Iowa Society of Anesthesiologists

October 23, 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 Iowa Society of Anesthesiologists (ISA), we would like to submit this letter in strong support of the credentialing application to license certified anesthesiologist assistants (CAAs) in Nebraska.

If approved, this application would pave the way for licensure of CAAs in Nebraska. Licensure of these medical professionals would allow CAAs to provide benefits to Nebraska patients by utilizing the CAAs unique team-based skills - benefits that patients in 20 jurisdictions can already receive from CAAs. CAAs are well-trained non-physician anesthesia professionals who provide safe care to patients within the care team model.

The anesthesia care team (ACT) model is utilized in over 80 percent of all anesthetics in the United States. CAAs work exclusively within the ACT model. This includes a supervising physician anesthesiologist and 1-4 non-physician anesthesia providers (CAAs or nurse anesthetists) providing care. CAAs are also recognized at the federal level. CAAs and nurse anesthetists have identical patient care responsibilities and technical capabilities – a view in harmony with their equivalent treatment under the Medicare program. Additionally, CAAs are currently authorized to practice in states that border Nebraska including Colorado, Kansas, and Missouri. Colorado, Missouri and Wisconsin also offer anesthesiologist assistant training programs. CAAs can also engage in clinical practice at Veteran's Affairs hospitals in all 50 states. In fact, over 50% of the U.S. population lives in states that authorize CAAs to practice.

In Iowa, my group has worked the last few years with the CAA program in Kansas City to allow CAA students do a rotation in Des Moines.

The education and training of CAAs requires prerequisite undergraduate course work, graduation from a master's level program, and continuing medical education. Like pre-medical students hoping to matriculate to medical school, CAAs must take the same pre-medical course work that physicians complete and score competitively on the MCAT (Medical College Admission Test).

AA training programs are accredited by the Commission on Accreditation of Allied Health Educational Programs (CAAHEP), which also accredits other allied health programs. AAs must also 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.

Safety is a cornerstone of anesthesiology practice. CAAs are interchangeable with nurse anesthetists in terms of patient care responsibilities and technical capabilities. In 2018, in the peer-reviewed journal *Anesthesiology,* the authors noted no difference in mortality, length of stay, or inpatient spending between physician anesthesiologist + nurse anesthetist teams and physician anesthesiologist + anesthesiologist assistant teams.[1]

CAAs will further the expansion of available anesthesia professionals, a medical specialty essential to care for the citizens of Nebraska. The COVID-19 pandemic resulted in deferred care across multiple specialties, including surgical procedures. The addition of CAAs to the ACT would help alleviate the burden on patients waiting for essential surgical procedures. Facilities should be authorized to select from all qualified anesthesia providers, and not just nurse anesthetists, in addressing their patients' needs and should be offered the choice of qualified, well-trained CAAs.

On behalf of Iowa Society of Anesthesiologists, I strongly encourage your support of the credentialing application to license CAAs in Nebraska. This would begin the important process of allowing the Nebraska citizens and patients to benefit from the highly trained care CAAs provide.

Thank you for your consideration.

Sincerely,

Jim Duong, MD
President

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