Nebraska Medical Association

Good afternoon, members of the Technical Review Committee. My name is Dr. Daniel Rosenquist. I'm a family physician from Columbus and the current President of the Nebraska Medical Association, representing nearly 3,000 physicians across the state. I am here today to express the NMA's support for this credentialing review proposal by the Nebraska Academy of Anesthesiologist Assistants. The mission statement of the NMA is to advocate for physicians and the health of all Nebraskans. The NMA and our member physicians believe this proposal would have a beneficial impact on patient care and access to treatment and, accordingly, a beneficial impact on the health of Nebraska patients.

An adequate number of anesthesia providers is critical to providing timely patient care in hospitals and surgery centers across the state. Unfortunately, the NMA is aware of facilities in Nebraska that have delayed and rescheduled surgeries because of a shortage of anesthesia providers. Other surgery centers are unable to schedule surgeries into the afternoon for this same reason. One academic facility currently has a need for 60 additional anesthesia providers. These shortages have real impacts on patient health. Delays in procedures—even elective procedures—have detrimental consequences to patient outcomes, including delayed diagnoses, disease progression, and higher mortality—not to mention increased financial costs.

The rigorous education and training of Certified Anesthesiology Assistants, or CAAs, make them well-suited to help fill the anesthesia need in Nebraska. CAAs must meet educational and training requirements based on an advanced graduate degree model, with intensive training specific to anesthesia. CAA training programs are supported by the anesthesiology departments of accredited medical schools. This robust training includes the completion of an average of 2,600 hours of clinical anesthesia education and the successful completion of a certification examination. In addition to this extensive training, the practice of an CAA is wrapped in an additional layer of clinical judgment, with direct supervision by a physician anesthesiologist, giving patients the benefits and attention of a physician-led anesthesia care team.

Patients in 21 jurisdictions, including our neighbors in Colorado, Kansas, and Missouri are already benefitting from the high-quality anesthesia services provided by CAAs. Allowing CAAs to practice in Nebraska would be another tool in the toolbox to address the healthcare needs of Nebraskans by providing access to safe anesthesia services performed by highly-trained healthcare professionals. For these reasons the Nebraska Medical Association supports this proposal.

Sincerely,

Daniel Rosenquist, MD, FAAFP
President
Nebraska Medical Association

1045 Lincoln Mall, Ste. 200, Lincoln, NE 68508
P: 402 474 4472 + F: 402 474 2198 + www.NebMed.org