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January 30, 2017

The Honorable Daniel Hawkins, Chair
Committee on Health and Human Services
Kansas House of Representatives
300 SW 10th St,
Topeka, KS 66612

Dear Representative Hawkins,

On behalf of the more than 52,000 members of the American Society of Anesthesiologists (ASA), I am writing in strong support of Kansas House Bill 2046 (HB 2046) and request your support to see this measure out of the Kansas Committee on Health and Human Services with a favorable vote. This legislation would authorize licensing and regulation of anesthesiologist assistants (AAs), thereby allowing these medical professionals to utilize their unique team-based skills and practice in Kansas. Furthermore, enactment of this measure would provide the residents of Kansas access to the benefits AAs currently provide—benefits that patients in 17 jurisdictions already receive from AAs today.

ASA Policy

ASA strongly believes in the Anesthesia Care Team (ACT) and supports anesthesiologist assistant practice authorization in all states.¹

AAs are Key Members of the Anesthesia Care Team

AAs are highly trained master's degree level non-physician anesthesia care providers. They work under the medical direction of physician anesthesiologists to implement anesthesia care plans. AAs work exclusively within the ACT environment as described by ASA. All AAs possess a premedical undergraduate background and complete a comprehensive didactic and clinical program at the graduate school master's degree level. They are trained extensively in the delivery and maintenance of quality anesthesia care as well as advanced patient monitoring techniques.

While not required for every surgery, hospitals, surgery centers, and related institutions seeking to utilize the ACT approach to patient care should be authorized to do so with any qualified anesthesia provider under physician-led care and NOT be deprived the choice of qualified, medically-based trained anesthesiologist assistants.

Education & Training

AAs undergo rigorous and advanced graduate education focusing on the ACT approach to anesthesia practice. The typical AA master's program is 24 to 28 months. As a pre-requisite for admissions, applicants must hold a bachelor's degree, complete the same pre-medical course work that physicians complete, and score competitively in upper percentiles on the MCAT (Medical College Admission Test). AA master's degree programs are accredited by the Commission for the

¹ See ASA Standards, Guidelines and Statements: Statement on the Anesthesia Care Team available at <http://www.asahq.org/~media/Sites/ASAHO/Files/Public/Resources/standards-guidelines/statement-on-the-anesthesia-care-team.pdf>

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Accreditation of Allied Health Educational Programs (CAAHEP), a national accrediting body certifying 2000 educational programs in 23 different allied health professions. AAs must pass a certification examination administered by the NCCAA (National Commission for Certification of Anesthesiologist Assistants) in collaboration with the National Board of Medical Examiners. Finally, they must complete 40 hours of continuing medical education every two years and complete a recertification exam every six years.

AAs and Nurse Anesthetists Are Clinically Interchangeable

AAs are as safe and effective as nurse anesthetists. There is no peer-reviewed or other credible evidence of any sort that the care provided by an anesthesiologist assistant is less safe than that of a nurse anesthetist. As Chairman of an anesthesia department that utilizes within our ACT both AAs and nurse anesthetists, I can attest to the complete interchangeability of the two types of non-physician anesthesia care providers.

Throughout more than four decades where physician anesthesiologists and AAs have worked together, patients have enjoyed increased access to care with a demonstrated and impeccable safety record. More than 80 percent of all anesthetics throughout the United States are delivered in the ACT model of care. ACTs consist of a supervising anesthesiologist and from 1 to 4 non-physician anesthesia providers (i.e., AAs, nurse anesthetists, or anesthesiology physician residents/fellows). The supervising physician anesthesiologist may not perform their own cases while supervising ACT members and must be immediately available at all times. ACTs may operate in every state in the country and this type of practice is a long established and safe model for providing anesthesia care.

It is the position of ASA that both AAs and nurse anesthetists have identical patient care responsibilities and technical capabilities—a view in harmony with their equivalent treatment under the Medicare Program. The proven safety of the ACT approach to anesthesia with either AAs or nurse anesthetists as the non-physician anesthetists confirms the wisdom of this view.

Conclusion

On behalf of ASA, I strongly encourage your support of AA legislation so Kansas patients can benefit from the highly trained care AAs provide. Thank you for your consideration of this important legislation. Should you have any questions, please feel free to contact Jason Hansen, M.S., J.D., Director of State Affairs, at j.hansen@asahq.org.

Sincerely,



Jeffrey S. Plagenhoef, M.D.
President