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February 4, 2016

The Honorable Mitch Greenlick Chair, House Committee on Health Care Oregon State Capitol 900 Court Street NE, Room 453 Salem, Oregon 97301

Dear Representative Greenlick,

On behalf of the more than 53,000 members of the American Society of Anesthesiologists (ASA), I am writing in strong support of House Bill 4108 (HB 4108) and request your support to see this measure out of the Oregon House Committee on Health Care with a favorable vote. This legislation would authorize licensing and regulation of certified anesthesiologist assistants (CAAs), thereby allowing these medical professionals to utilize their unique team-based skills and practice in the state of Oregon. Furthermore, enactment of this measure would provide the residents of Oregon access to the benefits CAAs currently provide—benefits that patients in 17 jurisdictions, the Medicare Program, and the Veterans Affairs system already receive from CAAs today.

CAAs work under the medical direction of physician anesthesiologists to implement anesthesia care plans. CAAs work exclusively within the Anesthesia Care Team (ACT) environment as described by the ASA. All CAAs 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.

CAAs 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 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.

Throughout more than four decades where physician anesthesiologists and CAAs 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., CAAs, nurse anesthetists, or anesthesiology physician residents/fellows). The supervising anesthesiologist may not perform their own cases while supervising ACT members and must be immediately available at all times. ACTs operate in every state of the county and this type of practice is a long established and safe model for providing anesthesia care.

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It is the position of ASA that both CAAs 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 CAAs or nurse anesthetists as the non-physician anesthetists confirms the wisdom of this view.

On behalf of ASA, I strongly encourage your support in voting this measure out of the House Committee on Health Care so Oregon patients can benefit from the highly trained care CAAs 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,

Daniel J. Cole, M.D.

President