

HOUSE HEALTH COMMITTEE
INTERESTED PARTY TESTIMONY ON SUB. H. B. 224
January 28, 2019

Mr. Chairman and members of the House Health Committee, my name is Matthew Duer and I am a Certified Anesthesiologist Assistant (CAA) authorized to practice in Ohio and have been since 2013. I am here to testify as an interested party on Sub. H.B. 224, which expands the scope of practice of certified registered nurse anesthetists (CRNAs) in Ohio. I have a Master of Science Degree in the Anesthesia Program from Case Western University School of Medicine and I am currently employed by Mercy Anesthesiologists in Springfield, OH where CAAs and CRNAs work together side-by-side, collaboratively and interchangeably. I therefore believe it is appropriate to have parity in the scope of practice for CAAs and CRNAs, which Sub HB 224 in its current form would not accomplish.

Background on AAs

CAAs are highly trained master's degree level non-physician anesthesia care providers. The Anesthesiologist Assistant profession was established in the late 1960s by physician anesthesiologists in Cleveland, Ohio. After studying the educational pathway for physician anesthesiologists and nurse anesthetists, physician anesthesiologists created a new educational paradigm for a mid-level anesthesia practitioner emphasizing a science/pre-medical - rather than nursing - background in college. This education and training allows a CAA to perform the same job as nurse anesthetists, but further provides the additional ability of a CAA to seek admittance to medical school if appropriate. The founders of the AA program recognized the advantage of a strong pre-medical background in comparison to the nursing education background of the nurse anesthetist profession.

In addition to the educational differences between CAAs and CRNAs, such as CRNAs requiring a nursing degree and one year of critical care experience, there are certain practice differences as well. CAAs, for instance are required to practice under the supervision of a physician anesthesiologist, which is the optimal model of care. CRNAs, conversly may practice under the supervision of any physician.

Notwithstanding these differences in education and training, the Medicare Program (CMS), as well as numerous states, recognize both CAAs and CRNAs as being qualified anesthesia providers who have identical clinical capabilities and responsibilities while working in the Anesthesia Care Team model. For decades, the Anesthesia Care Team model has safely and effectively delivered anesthesia care with either a CAA or CRNA as the non-physician anesthetist member of the team. Expanding the scope of practice for CRNAs without also providing the same expansion for CAAs would disrupt this Anesthesia Care Team model and create provider confusion within the practice. You don't have to take my word for it. The position of American Society of Anesthesiologists is that both CAAs and CRNAs have identical patient care responsibilities and technical capabilities - a view in harmony with their equivalent treatment under the CMS.

Sub. H.B. 224 Should be Amended to Reflect Parity

Despite being recognized as equivalent anesthesia providers by CMS and in Ohio, Sub. H.B. 224, grants a broader scope of authority for CRNA's than CAAs. Unless the legislation is amended to provide parity in the authorized scope of practice between CAAs and CRNAs, disparity will be created which results in a three-tier delivery model for anesthesia care. CAAs will have difficulty retaining and obtaining clinical opportunities despite their continuous and active practice and education in Ohio for over 40 years. This will negatively impact access to patient care in Ohio. It will also result in an erosion of the requirement of optimal supervision by an Anesthesiologist.

The good news is that there is an easy, straightforward fix to this problem without undermining or changing the goal of the bill. Sub. H.B. 224 can be amended to provide CAAs with an equivalent scope of practice as CRNA's with the additional requirement that CAAs must be supervised by Anesthesiologists as currently required. This change would eliminate any provider confusion or inevitable disruption, maintain the existing Anesthesia Care Team model, and maintain consistent authority based on the education and training of CAAs and CNRAs.

I respectfully request your consideration and support of the CAA parity amendment, and would be happy to address your questions.