Nebraska Society of Anesthesiologists
1045 Lincoln Mall, Suite 200
Lincoln, Nebraska 68508

November 22nd, 2022

To the members of the Anesthesiologist Assistants Technical Review Committee,

After the October 19th meeting, we as the applicant group would like to provide further information in response the nurse anesthetists' claims.

The 407 Application

We applied for licensure for Certified Anesthesiologist Assistants (CAAs) to provide another pool of non-physician health care professionals to deliver safe, effective anesthesia services to Nebraska patients. Our application is not an application to establish a CAA school in the state. Establishing a CAA training program would be a multi-year process that would only be feasible with CAA licensure.

Training Anesthesiologists

Currently, the University of Nebraska Medical Center (UNMC) anesthesiology residency program has 10 residents per class, not eight. UNMC is increasing class size back to twelve per year this year with potential further increases based on funding. Most residency programs rely on Centers for Medicare and Medicaid Services (CMS) and that often is the rate-limiting step for further expansion. Additionally, the timeline to train and produce anesthesiologists is a minimum of 8 years from medical school matriculation.

Shortage of Training Sites for Student Nurse Anesthetists

Nurse anesthetists repeatedly claimed that CAAs would limit training to student nurse anesthetists. That raises a few questions on our end.

- Are there currently any deficiencies noted in specialty cases for trainees?
- With 35 clinical sites for student nurse anesthetist, what is preventing these students from getting specialty cases at these sites? UNMC residents are only rotating at two (UNMC and Children's) so there currently is no other students at the other 33.
- If there is not a significant shortage of non-physician anesthesia providers, why are both nurse anesthetists' schools in Nebraska planning for increased class sizes in the future?
- The nurse anesthetist profession and the organization that accredits nurse anesthetists' programs have created one of the major issues that they cite. Their accreditation standards do not allow CAAs to train nurse anesthetist students, even though nurse

anesthetists are allowed to train AA students. If their accrediting body would change this policy, student nurse anesthetists would not be impacted at all by having CAAs practice in their state.

- The Nebraska Association of Nurse Anesthetists information on the reduction in enrollment is based on speculation. If you look at actual data relating to CRNA programs in Indiana and Missouri, that data shows an increase or constant number of nurse anesthetist students. CAAs have practiced in Indiana and Missouri for many years, and both states have AA educational programs in place. This is actual data, not speculation.

CAAs have practiced in Indiana since 2014 and there is an AA program at the University of Indiana.

Nurse Anesthesia Program/Marian University /Indianapolis, Indiana

- **Graduates**

Class of 2017	14
Class of 2018	20
Class of 2019	24

CAAs have practiced in Missouri since 2003 and there is an AA program at the University of Missouri/Kansas City.

Missouri State University School of Anesthesia/Springfield Missouri

- MS program graduates

2010	12
2011	14
2012	12
2013	12
2014	14
2015	14
2016	14

- DNAP program graduates

2017	14
2018	19
2019	23
2020	24
2021	26
2022	23

Fraud

There was much discussion of potential fraud regarding the failure to meet Medicare requirements to bill for medical direction, also known as "TEFRA" requirements. NANA cited a 2012 study (Dexter and Epstein) performed at one hospital in Pennsylvania that reviewed lapses in supervision during "first case starts" to support this contention. NANA stated this was a study by ASA, which is incorrect. The study was published in the ASA journal *Anesthesiology* in 2012 but the study was submitted by the Jefferson Medical College in Philadelphia and the University of Iowa in Iowa City.

The study they cited was of physician anesthesiologists **supervising CRNAs** (not CAAs) and the supervision lapses occurred during "critical portions" of a case. CMS billing guidelines for medical direction are not synonymous with the definition of "critical portions" used in the study, therefore these lapses would not necessarily result in a failure to meet the requirements for medical direction. There is a billing modifier (AD) that a hospital can utilize if there is a failure to meet the requirements of medical direction. Therefore, assuming that the only available option is to submit a fraudulent bill is completely erroneous.

The study also recommended a solution to the lapses in supervision that included staggering the start time for these cases, which is a common practice that hospitals employ.

Finally, the study contained no hypothesis regarding fraudulent billing, and it is misleading to utilize the data in the study to manufacture a conclusion regarding fraud.

Safety of CAAs

CAAs have practiced in the U.S. for 50 years at some of the most prominent hospital systems in the country including Emory University and The Cleveland Clinic. CAAs practice in Level 1 Trauma Centers, university hospitals, and major children's hospitals. CAAs are licensed by state medical boards in all the states where they practice, except for Georgia, where they are licensed as a category of physician assistant.

A 2018 study by the Stanford University School of Medicine compared CAAs and CRNAs working in the anesthesia care team and concluded that "the specific composition of the anesthesia care team was not associated with any significant differences in mortality, length of stay, or inpatient spending."

NANA raised issues regarding the number of cases involving CRNAs versus CAAs to challenge the validity of the study. According to the authors of the study, their study design and manuscript "were prepared in accordance with the Strengthening the Reporting of Observational Studies in Epidemiology guidelines. The study protocol was approved by the Stanford Institutional Review Board (Stanford, California), who also issued a waiver of consent."

It is also worth noting that the proportion of cases reviewed in the study is similar to the proportion of practicing CRNAs to CAAs.

CAAs are authorized to provide care by the Veteran's Administration, TRICARE, Medicare, Medicaid, private health insurers and workers' compensation insurers. CAAs can purchase their own medical malpractice insurance coverage and must go through a credentialing process to work in any hospital. CAAs' ability to provide safe, effective anesthesia care to patients has been proven time and time again and any doubts raised by NANA regarding their safety as a profession should be disregarded as unfounded conjecture.

If you have any further questions, please do not hesitate to contact me. Thank you all for time and effort in the technical review process.

Sincerely,

Cale Kassel M.D., FASA
President – Nebraska Society of Anesthesiologists

NSA