counter-productive to meeting the needs of our future healthcare workforce.

Thank you for your time and consideration of our concerns for access to quality care in Nebraska. Please contact me at any time if I can provide any further information.

Sincerely,

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