

- CAAs have been practicing in the US for 50 years
- There are about 3300 CAAs and we are authorized to practice in 19 states, DC and Guam
- CAAs are providers in Medicare, TRICARE, state Medicaid, private insurers and can practice in any VA hospital in the US
- CAAs have undergraduate degrees and a required to complete the same prerequisites as medical school students to enter AA school

- AA programs are always associated with medical schools, the first two programs were at Emory University and Case Western Reserve. We have 15 accredited programs now and 4-5 more expected in the next year.
- AA programs are 24-27 months and students graduate with a master's degree. The programs are a combination of classroom and clinical rotations.
  Students graduate with about 2500 clinical hours.

- CAAs work in the anesthesia care team which is led by a physician anesthesiologist whose training includes four years of undergrad, four years of medical school, and four years of residency. Medicare rules and most state regulations allow an anesthesiologist to supervise up to 4 CAAs, certified registered nurse anesthetists or a combination of both.
- CAAs have a broad scope of practice and personally perform a variety of services for patients before, during and after surgery

CAAs are highly educated professionals who work at major university hospitals, level 1 trauma centers and children's hospitals.

They are a safe, proven profession that helps increase access to anesthesia services. As physician extenders, they allow anesthesiologists to be more efficient and assist with more surgeries thereby increasing patient access to care.



# Testimony



# Reviewing the 407 Process

#### Criterion 1

Absence of a separate regulated profession creates a situation of harm or danger to the health, safety, or welfare of the public.

#### Criterion 2

Creation of a separate regulated profession would not create a significant new danger to the health, safety, or welfare of the public.

#### **Criterion 3**

Creation of a separate regulated profession would benefit the health, safety, or welfare of the public

#### **Criterion 4**

The public cannot be protected by a more effective alternative.



- Medical providers trained to practice as a certified anesthesiologist assistant are not currently eligible for licensure in Nebraska nor can CAAs practice under delegatory authority.
- By joining the 21 other jurisdictions where CAAs can practice, Nebraska could take a step in addressing the shortage of anesthesia providers that exists in the state.
- CAAs can help fill the workforce gap because they are highly trained and can support the anesthesia care team, allowing the other team members to maximize their time to meet patient needs.

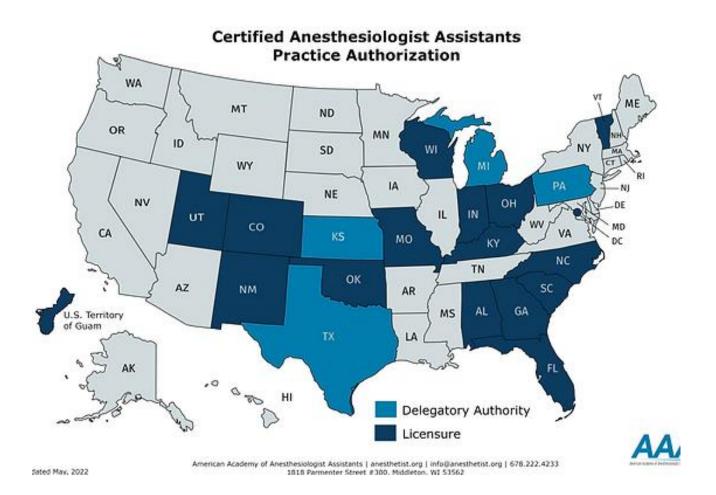


#### Recognized by:

- Medicare
- Medicaid
- VA Health System
- Private Insurance

#### Training Programs in Neighboring States:

- Denver, Colorado
- Kansas City, Missouri





- No harm would result from the proposed regulation.
- CAAs are recognized by CMS as non-physician anesthetists, just like CRNAs, and practice in the Medicare system.
- CAAs are highly educated and trained to perform a variety of health care services directly for patients. A 2018 study by Stanford University School of Medicine that compared CAAs and CRNAs working in the anesthesia care team model found no significant difference in mortality, length of hospital stay, or spending between CAAs and CRNAs.
- CAAs work in some of the highest ranked university and private hospitals in the country.
- Medical malpractice insurance premiums for CAAs are comparable to CRNAs and complaints with state boards are rare or nonexistent.



Stanford Study in 2018 showed no difference in anesthesia team composition

- Inpatient mortality
- Length of stay
- Inpatient spending

CAAs work with physician anesthesiologists in the anesthesia care team model.

"Wherever and whenever possible, anesthesia should be provided, led, or overseen by an anesthesiologist (HIGHLY RECOMMENDED)."

- World Health Organization – World Federation of Anesthesiologists International Standards for a Safe Practice of Anesthesia

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 The public would benefit from the increased health care provider workforce that would result from allowing CAAs to practice in Nebraska.

- Hospitals are delaying or canceling surgeries due to a shortage of anesthetists and CAAs can quickly increase the number of anesthetists available for hospitals, ASCs and physician groups to hire.
- The public would also benefit from having clear regulations that establish the education requirements, scope of practice, title usage, and supervision requirements for CAAs.



### Anesthesia Provider Shortage

"We are struggling to provide access because of the lack of qualified labor that is available in our state and the nation."

- Ivan Mitchell, CEO Great Plains Health

"It is my hope that the committee understands that the status quo is not a sustainable model, and that the shortage of anesthesia providers is negatively impacting the health of Nebraskans."

- William Calhoun, CEO Kearney Regional Medical Center  Continued demand for anesthesia services

- Current shortage of both physician anesthesiologists and nurse anesthetists in Nebraska
  - The CRNA Workforce study indicates a shortage of over 100 CRNAs by 2025

- CAAs practice either by being licensed by a state medical board or under delegatory authority which allows an anesthesiologist to delegate functions to an unlicensed provider.
- Licensure is the most effective option since many hospitals and insurance companies may require a provider to be licensed in order to be credentialed or participate as a provider in their network.
- Licensure would allow the Nebraska medical board to effectively regulate the CAA profession and provide the public with information regarding any complaints or disciplinary actions taken against a provider.



CAAs can help as part of the solution to the shortage of anesthesia providers

- CAAs are safe, effective members of the anesthesia care team and require physician oversight as recommended by the World Health Organization

 They fulfill the four criterion as stated to be licensed providers in Nebraska like other advanced practice providers



