



Pennsylvania Association of Nurse Anesthetists

Proposed Anesthesiologist Assistants (AA) Legislation

December 16, 2020

In the state's 2021-22 legislative session, the General Assembly is expected to consider legislation that would license anesthesiologist assistants (AAs) for the first time in Pennsylvania. This is bad public policy that will do nothing to enhance patient care or make health care more accessible, but instead will increase the cost of care and severely limit the practice of certified registered nurse anesthetists (CRNAs).

Although no measure has been introduced yet in Pennsylvania, this is what we know about AA legislation and policies in other states:

- CRNAs are certified anesthesia experts independently licensed to practice in all 50 states and the District of Columbia. Because of their extensive education and training, CRNAs are permitted by federal and state legislation and regulations to provide every type of anesthesia service to patients without the involvement or presence of a physician anesthesiologist.
- CRNAs are the hands-on providers of anesthesia care, operating safely in every setting where anesthesia is administered, including: hospital operating and delivery rooms; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, and plastic surgeons; pain management centers and more.
- In contrast, AAs can only practice in 13 states plus the District of Columbia. They are limited by their training and licensure to providing clinical support to anesthesiologists and may not practice "apart from the supervision of an anesthesiologist," according to the American Academy of Anesthesiologist Assistants (AAAA). In Kentucky, AAs actually are prohibited from practicing.
- Because AAs are required to be directly supervised by an anesthesiologist, the provider redundancy of the AA/anesthesiologist team is one of the most costly anesthesia delivery models with no scientific evidence of increased patient safety.
- Furthermore, because AAs cannot practice without anesthesiologist supervision, AAs do not practice in rural areas where CRNAs working without anesthesiologist involvement are the primary providers of anesthesia care. AAs, in contrast, can only practice where anesthesiologists practice, which greatly limits their utilization. AAs, therefore, can't help solve problems of inadequate access to anesthesia care in rural and underserved communities.
- CRNAs remain the primary providers of anesthesia care in rural America, enabling health-care facilities in these medically underserved areas to offer obstetrical, surgical, pain management and trauma stabilization services. Without these advanced practice nurses, some 1,500 facilities would not be able to maintain these services, forcing many rural Americans to travel long distances for such services. In some states, CRNAs are the sole providers in nearly 100 percent of the rural hospitals. CRNAs are, in fact, far less costly for hospitals to employ, so rural hospitals are able to staff emergency services with

in-house CRNAs 24 hours a day, 7 days a week so that every Pennsylvania resident has access to these needed services.

- The quality of care that AAs provide is unproven, as there is no meaningful research data concerning AA anesthesia safety. In contrast, all peer-reviewed research studies on anesthesia safety and cost-effectiveness conducted in the last 20 years confirm that CRNAs provide the safest, most cost-effective anesthesia care to patients.
- AAs are not required to have any prior health-care education or experience (e.g., nursing, medical, anesthesia or healthcare education, licensure, or certification) before they begin their AA educational programs. CRNAs, in contrast, must have a bachelor's degree, be a registered nurse, and have at least one year of acute care nursing experience prior to entering nurse anesthesia educational programs. CRNAs, unlike AAs, learn to assess and treat a broad range of health problems before even beginning anesthesia training.
- With 13 nurse anesthetist programs in the program, Pennsylvania ranks among the top draws nationally for CRNA students. Retention of these advanced professionals should be a priority. AA legislation puts at risk the state's national reputation for education and training in high-value, high-quality, advanced health-care sectors.

Anesthesiologist assistants do NOT improve patient safety or enhance care.

Anesthesiologist assistants NOT reduce health-care costs, but instead contribute to higher-cost care models. Anesthesiologist assistants do NOT improve access to anesthesia services or address critical care shortages in underserved areas.