August 25, 2022

Dear Technical Review Committee,

On behalf of the undersigned organizations, representing over 200 physicians from four different Nebraskan specialty physician organizations, we would like to share our support for the proposal to credential Certified Anesthesiologist Assistants, or CAAs. CAAs are highly skilled health professionals who practice as part of an anesthesia care team (ACT) under the direction and supervision of a licensed physician anesthesiologist. CAAs perform tasks such as administering drugs, obtaining vascular access, applying and interpreting monitors, establishing and maintaining the patient's airway, and assisting with preoperative assessments. With the ongoing anesthesia provider shortage in Nebraska, and its exacerbation due to the COVID-19 pandemic, allowing the credentialing of CAAs would help alleviate these issues and help protect the health of Nebraskans.

Considering the Technical Review Committee's process of evaluating new credentialing proposals based on four main criteria, we want to address each of these. Criterion 1 states that the "absence of a separate regulated profession creates a situation of harm or danger to the health, safety, or welfare of the public. CAAs cannot currently practice in Nebraska since they are not licensed or regulated, and are therefore not authorized to practice, with the exception of Federal Veteran Affairs facilities. The inability of CAAs to practice in Nebraska leaves a gap in the workforce because there are only roughly 600 anesthesia providers (223 anesthesiologists and 386 certified registered nurse anesthetists) practicing in Nebraska. CAAs can help fill the workforce gap because they are highly trained and, as part of the ACT, can allow other team members to maximize the time to meet patient needs. Licensure would ensure a larger workforce can meet the needs of patients in Nebraska by providing greater access to care.

Criterion 2 states that the creation of a separate regulated profession would not create a significant new danger to the health, safety, or welfare of the public. CAAs are a safe addition to the anesthesia care team. CAAs undergo extensive training including, obtaining a bachelor's degree with prerequisites typical of premedical coursework. CAAs then must take the MCAT or GRE in order to be accepted into one of 13 training programs across the country. There is a minimum of 24-28 months of Master's level training program accredited by the CAAHEP, and programs are based at or are in collaboration with, a university that has a medical school and academic physician anesthesiologist faculty. Clinical training sites must be academic medical centers. CAAs also average 600 hours of class/lab and 2600 hours of clinical anesthesia education. More than 600 anesthetics are administered and rotations held in all sub-specialties, and across different types of practice locations. Upon completion of an accredited AA program, students are certified by passing the NCCAA examination administered and scored by the National Board of Medical Examiners. In addition, the regulation of CAAs would not impose a significant new hardship on the public, as CAAs are regulated by state medical boards that are authorized to set application fees to cover the cost of regulating the profession. CMS also recognizes anesthesiologist assistants as nonphysician anesthesia providers. Finally, a 2018 study published in the medical journal "Anesthesiology" concluded that there were no significant differences in mortality, length of stay, or inpatient spending between the CAAs, and CRNAs.

Criterion 3 states that the "creation of a separate regulated profession would benefit the health, safety, or welfare of the public. CAAs are highly-trained anesthesia professionals who undergo equivalent

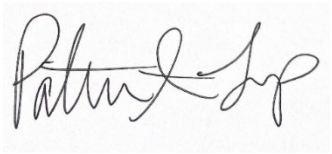
training as their nursing counterparts. There are safeguards in place to ensure that CAAs have the professional ability to safely provide care to patients. There is also the additional level of physician supervision to ensure that the public will be benefited. In addition, we know that the delays in care due to the anesthesia provider shortage will continue to grow and create burdens to the health of Nebraskans.

Criterion 4 states that the "public cannot be protected by a more effective alternative". Credentialing is needed in order to allow CAAs to practice. The current alternative, shortages of anesthesia staff delaying care and canceling procedures, is not a sustainable model for Nebraskans. The current state of affairs harms Nebraskans and increases burdens.

To conclude, we support this measure as our way of advocating for the health of Nebraskans. The current shortages have increased cost of care as well as the burdens on patients. CAAs are well-trained anesthesia providers who are directly supervised by anesthesiologists and their safety is well documented. We hope the committee will support this measure as well.

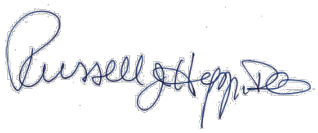
Sincerely,

Nebraska Academy of Eye Physicians and Surgeons



Patricia Terp, MD, President
Nebraska Academy of Eye Physicians and Surgeons

NOMA
NEBRASKA OSTEOPATHIC MEDICAL ASSOCIATION



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