

February 25, 2015

Subject: Expand access to providers and efficient care by supporting HB 2995

Chair Greenlick and Honorable Members of the House Health Care Committee, I agree with the statements that follow.

With an aging population, and a national goal to support the triple aim, mid level providers should be supported wherever possible in our progressive state of Oregon.

Anesthesiologist Assistants (AAs) are highly skilled professionals who work under the direction of a licensed anesthesiologist to implement anesthesia care plans. AAs work completely within the anesthesia care team model as describe by the American Society of Anesthesiologists (ASA) in order to provide optimal patient care. They currently practice in 17 states and VA hospitals across the country.

All AAs have a pre-medical background, a baccalaureate degree and have graduated from an accredited AA program. The comprehensive didactic and clinical training fulfills the requirements for awarding AAs a Master's Degree in Anesthesiology. All AA programs have required this educational training and provided this certification since 1987. AAs undergo extensive training in the delivery and maintenance of quality anesthesia care as well as advanced patient monitoring techniques. This training is comprised of an average of 600 hours of classroom/laboratory education, 2,600 hours of clinical anesthesia education, and more than 600 anesthetics administered, including all types of surgery, are typically required to successfully complete AA training. The educational goal is to transform qualified student applicants into competent health care practitioners who aspire to practice as members of an Anesthesia Care Team. AAs and certified registered nurse anesthetists are both defined as "non-physician anesthetists" within the Centers for Medicare & Medicaid Services section of the Code of Federal Regulation.

When considering the merits of HB 2295, I believe it is important to look to the authority on Anesthesiology, the American Society of Anesthesiologists' (ASA) statement on care teams—the anesthesia delivery model most commonly used in Oregon.

What does the ASA care team statement say about AAs?

According to the ASA statement of Anesthesia Care Team, anesthesia care personally performed or medically directed by an anesthesiologist constitutes the practice of medicine, rather than nursing. Certain aspects of anesthesia may be delegated to other properly trained and credentialed professionals. These professionals compromise the Anesthesia Care Team.

The Care Team statement says, "Such delegation should be specifically defined by the anesthesiologist and should also be consistent with state law or regulations and medical staff policy. Although selected tasks of overall anesthesia care may be delegated to qualified members of the Anesthesia Care Team, overall responsibility for the Anesthesia Care Team and patient's safety rests with the anesthesiologist."

What is the scope of AA clinical practice?

The scope of AA general practice is generally the same as a nurse anesthetist on the Anesthesia Care Team. Specifically, the local scope of practice of AAs is usually defined by:

1. A medically directing anesthesiologist,
2. The hospital credentialing body,
3. The state board of medicine,
4. Any applicable state statute or regulation.

We need AAs in Oregon now. Please support HB 2295 to allow us to form the best care teams possible in Oregon. I would like to thank you for your consideration and I urge you to vote in favor of House Bill 2295.

Sincerely,

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