

MINUTES
of the Second Meeting of the
Anesthesiologist Assistants Technical Review Committee
October 19, 2022
1:00 p.m. to 3:00 p.m.

Members participating

Dan Vehle, Chairperson
David Deemer, NHA
Rebecca Doctor, BS, MA
Mark Malesker, RP, PharmD
Susan Meyerle, PhD, LIMHP
Mary Sneckenberg

Members Absent

Larry Hardesty

Staff persons participating

Matt Gelvin
Ron Briel
Jessie Enfield

I. Call to Order, Roll Call, Approval of the Agenda

Chairperson Dan Vehle called the meeting to order at 1:00 p.m. The roll was called; a quorum was present. Mr. Vehle welcomed all attendees. The agenda and Open Meetings Law were posted, and the meeting was advertised online at <https://dhhs.ne.gov/Licensure/Pages/Credentialing-Review.aspx> The committee members unanimously approved an amended version of the agenda for the second meeting and the minutes of the first meeting.

II. Power Point Presentation by the Applicant Group

Richard Evans, AAAA, came forward to present a power point on the Anesthesiologist Assistant profession. Mr. Evans informed the Committee members that there are 15 training programs for CAA's around the USA and that these programs are approximately 24-months in duration culminating in a certificate following completion of all requirements including passing a certifying examination. Those who complete the process and become licensed would be required to complete 50-hours of CE over a two-year period in order to renew their license. Tuition for the two-year training program varies from 64-thousand dollars to around 95-thousand dollars per student. Regarding supervision Mr. Evans stated that typically supervision is provided by an Anesthesiologist who is required to be on the premises of the facility wherein the CAA in question is working, though not necessarily in the same room as the CAA in question.

At this juncture Dr. Deborah Rusy, MD, came forward to make comments comparing AA's and CRNAs pertinent to their respective skills and abilities. Dr. Rosen stated that CRNAs and CAAs are virtually interchangeable in terms of their respective skills and abilities.

Dr. Cale Kassel, MD, came forward to comment on employment opportunities and job openings for CAAs around the USA and provided a map showing communities wherein there are job openings for CAAs. He also commented on the reimbursement situation of CAAs. He went on to state that evidence indicates that there is as demand for CAA services around the USA even though CRNAs are a well-established profession in remote rural areas, adding that there is plenty of room out there for the members of both professions. Dr. Kassel went on to state that CAAs education and training is similar to that of CRNAs, that the quality of their care is similar, and that data shows that CAA services are safe and effective.

Dr. Kassel commented that work force data shows that there is a real need for more anesthesia providers in Nebraska and that CAAs could play a major role in filling this void. He added that

billing for CAA services would be via a team model, and that insurance costs for CAA services are not higher than for CRNAs.

III. Power Point Presentation by Opponents of the Proposal

Tiffany Wenande, CRNA, and Holly Chandler, CRNA, came forward to present a power-point presentation opposing the Anesthesiology Assistants proposal.

Holly Chandler, CRNA, stated that CAAs and CRNAs are not interchangeable in any way. She went on to state that CAAs are not legal in Nebraska, while CRNAs are members of an independently licensed profession that are trained and educated to exercise independent judgement in their treatment of their patients, whereas CAAs are not trained or educated to practice independently of their supervising physicians. This means that CRNAs are capable of working alone in remote rural areas of our state whereas CAAs are not. Access to care in remote rural areas is maximized by the services of CRNAs. This is not the case vis-à-vis the services of CAAs.

Holly Chandler went on to state that licensing CAAs would lessen access to quality anesthesia care in rural areas of our state because of the fact that CAAs are not able to practice independently and would require the presence of an anesthesiologist on the premises wherever CAA services would be provided. This would significantly raise the costs of anesthesia care in rural areas of our state.

Tiffany Wenande, CRNA, then commented on patient safety concerns raised by the CAA proposal stemming from the inability of CAAs to exercise independent judgement or to manage emergent situations on their own without the presence of their physician supervisor to advise them. Ms. Wenande went on to state that any lapse in oversight in such a situation holds the potential for a delay in receiving competent care, or, worse yet, could result in a disastrous patient outcome.

Holly Chandler commented that NMA information pertinent to the available supply of anesthesia services and the supposed need for more providers is not accurate and is not based on real need. This information identifies vacancies for certain facilities pertinent to anesthesia but does not account for the fact that many of these facilities do not utilize the “medical direction” model upon which the current CAA proposal depends. Holly went on to state that even in some so-called “delegation states” there are few if any CAAs because facilities within these states do not allow for the utilization of the “delegation model” required for the CAA proposal to get underway. She added that only eight states have situations wherein the CAA model outlined by the current Nebraska CAA proposal would be able to function as designed.

Tiffany Wenande then provided a review of the four statutory criteria relating how the current CAA proposal fails to satisfy any of these four criteria.

IV. Committee Comments and Questions

Committee member Meyerle asked the following questions for the opponents: 1) Could you clarify whether or not CRNAs and CAAs can be co-trained in the same room? 2) Why is a decrease in CRNAs projected? 3) Can you tell us more about the group you feel is behind this initiative?

V. Public Comments

There were no public comments at this time.

VI. Other Business and Adjournment

There being no further business, the committee members unanimously agreed to adjourn the meeting at 3:00 pm.