Mr. Chairman and members of the House Health Care Committee,

Thank you for accepting my testimony in support of House Bill 4108, which provides for licensing and regulation of Certified Anesthesiologist Assistants in the state of Oregon. This bill is supported by the American Society of Anesthesiologists, the Oregon Society of Anesthesiologists and the Oregon Medical Association. My name is Kate Ropp, M.D. I am a board-certified Pediatric Anesthesiologist at Legacy Emanuel Hospital and the President-Elect of the Oregon Society of Anesthesiologists. I completed my anesthesiology residency and pediatric anesthesiology fellowship at Oregon Health & Science University.

For reference, I would like to explain the Anesthesia Care Team model. In this model, a physician anesthesiologist prescribes and supervises the anesthetic administered by an anesthesiology resident, fellow, nurse anesthetist or anesthesiologist assistant. The physician anesthesiologist is physically present and/or immediately available throughout the anesthetic. According to the American Society of Anesthesiologists, over 80% of anesthetics in the U.S. are delivered in this model. Within Oregon, this anesthesia delivery model is utilized at Kaiser hospitals, Oregon Health & Science University, the Portland VA hospital and Legacy Good Samaritan hospital.

Within the Anesthesia Care Team model, anesthesiologist assistants function identically to nurse anesthetists. For that reason, and because nurse anesthetists already practice in Oregon, I will compare the two specialties throughout my testimony.

Anesthesiologist Assistants have been around for nearly 50 years. They undergo extensive specialized training in the practice of anesthesiology, beginning with a bachelor's degree in a pre-medical field. They then attend a 24-28 month master's degree program at one of 10 universities, all of which are affiliated with a medical school. Physician Anesthesiologists participate in and supervise their 600 hours of classroom/laboratory education, 2600 hours of clinical anesthesia education, and more than 600 administered anesthetics. Anesthesiologist Assistants are certified by the National Commission for Certification of Anesthesiologist Assistants (NCCAA) and undertake recertification exams every 6 years by the National Board of Medical Examiners (NBME), which also certifies physicians.

Medicare, Medicaid, TriCare and most major private insurers recognize Anesthesiologist Assistants as anesthesia providers and reimburse accordingly. Anesthesiologist Assistants may practice within the VA health system and within 17 jurisdictions in the United States.

In practice, the primary difference between Anesthesiologist Assistants and Nurse Anesthetists is that the former practices *only* within the Anesthesia Care Team, while the latter can practice independently in a handful of states, including Oregon. Anesthesiology is infinitely safer than it used to be, thanks to the research and innovations of Physician Anesthesiologists. Knowing what can happen within seconds under anesthesia, however, I believe that a physician should always be involved in the anesthetic care of a patient. Patients agree. In a survey by the American Medical Association, 70% of respondents believed that only a medical doctor should administer and monitor anesthesia levels before and after surgery.

My surgical colleagues are able to hire a Physician Assistant or a Nurse Practitioner as a physician extender, depending on their needs. I would like the same opportunity afforded to me.

House Bill 4108 would grant Anesthesiologist Assistants the opportunity to practice within their scope and training in the state of Oregon. It does not mandate the hiring of these individuals by any group or institution. It simply allows a credentialed physician extender to apply for a job in this state. HB 4108 would broaden the pool of qualified applicants so that physicians can hire the best individuals to provide high quality anesthesia care, according to their practice and their needs. The licensure process is already largely in place, as the Oregon Medical Board is responsible for licensing physicians, physician assistants, massage therapists and podiatrists.

Bills similar to this one have been introduced in the past. I would like to now counter some of the arguments that have been made against this bill in the past.

1. **Cost:** "Anesthesia services" are paid at the same rate, no matter who delivers the anesthetic. A labor epidural is reimbursed the same whether it is placed by an anesthesiologist, a nurse anesthetist, a resident or an anesthesiologist assistant. It is later divided up according to whether the individual was practicing alone or within a care team model. In this instance, a $200 epidural would be split in half if a nurse anesthetist or Anesthesiologist Assistant were practicing within the Anesthesia Care Team ($100 to nurse/AA, $100 to supervising physician). If a Physician Anesthesiologist or Nurse Anesthetist were practicing independently, the individual would keep the entire $200. The differences in income between physicians and nurses are based on employment and salary structures, not billing.

2. **Threat to existing jobs**: Nurse Anesthetists have expressed concern that passing this bill will threaten their access to current or future jobs. There are 49,000 Nurse Anesthetists nationwide and 640 practicing within Oregon currently. There are nearly 1,900 Anesthesiologist Assistants in the entire country. It would be impossible to threaten nurses' livelihoods with those numbers. Oregon Physician Anesthesiologists simply want the opportunity to hire the best individual for their practice, whether it is a Nurse Anesthetist or an Anesthesiologist Assistant.

3. **Safety:** The clinical education of an Anesthesiologist Assistant is on par with that of a Nurse Anesthetist when you compare hours of training and number of cases. The University Hospital Health System in Ohio reviewed 50,000 anesthetics and concluded that there is no difference in safety between Anesthesiologist Assistants and Nurse Anesthetists. The same was concluded in a study by the Kentucky state legislature in 2007. Malpractice insurance carriers, the final word in risk assessment, rate Anesthesiologist Assistants and Nurse Anesthetists equally. The Anesthesia Care Team model currently functions safely and efficiently throughout Oregon and the United States, with guaranteed physician involvement in the anesthetic from start to finish.

Thank you kindly for your time and attention to this matter. I hope that you support the passage of House Bill 4108.

Sincerely,

Kate M. Ropp, MD
3345 SW 97th Avenue
Portland, OR 97225
503-809-9476
kateropp@gmail.com