

TO: Members of the Senate Health, Human Services and Medicaid Committee

FROM: Ohio Academy of Anesthesiologist Assistants

RE: Anesthetist Scope of Practice Parity and Substitute House Bill 224

DATE: Wednesday, March 4, 2020

Chair Burke, Vice Chair Huffman, Ranking Member Antonio and members of the Senate Health, Human Services and Medicaid Committee, the Ohio Academy of Anesthesiologist Assistants (OAAA) submits the foregoing memorandum requesting that Sub. H.B. 224 be amended to provide Certified Anesthesiologist Assistants (CAA), an advanced practice provider, equivalent to Certified Registered Nurse Anesthetist (CRNA), with scope of practice parity. Such an amendment would ensure consistency and conformity in those environments where CAAs and CRNAs work interchangeably as part of the anesthesia care team by also allowing CAAs to practice at the top of their training and licensure. This amendment would not devalue or undermine any provision of Sub. H.B. 224, or in any way affect the compromise achieved by CRNAs and the Ohio State Medical Association (OSMA) and Ohio Society of Anesthesiologists (OSA). To the contrary, both OSMA and OSA support this amendment and believe CAAs and CRNAs, as equivalent providers, should have scope of practice parity.

Background on Anesthesiologist Assistants

CAAs are highly trained, master's degree level advanced practice providers. The 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, very analogous to physician assistants (PAs) and nurse practitioners (NPs). The education and training program that emerged allows CAAs to perform the same job as nurse anesthetists within the anesthesia care team. In addition to the educational differences between CAAs and CRNAs, there is one fundamental practice difference. Namely, CAAs are required to practice under the supervision of a physician anesthesiologist. CRNAs, conversely may practice under the supervision of any physician, although most often practice within the care team under the supervision of an anesthesiologist.

CAA and CRNA Practice Parity

Except for the education background and supervising physician distinction, CAAs and CRNAs practice interchangeably. In fact, CMS fee-for-service guidelines establish identical billing and payment guidelines for CAAs and CRNAs, including the use of the same billing modifiers¹, conversion factors and anesthesia time unit. As the American Society of Anesthesiologists explained in its October 25, 2017 *Statement Comparing Anesthesiologist*

¹ In states where CRNAs are allowed to practice without direct supervision, which is not authorized in Sub. H.B. 224, an additional billing modifier is available.

Assistant and Nurse Anesthetist Education and Practice, “differences do not exist between anesthesiologist assistants and nurse anesthetists with regard to the educational program prerequisites, instruction, and requirements for supervision in practice as well as maintenance of certification.”

For decades, the Anesthesia Care Team model has safely and effectively delivered anesthesia care with either 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 practices. In those scenarios where CAAs and CRNAs are providing frontline care, the inability of CAAs to provide the same pre and post-operative care as CRNAs may lead to delayed care in critical scenarios. Moreover, the substantive justification for expanding the scope of practice for CRNAs is equally applicable for CAAs – increasing the scope of practice will allow CAAs to practice at the top of their license and training, reduce health care costs, and expand access to care.

Nothing in the requested amendment would 1) change the physician anesthesiologist supervision requirement applicable to CAAs, 2) modify or minimize the CRNA expanded scope of practice or 3) lead to an inconsistent scope of practice between CAAs and CRNAs. Instead, the proposed amendment would simply ensure that CAAs are authorized to perform those tasks during the pre and post-operative period, such as ordering tests, that they have been educated and trained to perform. OAAA therefore respectfully requests that Substitute H.B. 224 be amended to ensure a consistent scope of practice among CAAs and CRNAs and avoid the creation of a three-tier delivery model when physician anesthesiologists are involved.