October 9th, 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 Missouri Society of Anesthesiologists (MSA), I am writing to strongly support the credentialing application to license certified anesthesiologist assistants (CAAs) in Nebraska. Missouri has licensed CAAs in our state for nearly 20 years. If approved, the Nebraska CAA application would pave the way for the licensure of CAAs in Nebraska. In Missouri, CAAs have fit seamlessly into a variety of practices as they 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 neighboring Nebraska including Colorado, Kansas, and Missouri. In Missouri, we also offer anesthesiologist assistant training programs. CAAs can also be engaged 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.

The education and training of CAAs requires robust prerequisite undergraduate coursework, graduation from a master's level program, and continuing medical education. 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.

The Missouri Society of Anesthesiologists successfully advocated for the passage of AA licensure in our state in 2003. Certified Anesthesiologist Assistants (CAAs) have been practicing in our state since 2005, and their numbers have grown from zero to over 150 CAAs in Missouri.

CAAs are now an indispensable part of our anesthesia care team. Many Missouri anesthesiology practices employ both CAAs and CRNAs to work with physician anesthesiologists. Both of these providers practice under identical 1:4 supervision ratio rules in the medical direction model making rotating staff safe and efficient. In these

practices, both CAAs and CRNAs are given the same clinical responsibilities and duties when it comes to the delivery of anesthesia within the anesthesia care team model.

Both CAAs and CRNAs receive the same compensation, benefits, and opportunities within the workplace. Both have the same malpractice insurance rates. Both work cohesively and seamlessly within these practices----they take the same call shifts, they relieve each other at the end of clinical duty and for breaks, and they swap work and call shifts with each other. Safety is a cornerstone of anesthesiology practice. 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]

CRNAs and CAAs are both excellent anesthesia providers, and they both are an important part of our anesthesia care team. We are fully supportive of CAA licensure, and are very pleased we took this important step many years ago. Thank you for your consideration.

Sincerely,

Julie Marshall, MD, FASA
President, Missouri Society of Anesthesiologists

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