Nebraska Department of Health and Human Services
Licensure Unit
Attn: Technical Review Committee
PO Box 95026
Lincoln, NE 68509-5026

Attn: Technical Review Committee, Board of Health, and Dr. Anthone,

As several of the student Certified Registered Nursae Anesthetists (CRNAs) of Bryan College of Health Sciences School of Nurse Anesthesia in Lincoln, Nebraska and Clarkson College School of Nurse Anesthesia in Omaha, Nebraska, we would like to start by thanking you all for taking the time to read our statement. We appreciate the healthcare providers here today voicing their concerns about the shortage of anesthesia providers throughout the United States. We acknowledge that this legislation was introduced with good intentions; however, we firmly believe that licensing Anesthesia Assistants (AAs) is not in the best interest of the state of Nebraska.

We have 23 students currently enrolled in the Bryan Nurse Anesthesia Class of 2024 and 15 students graduating from Clarkson School of Nurse Anesthesia in 2023. This number is projected to increase in the coming years as clinical opportunities expand. If AAs are granted privileges to work in large urban facilities in Omaha and Lincoln, our complex case requirements for graduation will be attainable for fewer students. Student registered nurse anesthetists (SRNAs) must complete a minimum of at least 2,000 clinical hours and 600 total anesthesia cases prior to graduation. Furthermore, there are requirements mandating diversity of cases in our education to promote a well-rounded skill set. There are a variety of differences in the way that CRNAs and AAs are educated; for example, SRNAs are registered nurses that have on average 3 years of critical care experience prior to enrollment in an anesthesia

program. SRNAs may be educated by CRNAs or physician anesthesiologists. We may not be educated by AAs, which ultimately hinders the number of operating rooms available for our clinical education.

Rural communities throughout Nebraska are particularly vulnerable to the shortage of anesthesia providers. Introducing AAs in urban Nebraska may sound appealing in the short term, but will ultimately exacerbate the rural anesthesia provider shortage by decreasing SRNA educational opportunities. The integration of AAs to urban facilities will increase the demand for physician anesthesiologists to safely supervise those AAs. This in turn, may be financially disadvantageous to Nebraska health care facilities and consumers. Financial impact is an important topic to be discussed; however, our goal is to share the impact this proposal will have on educating Nebraska anesthesia providers in the short and long term.

CRNAs are the sole anesthesia providers in 100% of critical access hospitals throughout the state. This is not new and will not change in relation to this bill. Currently there are 49 rural critical access hospitals and 11 frontier critical access hospitals staffing CRNAs as their anesthesia providers. We must commit to educating and graduating student CRNAs in order to maintain optimal access to the people of rural communities. As our class sizes increase, rural critical care nurses matriculate through our programs and re-enter their Nebraska communities as strong, competent anesthesia providers. We must advocate for our urban and rural Nebraska communities by promoting nurse anesthesia program volumes. Please support current and future student nurse anesthesia providers by saying “no” to allowing AAs to practice in the operating rooms that are the foundation of our clinical education. This will allow us to fulfill the requirements we need in order to be certified providers that Nebraska can count on to take care of their loved ones in all Nebraska communities and circumstances.

Thank you for your time,

Concerned Student CRNAs

Bryan College of Health Science School of Nurse Anesthesia

Clarkson College School of Nurse Anesthesia