Wisconsin Society of
**Anesthesiologists**
*Physician Led Care*

October 15, 2022

**Re: Support of Credentialing Application to License Certified Anesthesiologist Assistants (CAA) in Nebraska**

Dear Members of the Anesthesiologist Assistants Technical Review Committee,

On behalf of the Wisconsin Society of Anesthesiologists (WSA), **I am writing to express my strong support for 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, working within a physician led care team, to provide anesthesia care to patients – anesthesia care that patients in 20 jurisdictions can already receive from CAAs. CAAs would fit seamlessly into a variety of practices in Nebraska 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% of all anesthetics in the United States. CAAs work exclusively within the ACT model. This includes an anesthesiology physician supervising up to four non-physician CAAs or nurse anesthetists providing care. CAAs are recognized at the federal level by the Centers for Medicare and Medicaid Services (CMS). CAAs and nurse anesthetists have identical patient care responsibilities and technical capabilities – a view in harmony with their equivalent treatment under CMS. Additionally, CAAs are currently authorized to practice in neighboring states including Colorado, Kansas, and Missouri. Colorado and Missouri 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.

CAAs have practiced in the State of Wisconsin since the 1980s. I have been in practice as an anesthesiology physician at Gundersen Health System (GHS) for 32 years. CAAs have been part of our ACT for over 20 years and comprise about 40% of our non-physician anesthesia providers. GHS also provides training for CAA students as well as nurse anesthetist students**. As a physician who supervises anesthetists (CAAs and nurse anesthetists) and helps train both CAA students and nurse anesthetist students, I can state unequivocally that CAAs are well-trained, highly capable medical professionals, who provide safe anesthesia care equivalent to that of nurse anesthetists.**

The education and training of CAAs requires robust 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). CAA training programs are accredited by the Commission on Accreditation of Allied Health Educational Programs (CAAHEP), which also accredits other allied health programs. CAAs must also pass a certification examination administered by the National Commission for Certification of Anesthesiologist Assistants (NCCAA) in collaboration with the National Board of Medical Examiners (NBME). 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

6737 W Washington Street, Suite 4210, Milwaukee, WI 53214
Phone: 414-389-8616 • info@thewsa.org • www.thewsa.org

physician anesthesiologist + nurse anesthetist teams and physician anesthesiologist + anesthesiologist assistant teams.[1]

**The licensure of CAAs in Wisconsin has helped medical centers throughout the state meet the medical needs of patients. The licensure of CAAs will do the same for Nebraska by expanding the number of available anesthesia professionals to provide care.** 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, not just nurse anesthetists, in addressing their patients' needs, and should be offered the choice of qualified, well-trained CAAs.

On behalf of the Wisconsin 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 their citizens and patients to benefit from the highly trained care CAAs provide.

Thank you for your consideration.

Sincerely,

Michael J Bottcher MD, FASA

Michael Bottcher, MD, FASA
President, Wisconsin Society of Anesthesiologists

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