Nebraska Association of Nurse Anesthetists

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

August 25, 2022

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

My name is Tiffany Wenande MSN, CRNA, and I am writing on behalf of the Nebraska Association of Nurse Anesthetists (NANA), representing over 500 CRNAs in the state. We would like to thank you for your generous time commitment to the credentialing review process. As you are likely aware, nursing has been voted the most honest and ethical healthcare profession 16 years running according to Gallup polls.

I am writing **to urge you to recommend against the licensure of Anesthesiologist Assistants (AAs)** in Nebraska. AAs are limited by their training and licensure to providing clinical support to anesthesiologists and cannot practice without direct anesthesiologist supervision. Access to services directly impacts Nebraska citizens. AAs do not increase access to services due to their reliance on anesthesiologist's supervision. According to the Nebraska Center for Nursing Data from 2022, 85% of physician anesthesiologists in Nebraska work in urban areas[i]. Nebraska is predominately a rural state with 62 critical access hospitals and zero physician anesthesiologists in those facilities. AAs are a nonfactor when it comes to eliminating access to care issues.

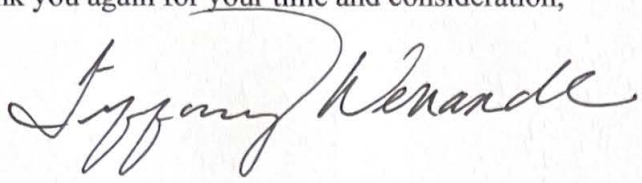
Given the educational history of AAs, their lack of experience prior to entering anesthesia programs and the glaring lack of evidence to prove their quality and safety, one would hope that anesthesiologists could guarantee that they would be immediately available to assist AAs as they move our parents and children into unconsciousness and stop their breathing, but they don't. Epstein and Dexter proved in a simple study that we can safely expect the anesthesiologist to be available to the AA 65% of the time if they are in a 1:2 medical direction ratio and 1% of the time if they are 1:3 ratio[ii]. **Is 65% good enough for the citizens of Nebraska?**

Hospitals are adversely affected by the use of AAs in the workplace through cost and potential fraud. Billing for an AA who is not medically directed by an anesthesiologist may constitute fraud for the physician, AA, and facility because state and federal law provide specific requirements for direct AA supervision by a physician anesthesiologist[iii].
The medical direction model of anesthesia services is one of the costliest and by far the most inefficient. AAs are tied to having an anesthesiologist available and rightly so. However, this means each anesthetic has to be administered by two providers, which adds significant cost to the facility.

AAs increase cost without adding any additional value or quality. They decrease operating room efficiency and lack the flexibility to meet the growing needs of facilities. CRNAs and anesthesiologists can effectively increase quality, safety, efficiency, access and cost effectiveness and our state's resources should go toward fully utilizing these providers.

Healthcare reform compels us to improve with evidence and economics. Our patients deserve high quality, independent anesthesia providers. I urge the committee to please oppose the licensing of AAs in Nebraska. In this state, we need not decrease the rigor of education and quality of care as a knee-jerk response to workforce shortages. Instead, the solution is to utilize CRNAs and physician anesthesiologists to the full extent of their education and training and to expand independent providers who are cost effective and capable.

Thank you again for your time and consideration,



Tiffany Wenande RN, MSN, CRNA
President- Nebraska Association of Nurse Anesthetists

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[i] Nebraska Center for Nursing. Health Professions Tracking Service (UNMC, as of 8-4-22)

[ii] Epstein, R. H., & Dexter, F. (2012). Influence of Supervision Ratios by Anesthesiologists on First-case Starts and Critical Portions of Anesthetics. *Anesthesiology*, *116*(3), 682–691.

[iii] According to the Medicare Part A Conditions of Participation (which hospitals must meet in order to accept Medicare patients), an anesthesiologist assistant can only administer anesthesia when under the supervision of an anesthesiologist (42 CFR §482.52 (a) (5). For Medicare Part B payment/billing purposes, in 1992, federal law mandates that "the anesthesiologist assistant must work under the direction of an anesthesiologist ..." and comply with the 7 requirements for billing medically directed anesthesia (i.e., TEFRA) (see: 57 Fed. Reg.33878, 33891, July 31, 1992 and 2 CFR §410.69 (b)(1)). In 2013 the Center for Medicare and Medicaid Services (CMS) clarified and confirmed that anesthesiologist assistants (AAs) are prohibited from billing Medicare for non-medically directed services (billing code QZ). This is in contrast to CRNAS, who are authorized to bill Medicare directly for non-medically directed services. See CMS Policy Transmittal #2716 dated May 30, 2013, available at CMS.gov.