MISSOURI ASSOCIATION OF NURSE ANESTHETISTS

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August 25, 2022

Nebraska Department of Health and Human Services
Licensure Unit
ATTN: Technical Review Committee
PO Box 95026
Lincoln, NE 68509

RE: Non-Support of Credentialing Application to License Certified Anesthesiologist Assistants in Nebraska

Dear Technical Review Committee,

On behalf of the Missouri Association of Nurse Anesthetists (MoANA) I am writing in opposition of the licensure for Certified Anesthesiologists Assistants (CAAs) in Nebraska.

Current anesthesia providers in the United States include Certified Registered Nurse Anesthetists (CRNAs), physician anesthesiologists, and CAAs. Though with scrubs and a scrub hat on, each of these providers may look similar, each is unique in their past experiences and anesthesia courses and training. CRNAs are required to work as a bachelor's prepared intenstive care nurse prior to their enrollment in nurse anesthesia school. This step is crucial to master the ability to care for critically-ill patients with multiple comorbidities. Upon acceptance into the nurse anesthesia program, each student completes a rigorous 36-month training involving clinical and didactic work including an evidence-based project that culminates into the Doctorate of Nursing Practice degree. CAAs are not required to have healthcare experience prior to graduate school, undergo training between 24-29 months, and graduate with a Master's degree.

In the operating room, anesthesia providers vary between these three professions. While anesthesia care team (ACT) models are common in the United States, rural populations work primarily under independent anesthesia models. Hereinlies another critical difference between CRNAs and CAAs -- CRNAs are able to work independentely, while CAAs are required to work under a physician anesthesiologist. Because of their codependence to physician anesthesiologists, CAAs may only work in locations with physician anesthesiologists, which is typically urban or suburban areas. On the contrary, CRNAs are able to work independently in any anesthesia setting. As such, they are the primary anesthesia provider for 70% of the United States.[1] Having anesthesia providers able to work independently is crucial for primarily rural states, such as Nebraska.

Missouri licensed CAAs almost 20 years ago, yet Missouri continues to rank among the lowest for state health performance scores[2,3] and is currently rated 48th for highest number of professional shortage areas.[4] Though Missouri was promised otherwise, the addition of CAAs did not improve healthcare disparities. Furthermore, the addition of CAAs did not resolve the anesthesia provider shortages we continue to experience throughout the state. In fact, we are noticing more CRNAs relocating to neighboring states whom have lifted restrictions on CRNA scope of practice, allowing CRNAs to function as the full practice providers they've been trained.

For these reasons, I would encourage Nebraska to strengthen their current model of anesthesia services before settling on an inferior model that fails to produce solutions. Feel free to reach out to me with any questions.

Sincerely,

Denise Stuit, DNP, CRNA
President
Missouri Association of Nurse Anesthetists

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2. The Commonwealth Fund. (June 2022). Scorecard on state health system performance: How did states do during the COVID-19 pandemic? https://doi.org/10.26099/3127-xy78
3. The Commonwealth Fund Scorecard. (June 2022). Missouri 2022 scorecard on state health performance. https://interactives.commonwealthfund.org/2022/state-scorecard/Missouri.pdf
4. Heath Resources & Services Administration (HRSA). (2022). Health Workforce Shortage Areas. https://data.hrsa.gov/topics/health-workforce/shortage-areas