Nebraska Medical Association

Good morning, members of the Technical Review Committee. My name is Dr. Daniel Rosenquist. I am the current President of the Nebraska Medical Association, which represents nearly 3,000 physicians, residents, and medical student from across the state. At previous meetings, I have testified to express the NMA's support for this proposal to create a credential in Nebraska for Certified Anesthesiologist Assistants, or CAAs. The NMA continues to be in full support of the CAA proposal. Today, I want to address some of the concerns that have been raised:

First, I would like to address physician support for the CAA proposal. I've read the letter signed by a number of physicians early in this credentialing review process—the "Statewide MDs Letter" —as it is labeled on the Credentialing Review webpage. I do not know the impetus behind that letter; few physicians and surgeons in Nebraska have had the opportunity to work with CAAs in their professional careers. But I do know, from speaking with physicians across Nebraska, that when they learn more about CAAs, they agree that these well-trained anesthesia providers could be a useful tool to help address the growing anesthesia shortage here in our state.

CAAs practice under the supervision of a physician anesthesiologist. Nebraska physicians are comfortable with this anesthesia care team model because it is the physician-led model utilized by a number of facilities here in the state, including the facilities where many Nebraska physicians completed their training. While the NMA understands that CAAs are not the answer to the shortage in all settings across the state, we also know that the need for anesthesia providers is growing in every setting. Anesthesiologists, CRNAs, and CAAs are all needed to provide the care Nebraska patients are counting on. None of the physicians I have spoken with have concerns about safety when it comes to CAAs. To the contrary, the letters and testimony submitted by physicians from states where CAAs have been practicing for years indicates that CAAs provide safe, high-quality anesthesia care, interchangeably with CRNAs in many settings.

Second, I would like to address clinical training spots. I know concerns have been raised about the number of clinical training spots for anesthesia providers and how licensure of CAAs would impact the availability of those opportunities for CRNAs. The proposal before you, however, does not create a CAA training program in Nebraska. It would only create a license for CAAs and allow these qualified anesthesia providers to practice here after completing one of the accredited CAA training programs around the country and passing a national certification exam. As Nebraska does not have a CAA training program, there would be no impact on clinical training spots for anesthesia providers by approval of this proposal. Moreover, if a CAA training program were ultimately established in Nebraska, I am confident that the infrastructure in Nebraska exists to adequately train additional anesthesia providers. For example, the letter submitted by Ivan Mitchell, CEO of Great Plains Health in North Platte, states that Great Plains has never had more than one CRNA student at a time, despite having fifteen anesthesia providers and requesting additional CRNA student rotations.

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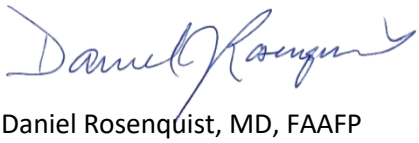
While the NMA fully supports the CAA's proposal, I want to be clear that we value CRNAs and the important role they play in Nebraska's health care. We would not be here advocating for approval of the CAA's proposal if we believed it jeopardized the ability of CRNAs to complete their education here in Nebraska and join the many facilities across the state where they are greatly needed.

In conclusion, the NMA supports this proposal to create a credential in Nebraska for CAAs. We 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. For these reasons the Nebraska Medical Association supports this proposal.

Sincerely,



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