

**REPORT OF RECOMMENDATIONS AND FINDINGS ON THE
PROPOSAL TO LICENSE ANESTHESIOLOGIST ASSISTANTS**

By the Nebraska State Board of Health

To the Director of the Division of Public Health of the Department of
Health and Human Services and the Members of the Health and
Human Services Committee of the Legislature

March 20, 2023

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Part One: Preliminary Information

Introduction

The Credentialing Review Program is a review process advisory to the Legislature which is designed to assess the need for state regulation of health professionals. The credentialing review statute requires that review bodies assess the need for credentialing proposals by examining whether such proposals are in the public interest.

The law directs those health occupations and professions seeking credentialing or a change in scope of practice to submit an application for review to the Department of Health and Human Services, Division of Public Health. The Director of this Division will then appoint an appropriate technical review committee to review the application and make recommendations regarding whether or not the application in question should be approved. These recommendations are made in accordance with statutory criteria contained in Section 71-6221 of the Nebraska Revised Statutes. These criteria focus the attention of committee members on the public health, safety, and welfare.

The recommendations of technical review committees take the form of written reports that are submitted to the State Board of Health and the Director of the Division along with any other materials requested by these review bodies. These two review bodies formulate their own independent reports on credentialing proposals. All reports that are generated by the program are submitted to the Legislature to assist state senators in their review of proposed legislation pertinent to the credentialing of health care professions.

LIST OF MEMBERS OF THE NEBRASKA STATE BOARD OF HEALTH

Douglas Bauer, DO

Heather Cramer, RN

Russell Crotty, OD

Jaime Dodge, MD

Diane Jackson, APRN-FNP

Michael Kotopka, DDS

John Kuehn, DVM

Donald Ostdiek, DPT

Mark Patefield, PharmD

David Reese

Daniel Rosenthal, PE

Robert (Bud) Synhorst

Timothy Tesmer, MD

Douglas Vander Broek, DC

Dan Vehle

Joshua Vest, DPM

The Board's Credentialing Review Committee met in the morning of March 20, 2023 to formulate its recommendations on the proposal.

The members of the full Board of Health met in the afternoon of March 20, 2023 to formulate their recommendations on the proposal.

Part Two: Summary of Board of Health Recommendations

The Board Credentialing Review Committee members recommended 7 to 1 against the proposal.

The members of the full Board recommended 10 to 1 against the proposal with one abstention.

Part Three: Summary of the Applicants' Proposal

Proposed Credential

Education and Training This application proposes to create education, training, certification, supervision, and scope of practice requirements for individuals to be eligible for licensure in Nebraska to practice as a Certified Anesthesiologist Assistant (CAA).

Education and training are addressed in Question 11 in detail. This application proposes to require CAAs seeking credentialing/licensing in Nebraska to have graduated from an anesthesiologist assistant program accredited by the Commission on Accreditation of Allied Health Education Programs or its predecessor or successor organization and to have satisfactorily completed a certification examination administered by the National Commission for the Certification of Anesthesiologist Assistants or another national certifying agency that has been reviewed and approved by the board and that is currently certified.

Scope of Practice

Under the direction of a physician anesthesiologist, in agreement with the American Society of Anesthesiologists (ASA) Statement on the Anesthesia Care Team, (ACT) and in accordance with the AAAA Statement on the ACT, the scope of practice for a CAA includes:

- developing and implementing an anesthesia care plan for a patient;
- obtaining a comprehensive patient history and performing relevant elements of a physical exam;
- performing preoperative and post-operative anesthetic evaluations and maintaining patient progress notes;
- ordering and performing preoperative patient consultations;
- ordering preoperative medications, including controlled substances;
- changing or discontinuing a medical treatment plan after consulting with the supervising physician anesthesiologist;
- obtaining informed consent for anesthesia or related procedures;
- ordering the perioperative continuation of current medications;
- pretesting and calibrating anesthesia delivery systems and obtaining and interpreting information from the systems and from monitors;
- implementing medically accepted monitoring techniques;
- performing basic and advanced airway interventions, including, but not limited to, endotracheal intubation, laryngeal mask insertion and other advanced airways techniques;
- establishing peripheral intravenous lines, including subcutaneous lidocaine use;
- performing invasive procedures including but not limited to arterial lines, central lines, and Swan Ganz catheters;
- performing general anesthesia, including induction, maintenance, emergence and procedures associated with general anesthesia, such as gastric

intubation;

- administering anesthetic drugs, adjuvant drugs, and accessory drugs;
- administering vasoactive drugs and starting and titrating vasoactive infusions to treat patient responses to anesthesia;
- performing, maintaining, evaluating and managing epidural, spinal and regional anesthesia including catheters;
- performing monitored anesthesia care;
- obtaining venous and arterial blood samples;
- administering blood, blood products, and supportive fluids;
- performing, ordering and interpreting appropriate preoperative, point of care, intra-operative or postoperative diagnostic tests or procedures;
- obtaining and administering perioperative anesthesia and related pharmaceutical agents, including intravenous fluids and blood products;
- managing the patient while in the preoperative suite, recovery area, or labor suites;
- ordering postoperative sedation, anxiolysis or analgesia, postoperative respiratory therapy and medicines to treat patient responses to anesthesia and ordering postoperative oxygen therapy, including initial ventilator therapy;
- initiating and managing cardiopulmonary resuscitation in response to a life-threatening situation;
- participating in administrative, research and clinical teaching activities including supervising student anesthesiologist assistants and other students involved in anesthesia education; and
- performing such other tasks not prohibited by law that an anesthesiologist assistant has been trained and is proficient to perform.

Administered

This application proposes to grant the State Board of Medicine the power to oversee and regulate CAAs. Currently the Board of Medicine regulates physician assistants in addition to physicians and osteopathic physicians. Like CAAs, physician assistants do not have independent practice and must be supervised by a physician. States where CAAs currently practice typically follow the requirements promulgated by the Center for Medicare and Medicaid Services (CMS) that allow physician anesthesiologists to supervise up to four CAAs concurrently and this application proposes to require the board of medicine to adhere to CMS rules relating to CAA supervision. The State Board of Medicine would have the power to promulgate rules and regulations regarding the education and training requirements of CAAs and impose disciplinary measures against license holders on the typical grounds that such discipline can be imposed in the Uniform Credentialing Act.

The text of the most current version of the applicants' proposal can be found under the appropriate subject area of the credentialing review program link at <https://dhhs.ne.gov/Licensure/Pages/Credentialing-Review.aspx>

Part Four: Discussion by, and Recommendations of, the Members of the Credentialing Review Committee of the Board of Health on the Proposal

Comments by the TRC Chairperson, Dan Vehle:

Board member Dan Vehle informed the other Board members that his Committee had all the information they needed to formulate a quality recommendation on the Anesthesiologist Assistants proposal, and that they used this to objectively evaluate the public health implications of this proposal.

Testimony: Proponent Testimony:

Dr. Cale Kassel came forward to provide testimony on behalf of the applicant group. Dr. Kassel informed the Board Committee members that nineteen states have already licensed Anesthesiologist Assistants, and that these licensures are at a Masters' Degree level with training requirements of at least 2400 to 2800 hours of clinical education and training depending on the requirements defined by the participating states in question.

Dr. Kassel went on to state that the applicants' proposal would help to address a statewide need for improved access to anesthesia care by increasing the number of providers for such care. He added that licensing CAAs would serve this purpose by providing access to well-trained providers who are trained to provide safe and effective anesthesia care under the general supervision of anesthesiologists.

Dr. Kassel commented that there currently are shortages of CRNA providers in our state and that there is need to find a way to increase the number of providers of anesthesia-related services. Licensing CAAs would be one way to address this shortage.

Dr. Kassel went on to state that there is no reason to believe that the proposal would in any way harm CRNAs contrary to the assertions of opponents to the proposal. Initially, most CAAs would come to Nebraska service from neighboring states like Iowa or Missouri, for example, and initially, there would only be a small handful of CAA candidates who would be seeking licensure in Nebraska, too few as it were to impact educational or training opportunities for CRNAs.

Dr. Kassel ended his remarks by stating that one additional benefit of the proposal would be to enhance consumers' freedom of choice from the health care providers available to them in our state.

Dr. Vander Broek asked Dr. Kassel how he knows there is a shortage of anesthesia providers in Nebraska. Dr. Kassel responded that this is indicated by job postings, recorded comments by employers made during public meetings, and data pertinent to retirement from health care facilities around our state.

Dr. Tim Tesmer asked Dr. Kassel if there is an enhanced risk of danger or harm to the public inherent in situations wherein CAAs are facing an emergent situation vis-à-vis a patient or patients wherein the supervising anesthesiologist is, for whatever reason, unable to come to their assistance. Would these CAAs be able to manage such a situation without the assistance of their supervisor? Dr. Kassel responded that CAAs are sufficiently well-trained to deal with

such emergent situations on their own, adding that typically there are other health care providers available to step in and help out if necessary.

Dr. Kuehn asked whether patients have a choice of provider when they need anesthesia care. Dr. Kassel responded that each facility has its own policies regarding such matters but that there would be nothing in the proposal that would disallow a given patient from requesting a particular type of anesthesia provider.

Heather Cramer asked Dr. Kassel who in the medical community is in support of this proposal? Dr. Kassel responded by stating that most physicians support it, particularly anesthesiologists, but there are some physicians particularly surgeons who are not as supportive of this idea. He added that urban hospital administrators are more supportive of this idea than are rural hospital administrators.

Testimony: Opponent Testimony:

Tiffany Wenande, CRNA, came forward to provide testimony on behalf of those opposed to the applicants' proposal stating that there is no need for licensed CAAs in Nebraska, adding that there would be too few CAAs available to make a difference in the delivery of anesthesia services even if the proposal were to pass. A better option for increasing access to anesthesia care would be to increase the availability of CRNAs, especially in rural areas of our state. Ms. Wenande continued by stating that the inability of CAAs to provide services independently makes it unlikely that they would be employed in rural areas of our state given that this would require facilities in rural areas to hire at least one anesthesiologist to oversee their work, whereas CRNAs can provide their services independently. Because of this difference in practice requirements CAAs would be a burden on most rural hospitals in our state. Ms. Wenande went on to state that licensing CAAs would create competition for access to training classes between CAAs and CRNAs, causing at least some CRNAs to go outside of Nebraska to seek training and employment. Ms. Wenande ended her remarks by informing the CRC members that about 200 Nebraska physicians have expressed their opposition to the proposal.

Dr. Crotty asked Ms. Wenande when and where CAAs came about and how many of them there are currently. Ms. Wenande replied that there are only about 3000 CAAs nationwide whereas there are about 60,000 CRNAs.

Dr. Vander Broek asked Ms. Wenande if she believes that there are service shortages in the area of anesthesia care in our state. Ms. Wenande responded in the affirmative but added that the best way to address these shortages is by increasing the number of available CRNAs rather than by licensing another kind of provider. Dr. Vander Broek then commented that he sees the need to do both of these things in order to effectively address these shortages.

Dr. Kuehn asked Ms. Wenande to comment further on the proponents' contention that CAAs are equivalent to CRNAs in their ability to provide anesthesia services. Ms. Wenande responded by stating that CRNAs are trained to practice independently whereas CAAs are trained to allow others to exercise judgement rather than exercise judgement themselves, and that this difference is a vital difference in being able to exercise judgement whenever there might be an emergent situation, for example.

Diane Jackson commented that the proposal would not benefit rural areas of our state.

The Board of Health Credentialing Review Committee members then reviewed the four statutory criteria that are most pertinent to the Anesthesiologist Assistants proposal which are as follows and taking action on each as they relate to the proposal under this review:

Criterion one: Unregulated practice can clearly harm or endanger the health, safety, or welfare of the public.

Yes: Cramer, Vander Broek, Vest

No: Crotty, Kuehn, Jackson, Reese, Tesmer

Criterion two: Regulation of the profession does not impose significant new economic hardship on the public, significantly diminish the supply of qualified practitioners, or otherwise create barriers to service that are not consistent with the public welfare and interest.

Yes: No aye votes

No: Cramer, Vander Broek, Vest, Crotty, Kuehn, Jackson, Reese, Tesmer

Criterion three: The public needs assurance from the state of initial and continuing professional ability.

Yes: Cramer, Vander Broek, Vest

No: Crotty, Kuehn, Jackson, Reese, Tesmer

Criterion four: The public cannot be protected by a more effective alternative.

Yes: No aye votes

No: Cramer, Vander Broek, Vest, Crotty, Kuehn, Jackson, Reese, Tesmer

The Credentialing Review Committee Recommendations on the Anesthesiologist Assistants Proposal were as follows:

The Board's Credentialing Review Committee members made their recommendation on the proposal via a yes-no, up-down vote, as follows:

Voting "yes" to recommend approval of this proposal was:

Vander Broek

Voting "no" to recommend against approval of this proposal were:

Cramer, Crotty, Kuehn, Jackson, Reese, Synhorst, Tesmer

By this vote the Board's Credentialing Review Committee members recommended against approval of the proposal.

Part Five: The Recommendations of the Members of the Full Board of Health on the Proposal

Testimony: Proponent Testimony:

Dr. Cale Kassel came forward to present testimony in support of the proposal. Dr. Cale Kassel came forward to provide testimony on behalf of the applicant group. Dr. Kassel informed the Board Committee members that nineteen states have already licensed Anesthesiologist Assistants, and that these licensures are at a Masters' Degree level with training requirements of at least 2400 to 2800 hours of clinical education and training depending on the requirements defined by the participating states in question. Dr. Kassel went on to state that the applicants' proposal would help to address a statewide need for improved access to anesthesia care by increasing the number of providers for such care. He added that licensing CAAs would serve this purpose by providing access to well-trained providers who are trained to provide safe and effective anesthesia care under the general supervision of anesthesiologists. Dr. Kassel commented that there currently are shortages of CRNA providers in our state and that there is need to find a way to increase the number of providers of anesthesia-related services. Licensing CAAs would be one way to address this shortage.

Dan Vehle asked Dr. Kassel if supervising physicians provide daily assessments of the work of their CAA supervisees. Dr. Kassel responded by stating that whether this occurs is dependent upon the judgement of the leadership of each employing facility.

Testimony: Opponent Testimony:

Holly Chandler, CRNA, came forward to present testimony against the proposal. Ms. Chandler informed the committee members that one urban facility in our state had a staffing problem vis-à-vis anesthesia care and this is the source of the current effort to license CAAs in Nebraska. Ms. Chandler went on to state that most rural health care facilities and many surgeons in Nebraska have expressed opposition to the proposal due to its inability to address issues pertinent to rural access to anesthesia services or safety concerns associated with the inability of CAAs to exercise independent judgement in critical or emergent situations.

The recommendations of the members of the full Board of Health on the Anesthesiologist Assistants proposal

The Board of Health members made their recommendation on the proposal via a yes-no, up-down vote on the recommendation of their Credentialing Review Committee, as follows:

Voting “yes” to recommend approval of this committee’s recommendation which was to recommend approval of the applicants’ proposal were:

Cramer, Crotty, Dodge, Jackson, Kuehn, Patefield, Reese, Synhorst, Vehle, Vest

Voting “no” to recommend against approval of this committee’s recommendation which was to recommend approval of the applicants’ proposal were:

Vander Broek

Dr. Tesmer abstained from this vote.

By this vote the members of the full Board of Health acted to endorse the recommendation of their Credentialing Review Committee which was against approval of the CAA proposal.