Testimony in Opposition to HB 2295

Before the House Committee on Health Care

Christina Cowgill, CRNA, MNA
Director of Government Relations,
Oregon Association of Nurse Anesthetists (ORANA)

February 25, 2015

OREGON DOES NOT NEED ANESTHESIOLOGIST ASSISTANTS (AAs)

Certified Registered Nurse Anesthetists (CRNAs) are well-established, proven- safe and cost-effective anesthesia providers.

CRNAs have been caring for Oregonians for more than 100 years and continue to grow in number.The first school of nurse anesthesia in the *country* was established at Portland's St. Vincent Hospital more than a century ago, and Oregon still educates CRNAs today with a program at OHSU.

Anesthesiologist Assistants (AAs) are rare in the U.S. (about 1,800 nationwide compared with more than 47,000 CRNAs) and possess a limited scope of practice that would not promote access to healthcare or maintain a cost-effective anesthesia care model in Oregon.

AAs' limited scope of practice, which prohibits them from practicing without anesthesiologist supervision, would prevent them from practicing in Oregon's underserved rural areas.

ACCESS TO CARE IN OREGON

CRNAs provide anesthesia care anywhere it is needed in both rural and urban settings. CRNAs practice in every setting, including hospital surgical suites and obstetrical delivery rooms, critical access hospitals, ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, plastic surgeons, as well as U.S. Military and Veterans Administration healthcare facilities.

In contrast, AAs offer:

- **LIMITED UTILIZATION:** Because AAs cannot practice without anesthesiologist supervision, AAs do not practice in rural areas where CRNAs working without anesthesiologist involvement are the primary providers of anesthesia care. The AA model's focus, i.e. on only practicing where anesthesiologists practice, greatly limits their utilization. Thus, AAs cannot help solve problems of inadequate access to anesthesia care in rural and underserved communities.

- **FAILURE TO MEET DEMAND:** If for any reason an AA's supervising anesthesiologist is not available, the AA may not provide anesthesia care. The inflexible AA/anesthesiologist-driven mode of practice thus fails to adequately meet the needs of patients and healthcare providers.

- **NO PROVEN OUTCOME DATA:** There are no peer-reviewed studies published in scientific journals regarding the quality of care of AA practice or AA anesthesia outcomes. AAs are explicitly recognized in state laws or regulations in only 13 states and the District of Columbia. Louisiana actually passed legislation that has the effect of prohibiting AA practice, declaring that "CRNAs receive a much higher level of education and training than do AAs."

EDUCATION/SCOPE OF PRACTICE

CRNAs are trained and educated to deliver anesthesia care regardless of anesthesiologist involvement. CRNAs are qualified to make independent judgments regarding all aspects of anesthesia care, based on their education, licensure, and certification. CRNAs have experience as critical care nurses and can assess and treat a broad range of health problems before even beginning anesthesia training.

In contrast, AAs offer:

• **LIMITED SCOPE OF PRACTICE:** AAs administer anesthesia solely under the medical direction of anesthesiologists. AAs thus have a much more limited scope of practice than CRNAs. AAs are NOT physician assistants (PAs).

• **NOT A FULL SERVICE ANESTHESIA PROVIDER:** The AA program curriculum trains AAs only to assist anesthesiologists in technical functions. One of the largest AA programs (at Emory University) does not even provide clinical instruction in the administration of nerve blocks and spinal/epidural anesthesia.

• **LACK HEALTH CARE EXPERIENCE:** AAs are not required to have any prior healthcare education or experience (e.g., nursing, medical, anesthesia or healthcare education, licensure, or certification) before they begin their AA educational programs.

ECONOMIC IMPACT

Independent studies have shown that CRNAs acting as the sole anesthesia provider is the most cost-effective model for anesthesia delivery. This model is used in many of our hospitals in rural communities and in our top rated critical access hospitals in Oregon. The second-most cost effective model is the CRNA/ anesthesiology care team model, which is similar to the well-established models used at Kaiser and OHSU.

In contrast, AAs offer:

• **COSTLY MODEL OF CARE:** With an AA model, two healthcare providers (a supervising anesthesiologist and an AA) must be utilized to provide anesthesia care to one patient.

• **DIFFICULTY WITH ANESTHESIOLOGIST SUPERVISON:** AAs must be supervised by anesthesiologists. The Society of Anesthesiology reports that even with an appropriate ratio of anesthesiologists to providers, lapses of supervision during critical portions of anesthetic cases would occur. In a review of one year of data from a tertiary hospital, supervision lapses occurred commonly during first-case starts even with a 1:2 supervision ratio.

OPPOSE HB 2295: Thank you

Fawn Barrie, 503.580.5487 | Christina Cowgill, 503.501.8502
Lobbyist/Government Relations| www.oregon-crna.org

Testimony in Opposition to HB 2295

Before the House Committee on Health Care

Mary Karlet, CRNA, PhD
Program Director, OHSU Nurse Anesthesia Program

February 25, 2015

Chair Greenlick and members of the Committee:

For the record, my name is Dr. Mary Karlet. I am a certified registered nurse anesthetist (CRNA) and program director of the nurse anesthesia program at OHSU. Thank you for the opportunity to appear before the Committee and share my concerns in opposition to HB 2295. HB 2295 would recognize a new type of anesthesia provider called an anesthesiologist assistant, or AA. Currently anesthesia care is provided in Oregon by either Certified Registered Nurse Anesthetists (CRNA) or anesthesiologists.

I have been a practicing CRNA for over 25 years and am a long-time nurse anesthesia educator. I have also served as a consultant helping to develop nurse anesthesia programs throughout the country and have been a senior site reviewer for the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) since 1995. As you can see, my nurse anesthesia educational roots run deep.

As the director of our state's nurse anesthesia program at OHSU, I would like to highlight three points today about CRNA education: 1) CRNA applicant criteria, 2) Nurse anesthesia educational process and 3) Where OHSU CRNA graduates work in Oregon.

CRNA Applicant Criteria

Our application process is very competitive. For admission to the program, the COA standards require: four years of professional nursing education; a baccalaureate degree; RN licensure; and at least one year of critical care experience as a professional RN. Time spent as an RN is critical for applicants to develop skills as an independent decision maker and the capability of interpreting advanced monitoring based on knowledge of patient physiological and pharmacological principles.

At OHSU, most applicants have more than two years of critical care experience as an RN, making our students significantly experienced in working with critically ill patients and developing critical care thinking skills. Again, that is just for entry into the nurse anesthesia program.

In contrast, Anesthesiologist Assistants can enter their training programs with NO requirement for patient care experience.

Nurse Anesthesia Educational Process

Once admitted, the nurse anesthesia student spends 24 to 36 months in a full-time program of study that includes both didactic and clinical education. Our graduate program at OHSU awards a Master's degree from the School of Nursing with intense didactic and clinical education.

The nurse anesthesia clinical curriculum provides students with opportunities for experiences in the perioperative process that are unrestricted and that promote their development as competent safe nurse anesthetists. At OHSU, students rotate to large community hospitals in Portland, but also to small critical access hospitals in rural Oregon, such as Good Shepherd Hospital in Hermiston and Curry General Hospital in Gold Beach.

The clinical curriculum prepares the student for the full scope of current practice in a variety of work settings, including performing general and regional anesthesia to adult, pediatric, obstetric and cardiac patients. On average, OHSU students graduate with 900 cases.

Nurse anesthetists thus enter their programs having a strong foundation delivering quality patient care, and nurse anesthetists complete their programs with critical care thinking skills that make them capable of high-level independent judgment and function, which is critical to meeting the array of patient needs encountered in our complex care settings.

Where OHSU CRNA Graduates Work

Since inception in 2006, the program has had 80 graduates. Over 50% of OHSU's graduates stay and practice in Oregon. Because of the extensive clinical education in rural and metropolitan hospitals, OHSU graduates are prepared to work in any setting in Oregon. This means they can work in a team setting with an anesthesiologist, but they are equally prepared to work safely as sole anesthesia providers in hospitals, clinics and out-patient facilities. OHSU graduates are working in Portland, but they are also providing anesthesia care to patients in Silverton, Hood River, Hermiston, Newport, Newberg, and other rural areas of our state. Anesthesiologist Assistants cannot practice autonomously, making them unable to serve rural Oregon like CRNAs.

I would like to finally add, that this past summer, the Oregon Anesthesiology Group (OAG) approached our nurse anesthesia program, requesting that we invite our graduates to apply for newly adopted CRNA positions in their group. I am hopeful, that OAG pursues this path, so that they can work with the safe and time-tested anesthesia providers that are being trained here in our state. CRNAs provide excellent care here in Oregon, and along with our anesthesiologist colleagues, we are meeting the anesthesia needs of the citizens of Oregon.

Thank you again for the opportunity to talk with you regarding my concerns, as an educator, about HB 2295. I am nearing retirement and will soon be passing the baton to a new generation of nurse anesthesia leaders. As I do so, I would like to know that here in Oregon, patients will continue to receive excellent anesthesia care from highly trained CRNAs and anesthesiologists.

I respectfully encourage your opposition to HB 2295. Thank you for your time, I'm happy to answer any questions you might have.

Oregon

John A. Kitzhaber, MD, Governor

Board of Nursing
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February 25, 2015

Before the

House Committee on Health Care

HB 2295

The Oregon State Board of Nursing wishes to submit informational testimony regarding House Bill 2295. The purpose of the bill is to introduce the role of the anesthesiologist assistant.

Prior to the introduction of a new provider type in anesthesia services for the public, we believe it is prudent to inform the committee of the existing practice of more than 620 Certified Registered Nurse Anesthetists (CRNAs) in Oregon.

CRNAs demonstrate the highest level of educational standards for Advanced Practice Registered Nurses (APRNs); practitioners are required to have an average of three-and-a-half years of critical care nursing experience prior to obtaining a master's or doctoral degree in nursing anesthesia, followed by completion of their national certification examination.

CRNAs are trained to provide all types of anesthesia services (local, regional, and general) to patients across the lifespan in a variety of health care settings. Often, CRNAs are the primary and independent provider of anesthesia for our military, veterans, women in childbirth and for those living in rural settings. CRNAs are also expert consultants who collaborate with physicians, dentists, and other APRNs to provide patients with safe and effective anesthesia care plans during medical and dental procedures.

In Oregon, CRNAs are licensed as independent practitioners, however employers often place limits on the range of services they may provide. There are numerous studies that confirm CRNAs are as safe as their anesthesiologist colleagues and advocate for expansion of CRNA services. An analysis of Medicare data from 1999-2005, found no evidence to support oversight of CRNA practice by physicians, and recommended that every state allow for full independent practice for CRNAs (Dulisse & Cromwell, 2010).

In 2013, the Oregon Legislature expanded CRNA practice from selecting, ordering, and administering medications to include prescriptive authority. This change allows CRNAs to prescribe medications.

The Board would be glad to answer any questions the Committee may have. Thank you for the opportunity to submit testimony regarding House Bill 2295.

Testimony in Opposition to HB 2295
February 25, 2015
House Health Care Committee
Sarah Baessler
Director of Health Policy and Government Relations

Chair Greenlick and Members of the Committee,

Thank you for the opportunity to submit testimony on behalf of the Oregon Nurses Association in opposition to House Bill 2295.

The Oregon Nurses Association is Oregon's oldest and largest nursing union and professional association, and is proud to represent more than 13,000 registered nurses, advanced practice nurses and nursing students in Oregon.

HB 2295 would require the state to create licensing rules and regulations for a new, unnecessary health care role, anesthesiologist assistants.

Anesthesiologist assistants (AAs) have a limited scope of practice that prohibits them from practicing without supervision from an anesthesiologist. Because they cannot practice independently, AAs are limited to certain settings or geographic areas and would not be able to practice in many underserved rural areas, where there are no anesthesiologists. In that way, this new role cannot be expected to meaningfully address access issues in rural areas.

In the United States, only 13 states explicitly recognize this position in state laws and there are no peer-reviewed studies published in scientific journals regarding AAs outcomes or quality of care.

Certified registered nurse anesthetists (CRNAs) and anesthesiologists already provide safe, well-established and cost-effective anesthesia care in our state. CRNAs have been active in Oregon for more than 100 years and nationally outnumber AAs by more than 40,000 providers.

CRNAs are qualified to make independent judgments in all aspects of anesthesia care without supervision from an anesthesiologist and can assess and treat a broad range of health problems through their training as critical care nurses. This allows CRNAs to work in diverse settings throughout the state, including underserved rural areas.

Please oppose HB 2295.

Thank you for the opportunity to submit testimony on this issue.

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Email: ona@oregonrn.org · Web: www.OregonRN.org
ONA is an affiliate of the American Nurses Association, National Federation of Nurses, AFT and AFL-CIO

Anesthesia Associates Northwest, LLC

MR. CHAIRMAN AND MEMBERS OF THE HOUSE HEALTHCARE COMMITTEE

1. Committee members Thank you for your time and opportunity to address the committee. My name is Dr. Shawn DeRemer and I am the President and Executive Medical Director of Anesthesia Associates Northwest (AANW) based in Portland, Oregon. AANW is presently the largest employer of CRNA's in the state of Oregon, presently employing well over 100 CRNA's in addition to anesthesiologists.

2. It is important for this committee to understand there is not a workforce shortage with respect to CRNA's or anesthesiologists in Oregon. AANW has recruited and engaged over 40 CRNA's in the last 12 months. In each and every instance that we have posted a CRNA position to be filled we have had well over 15 qualified, experienced CRNA's apply for a single position. We have had the luxury of picking the most qualified or experienced CRNA's from a large pool of applicants. In several instances we have had over 30 individuals apply for a single job. Definitively there is no shortage of CRNA's hoping to gain employment in Oregon in light of the fact that we have turned away dozens of hopeful candidates in the recent past. This same predicate holds true for our anesthesiologists, albeit we have not recruited nearly as many anesthesiologists as CRNA's.

3. OHSU has a training program for both anesthesiologists and CRNA's. Approximately 50% of the CRNA's that graduate from OHSU's training program are not able to gain employment in the state of Oregon, and are forced to seek out job opportunities in other regions of the country. We are routinely contacted by these graduates and rarely have work for them as a result of our access to a large pool of highly experienced, qualified clinicians.

4. Anyone who stands before this committee and suggests that there is a shortage of anesthesia providers wishing or willing to come to Oregon is simply not being forthright, or they are attempting to recruit candidates to sub-par work environments, or inferior compensatory arrangements relative to geographic and/or industry standards. We have not encountered any workforce shortage or recruitment issues with respect to CRNA's or anesthesiologists anywhere in Oregon at any of our client facilities. In the absence of organizational and/or workplace inadequacies, there exists no workforce shortage for anesthesia providers in Oregon, and our recent recruitment history definitely underscores this fact.

Dr Shawn DeRemer

6400 SE Lake Road, Suite 130, Portland, OR 97222-2129 Tel (503) 594-1774 Fax (503) 594-1775 www.aanw.net

Anesthesia Associates Northwest, LLC

April 1, 2013

Mr Chairman and members of the House health care committee

My name is Dr Shawn DeRemer, I am the Executive Medical Director of Anesthesia Associates Northwest (AANW) at 6400 se Lake Rd. suite 130 Portland, Oregon 97222. I am a board certified anesthesiologist residing and practicing in the state of Oregon. I am here before you today in order to urge you to oppose House Bill 2295. I believe this legislation is unnecessary, will increase the cost of anesthesia care to our patients, and is politically motivated by those opposed to CRNA practice. I am adamantly opposed to this bill for the following reasons:

<u>ANESTHESIOLOGISTS SEEK TO SUPPLANT CRNA'S WITH AA'S</u>

The American Society of Anesthesiologists (ASA) and the Oregon Society of Anesthesiologists (OSA) intend to supplant certified registered nurse anesthetists (CRNA's) with lesser skilled providers (Anesthesia Assistants) or (AA's) who are clinically and financially dependent and under the direct control of anesthesiologists.

As one might imagine, anesthesiologists are eager to maintain the relatively monopolistic position they have historically attempted to engender within the anesthesia market from a patient access and financial perspective. By establishing, and promoting Anesthesia Assistants they hope to undermine and/or curtail independent CRNA practice in the market place. Endorsing HB 2295 (Anesthesia Assistant practice in Oregon) has significant implications relating to CRNA practice in Oregon. This legislation will increase the cost of anesthesia care to Oregonians, have a negative net impact on anesthesia access, and denigrate the anesthesia market with a redundancy of less qualified providers.

- AA's cannot practice independently and represent an unnecessary redundancy of providers (anesthesiologist plus AA) caring for a single patient thereby directly increasing cost. Crafting of any legislation which allows anesthesiologists to supervise anesthesiology assistants (AA) in ratios exceeding 1:1 simply promotes scenarios where-by anesthesiologists are physically unable to be immediately available to their AA's for all critical portions of a surgical procedure. Any attempt to circumvent this strict statute lends itself to gross inefficiencies in the work place and is the antithesis of customer service in this current healthcare climate.

- Because AA's cannot practice without anesthesiologist supervision, AA's do not practice in rural areas where CRNAs are the primary independent providers of anesthesia care. AA's in contrast, can only practice in conjunction with an anesthesiologist directly supervising them, which greatly limits their utilization. As such, AA's are not a functional solution in helping solve considerations of inadequate access to anesthesia care in rural and underserved communities, while their clinical inflexibility prevents them from caring for patients in need of anesthesia intervention in off-site locations within our tertiary care medical centers.

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- Anesthesiologists report difficulty with supervision of AA's. The Society of Anesthesiologist reports that even appropriate ratios of anesthesiologists to AA's would result in lapses of supervision during critical portions of anesthetic cases. In a review of 1year data from a tertiary care hospital, lapses occurred commonly during first-case starts even with a 1:2 supervisory ratio.

- To date there are no peer-reviewed studies in scientific journals relating to the quality of care or anesthesia outcomes on behalf of AA's. AA's are explicitly recognized in only 17 states and the District of Columbia while 2 states have forced anesthesiology assistants to be dually boarded as a physician assistant and an anesthesiology assistant in order to practice in their respective states. Louisiana passed legislation that has effectively prohibited AA practice, declaring, "CRNAs receive a much higher level of education and training than do AA's."

- HB 2295 encourages a monopolistic market place whereby more cost efficient providers (CRNA's) would be significantly disadvantaged and in jeopardy of being replaced by lesser skilled providers who legally are unable to practice independently.

Finally, Many US states have turned away from Anesthesia Assistants by virtue of their lack of health care experience, abbreviated training, limited scope of practice, increased cost, and an inability to improve patient access across service lines and geographic regions. For the aforementioned reasons this iteration of provider is not a viable option for our nations future anesthesia needs; but rather an ASA initiative driven by a desire to control, and an intent to supplant over a century of vetted high quality care rendered by CRNA's. A valuable anesthesia resource that is neither in short supply nor lacking in willingness to serve our communities in a cost conscious fashion. In fact our collaborative care team model (CRNA/MD Anesthesiologist) can be delivered to this market place at 65% of the cost of MD anesthesia only practices while substantially improving access, efficiency and customer service across all communities and service lines.

In closing I would like to reiterate that as a board certified anesthesiologist I have worked collaboratively with my CRNA colleagues for over17 years under some of the most demanding circumstances the industry has to offer. Our team approach to complex clinical scenarios has continued to exceed the expectations of our patients while yielding quality outcomes that are undisputed in the literature. I implore you to thoroughly consider the impact this potential legislation will have on the practice of our CRNA colleagues who have expertly provided high quality, cost-effective anesthesia care to our state for more than 100 years. Please carefully consider the impact of this bill on the cost, access, and quality of healthcare in our state.

Best Regards,

Shawn M. DeRemer M.D.
Executive Medical Director
Anesthesia Associates Northwest, LLC

Oregon House
Committee on Health Care
900 Court Street NE
Salem, OR 97301
Re: Oregon House Bill (HB) 2295: Licensing of Anesthesiologist Assistants

Dear Chair Greenlick and Members of the Committee: 2/23/15

As a currently practicing Oregon licensed and board certified CRNA (Certified Registered Nurse Anesthetist), I am alarmed at the prospect of our great state allowing the licensure of anesthesia assistants (AAs). I feel strongly that AAs entering the Oregon healthcare marketplace represents a lowering of the standard of care, and will impose unnecessary limitations on Oregonians' access to quality anesthesia care.

Introduction of AAs into Oregon will increase risk to our patients. I do not believe anesthesia assistant training programs sufficiently qualify new graduates to provide safe anesthesia care. AA program graduates have only 2 years total of any health sciences-related didactics and no direct patient care clinical experience. In comparison, a year one anesthesia resident (i.e., an anesthesia trainee being supervised by an anesthesiologist) will have completed 4 years of medical education including 3 years of direct patient care before anesthetizing their very first patient. Likewise, student nurse anesthetists will have spent 4+ years studying in the health sciences and will have a minimum of 1 year directly caring for high acuity patients (e.g., ER, ICU) prior to their first day providing anesthesia as a trainee. Therefore, our current MD and CRNA anesthesia training programs, which have well-established safety records, require roughly twice the education and clinical experience as do anesthesia assistant programs before they are allowed to anesthetize their first patient even under the direct supervision of a board certified anesthesiologist. This essentially sets a new, lower training standard which has no evidence supporting such a change. If we are to deviate from current practices, which have hard evidence for patient safety under the care of anesthesiologists and CRNAs, then it becomes absolutely necessary to prove the safety of such deviations. To date, AAs have no proven outcome data to support their practice as there are no peer-reviewed studies in scientific journals demonstrating AA safety or quality of care. In the current healthcare climate, evidence-based practices have become the rule, and not the exception. AAs do not meet that standard.

I feel strongly that HB 2295 represents a decrement in the standard of education for anesthesia providers, and lowers the quality of care that patients will receive from a clinical anesthesia perspective. I implore you to carefully consider the impact this legislation will have on the care your constituents can expect to receive when they are in need of anesthesia services.

Kind regards,

Craig Kleiv, MSN, CRNA
Regional Chief for AANW
The Oregon Clinic
19250 SW 90th Ave
Tualatin, OR 97062

Date

Oregon House
Committee on Health Care
900 Court Street NE
Salem, OR 97301

Re: Oregon House Bill (HB) 2295: Licensing of Anesthesiologist Assistants

Dear Chair Greenlick and Members of the Committee:

As a practicing Medical Doctor at (name of institution), I am writing this letter **in opposition of HB 2295**, which proposes licensure for "Anesthesiologist Assistants (AAs)" in Oregon.

This legislation will **put the lives of Oregonians at risk by replacing much more highly qualified Certified Registered Nurse Anesthetists (CRNAs) and Anesthesiologists, with AAs, who by their limited scope of practice are unable to operate independently in the fast-paced environment of the operating room**. The proven track record of our established model of care makes the patient experience safer, more accessible and less expensive than the dangerous proposal outlined in HB 2295.

Because CRNAs are trained to operate independently, more than 80% of Oregon's rural communities are served by them. HB 2295 will limit access to that medical care.

My patients' physical safety is critical to their health-care outcomes. I can not trust an "assistant" watching over them during critical moments of surgery. There are many times when an Anesthesiologist is not immediately available to direct their work or intervene in an emergency.

The independent CRNA or collaborative Anesthesiologist/CRNA model currently employed in Oregon provides a safe, accessible, and cost-effective model of care. Please don't put Oregonians at risk by changing our current anesthesia delivery system. **Please vote no on HB 2295.**

Very Respectfully,

Roger Epstein MD

Insert signature block here

Name Roger Epstein MD
Title Gastroenterologist
Address or Institution Silverton Hospital

Gastroenterology South

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Oregon House
Committee on Health Care
900 Court Street NE
Salem, OR 97301

Re: Oregon House Bill (HB) 2295: Licensing of Anesthesiologist Assistants

Dear Chair Greenlick and Members of the Committee:

As a practicing Medical Doctor at The Oregon Clinic Gastroenterolgy - South, I am writing this letter **in opposition to HB 2295**, which proposes licensure for "Anesthesiologist Assistants (AAs)" in Oregon.

This legislation will **put the lives of Oregonians at risk by replacing more qualified Certified Registered Nurse Anesthetists (CRNAs) and Anesthesiologists, with AAs, who by their limited scope of practice are unable to operate independently in the fast-paced environment of the operating room**. The proven track record of our established model of care makes the patient experience safer, more accessible and less expensive than the illogical proposal outlined in HB 2295.

Because CRNAs are trained to operate independently, more than 80% of Oregon's rural communities are served by them. HB 2295 will limit access to that medical care.

My patients' physical safety and emotional well-being are critical to their health-care outcomes. I can not trust an "assistant" watching over them during critical moments of a procedure. There are many times when an anesthesiologist is not immediately available to direct their work or intervene in an emergency.

The collaborative anesthesiologist/CRNA model currently employed in Oregon provides a safe, accessible, and cost-effective model of care. Please do not reduce the standard of anesthesia care in Oregon by changing something that has worked so well for over 100 years. **Please vote no on HB 2295.**

Very Respectfully,

Michael F. Sheffield, MD
Managing Partner, The Oregon Clinic Gastroenterology South
The Oregon Clinic Gastroenterology
19250 SW 90th Ave
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Gastroenterology South

Oregon House
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900 Court Street NE
Salem, OR 97301

Re: Oregon House Bill (HB) 2295: Licensing of Anesthesiologist Assistants

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Because CRNAs are trained to operate independently, more than 80% of Oregon's rural communities are served by them. HB 2295 will limit access to that medical care.

My patients' physical safety and emotional well-being are critical to their health-care outcomes. I can not trust an "assistant" watching over them during critical moments of a procedure. There are many times when an anesthesiologist is not immediately available to direct their work or intervene in an emergency.

The collaborative anesthesiologist/CRNA model currently employed in Oregon provides a safe, accessible, and cost-effective model of care. Please do not reduce the standard of anesthesia care in Oregon by changing something that has worked so well for over 100 years. **Please vote no on HB 2295.**

Very Respectfully,

Mark Schiele, MD
The Oregon Clinic Gastroenterology - South
19250 SW 90th Ave
Tualatin, OR 9062

Gastroenterology South

Oregon House
Committee on Health Care
900 Court Street NE
Salem, OR 97301

Re: Oregon House Bill (HB) 2295: Licensing of Anesthesiologist Assistants

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Because CRNAs are trained to operate independently, more than 80% of Oregon's rural communities are served by them. HB 2295 will limit access to that medical care.

My patients' physical safety and emotional well-being are critical to their health-care outcomes. I can not trust an "assistant" watching over them during critical moments of a procedure. There are many times when an anesthesiologist is not immediately available to direct their work or intervene in an emergency.

The collaborative anesthesiologist/CRNA model currently employed in Oregon provides a safe, accessible, and cost-effective model of care. Please do not reduce the standard of anesthesia care in Oregon by changing something that has worked so well for over 100 years. **Please vote no on HB 2295.**

Very Respectfully,

Brian Applebaum, MD
The Oregon Clinic Gastroenterology - South
19250 SW 90th Ave
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Oregon House
Committee on Health Care
900 Court Street NE
Salem, OR 97301

Re: Oregon House Bill (HB) 2295: Licensing of Anesthesiologist Assistants

Dear Chair Greenlick and Members of the Committee:

As a practicing Medical Doctor at The Oregon Clinic Gastroenterolgy - South, I am writing this letter **in opposition to HB 2295**, which proposes licensure for "Anesthesiologist Assistants (AAs)" in Oregon.

This legislation will **put the lives of Oregonians at risk by replacing more qualified Certified Registered Nurse Anesthetists (CRNAs) and Anesthesiologists, with AAs, who by their limited scope of practice are unable to operate independently in the fast-paced environment of the operating room**. The proven track record of our established model of care makes the patient experience safer, more accessible and less expensive than the illogical proposal outlined in HB 2295.

Because CRNAs are trained to operate independently, more than 80% of Oregon's rural communities are served by them. HB 2295 will limit access to that medical care.

My patients' physical safety and emotional well-being are critical to their health-care outcomes. I can not trust an "assistant" watching over them during critical moments of a procedure. There are many times when an anesthesiologist is not immediately available to direct their work or intervene in an emergency.

The collaborative anesthesiologist/CRNA model currently employed in Oregon provides a safe, accessible, and cost-effective model of care. Please do not reduce the standard of anesthesia care in Oregon by changing something that has worked so well for over 100 years. **Please vote no on HB 2295.**

Very Respectfully,

Michelle Beilstein, MD
The Oregon Clinic Gastroenterology - South
19250 SW 90th Ave
Tualatin, OR 9062

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Erik VanKleek, MD
The Oregon Clinic Gastroenterology - South
19250 SW 90th Ave
Tualatin, OR 9062

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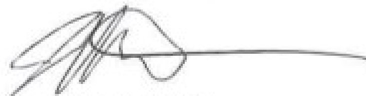

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Very Respectfully,

Monina Pascua, MD, PharmD
The Oregon Clinic Gastroenterology - South
19250 SW 90th Ave
Tualatin, OR 9062

Hi Sandy-

My name is Brad Johnson and I am a practicing nurse anesthetist in Newberg Oregon.
I must voice my opposition to the proposed bill HB 2295, coming up tomorrow.
As has always been the case with anesthesia assistants, it is nothing more than a power grab by anesthesiologists who wish to reduce the options people have when choosing anesthesia providers. Currently hospitals can choose independent CRNAs, CRNAs in a team model, and anesthesiologist only models. Allowing AAs to practice in Oregon accomplishes nothing other than giving anesthesiologists more power by reducing the scope of practice of those they work with. AAs were a creation by anesthesiologists as an attempt to require their own presence at more surgeries thus increasing demand for their oversight. Had the need for this not been so thoroughly debunked by study after study, they may have a claim to some benefit. As it is, they do not.
I would hope that Oregon, and it's representatives would reject any proposal that ultimately costs patients, hospitals, and surgeons more money, options, and access to their current providers.
I oppose this bill, strongly, and hope that it is, as it has in years past, rejected by Oregon.

Thank you-

Brad

Oregon House
Committee on Health Care
900 Court Street NE
Salem, OR 97301
Re: Oregon House Bill (HB) 2295: Licensing of Anesthesiologist Assistants

Dear Chair Greenlick and Members of the Committee: 2/24/15

I am a full-time practicing and board certified CRNA (Certified Registered Nurse Anesthetist). I have also practiced in a state that allowed anesthesia assistants (AAs) to enter into the healthcare system. Anesthesia Assistants do not have the educational preparedness or the practical competency as compared to CRNAs. I feel strongly that AAs entering the Oregon healthcare marketplace represents a lowering of the standard of care, and will impose unnecessary limitations on Oregonians' access to quality anesthesia care.

Introduction of AAs into Oregon will increase risk to our patients. I do not believe anesthesia assistant training programs sufficiently qualify new graduates to provide safe anesthesia care. AA program graduates have only 2 years total of any health sciences-related didactics and no direct patient care clinical experience. In comparison, a year one anesthesia resident (i.e., an anesthesia trainee being supervised by an anesthesiologist) will have completed 4 years of medical education including 3 years of direct patient care before anesthetizing their very first patient. Likewise, student nurse anesthetists will have spent 4+ years studying in the health sciences and will have a minimum of 1 year directly caring for high acuity patients (e.g., ER, ICU) prior to their first day providing anesthesia as a trainee. Therefore, our current MD and CRNA anesthesia training programs, which have well-established safety records, require roughly twice the education and clinical experience as do anesthesia assistant programs before they are allowed to anesthetize their first patient even under the direct supervision of a board certified anesthesiologist. This essentially sets a new, lower training standard which has no evidence supporting such a change. If we are to deviate from current practices, which have hard evidence for patient safety under the care of anesthesiologists and CRNAs, then it becomes absolutely necessary to prove the safety of such deviations. To date, AAs have no proven outcome data to support their practice as there are no peer-reviewed studies in scientific journals demonstrating AA safety or quality of care. In the current healthcare climate, evidence-based practices have become the rule, and not the exception. AAs do not meet that standard. Without a doubt, AAs will increase morbidity and mortality to our patients.

I feel strongly that HB 2295 represents a decrement in the standard of education for anesthesia providers, and lowers the quality of care that patients will receive from a clinical anesthesia perspective. I implore you to carefully consider the impact this legislation will have on the care your constituents can expect to receive when they are in need of anesthesia services.

Kind regards,

Courtney Lenarduzzi, CRNA

To whom it may concern:

I graduated 20 years ago as a CRNA with a Master's degree in anesthesia science. I have worked in several different types of the anesthesia care teams but currently work as a solo provider in a Critical Access Hospital in Oregon. To allow AA's to become legal in Oregon serves no purpose...the anesthesiologist has to be present in the room with the AA at all times, he cannot supervise any other rooms...it seems this type of practice will increase cost of health care for Oregon using two providers for one patient. CRNAs practice independently in 18 states at this time and hopefully more states will request this option in the future. CRNAs serve the rural areas where MDAs (anesthesiologists) wouldn't care to live and the hospitals could afford to pay them. There is no benefit to legalize AAs in the state of Oregon or any state for that matter.

Sincerely,

Marlene Lovenguth CRNA, M.S.

Oregon House
Committee on Health Care
900 Court Street NE
Salem, OR 97301
Re: Oregon House Bill (HB) 2295: Licensing of Anesthesiologist Assistants

Dear Chair Greenlick and Members of the Committee

As a currently practicing Oregon licensed and board certified CRNA (Certified Registered Nurse Anesthetist), I am alarmed at the prospect of our great state allowing the licensure of anesthesia assistants (AAs). I feel strongly that AAs entering the Oregon healthcare marketplace represents a lowering of the standard of care, and will impose unnecessary limitations on Oregonians' access to quality anesthesia care.

Introduction of AAs into Oregon will increase risk to our patients. I do not believe anesthesia assistant training programs sufficiently qualify new graduates to provide safe anesthesia care. AA program graduates have only 2 years total of any health sciences-related didactics and no direct patient care clinical experience. In comparison, a year one anesthesia resident (i.e., an anesthesia trainee being supervised by an anesthesiologist) will have completed 4 years of medical education including 3 years of direct patient care before anesthetizing their very first patient. Likewise, student nurse anesthetists will have spent 4+ years studying in the health sciences and will have a minimum of 1 year directly caring for high acuity patients (e.g., ER, ICU) prior to their first day providing anesthesia as a trainee. Therefore, our current MD and CRNA anesthesia training programs, which have well-established safety records, require roughly twice the education and clinical experience as do anesthesia assistant programs before they are allowed to anesthetize their first patient even under the direct supervision of a board certified anesthesiologist. This essentially sets a new, lower training standard which has no evidence supporting such a change. If we are to deviate from current practices, which have hard evidence for patient safety under the care of anesthesiologists and CRNAs, then it becomes absolutely necessary to prove the safety of such deviations. To date, AAs have no proven outcome data to support their practice as there are no peer-reviewed studies in scientific journals demonstrating AA safety or quality of care. In the current healthcare climate, evidence-based practices have become the rule, and not the exception. AAs do not meet that standard.

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Kind regards,
Marcus Stepaniak CRNA, MSA

Hello,

My name is Doug Nasstrom and I'm a Certified Registered Nurse Anesthetist (CRNA) here in Oregon. I'm writing to Oppose Bill HB 2295 which would allow Anesthesiologist Assistants (AA's) in the state of Oregon. Passing this bill will negatively affect my lively hood and would surely pose an increase in harm to surgical patients. AA's are Not CRNA's and are Not allowed to practice independently. They pose a risk to Oregon patients because they lack education and limited scope of practice. There is NO shortage of CRNA's and Anesthesiologists in Oregon. In fact, it is very difficult to find a job in Oregon as a CRNA. There are more applicants then jobs. Most anesthesia folks including Anesthesiologist use www.gaswork.com. You will find a Very limited number of full time work avail. CRNA's provide the majority of anesthetics in Oregon and many CRNA's work independently. I currently work with an all CRNA group, but I have also worked in a collaborative MD Anesthesiologists (MDA) and CRNA group. Both models work and I can assure you that you will NOT find a difference in the safety record when comparing CRNA's and MDA's. Currently MDA's and CRNA are providing 100% of the needed coverage for Oregonians. Again, there is No need to cloud the field of anesthesia with AA's. The American Association of Anesthesiologist (ASA) have been trying to control the field of anesthesia for 100 years. Introducing AA's would only fuel this ongoing endeavor. The ASA reasoning for wanting AA's is flawed and I hope you can see through that. It is meant to harm CRNA's. We provide quality, affordable and safe anesthesia. I am proud to be a CRNA I ask that you vote NO on bill HB 2295.

Thank you for your time,

Doug Nasstrom, CRNA

Sandy,

I am a CRNA living in West Linn, Oregon. I am exceptional concerned over this bill and the possible introduction of Anesthesia Assistant's into the medical practice environment of the Pacific Northwest. This region is already flooded with anesthesia providers and employment opportunities are rare and highly competitive. The introduction of another class of anesthesia providers will only serve to cause chaos and further stress on the medical system. Nurse Anesthetists have been providing anesthesia care in America for over 150 years and have time and again demonstrated professionalism, quality, and reliability, not to mention that CRNA's remain the most economically efficient anesthesia providers available, which should be the focus of healthcare reform. There have been multiple studies demonstrating that surgical outcomes of patients receiving care from CRNA's are as good or better than the outcomes of patients cared for by MD anesthesiologists. Please strongly indicate by whatever means you have available that Anesthesia Assistants should not be allowed to practice in Oregon. The most simple reason is that they are not needed and their presence will cause unnecessary burden on established providers as well as public confusion.

Thank you,

Seth Robbins, CRNA

2/18/15

Oregon House
Committee on Health Care
900 Court Street NE
Salem, OR 97301

Re: Oregon House Bill (HB) 2295: Licensing of Anesthesiologist Assistants

Dear Chair Greenlick and Members of the Committee:

As a practicing Medical Doctor at, Providence Milwaukie Hospital, I am writing this letter **in opposition of HB 2295**, which proposes licensure for "Anesthesiologist Assistants (AAs)" in Oregon.

This legislation will **put the lives of Oregonians at risk by replacing much more highly qualified Certified Registered Nurse Anesthetists (CRNAs) and Anesthesiologists, with AAs, who by their limited scope of practice are unable to operate independently in the fast-paced environment of the operating room.** The proven track record of our established model of care makes the patient experience safer, more accessible and less expensive than the dangerous proposal outlined in HB 2295.

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The collaborative Anesthesiologist/CRNA model currently employed in Oregon provides a safe, accessible, and cost-effective model of care. Please don't put Oregonians at risk by changing something that works so well. **Please vote no on HB 2295.**

Very Respectfully,

Dr. Tina Jenq MD
Providence Milwaukie Hospital
10202 SE 32nd Ave Suite #702
Portland OR 97222

February 20, 2015

Oregon House, Committee on Health Care
900 Court Street NE
Salem, OR 97301

Re: Oregon House Bill (HB) 2295: Use of Anesthesiologist Assistants in Oregon

Dear Chair Greenlick and Members of the Committee:

As a Chief Nurse Anesthetist at Silverton Hospital , I am writing today **in opposition to HB 2295**, which proposes licensure for "Anesthesiologist Assistants (AAs)" in Oregon. I have been a CRNA for 10 years and I have served in this administrative capacity for the past 2 years. Our department provides the far spectrum of anesthesia care from day surgery to inpatient care, from laboring mothers to emergency surgery, and in endoscopy suites and remote areas within the hospital such as CT scan or MRI.

The other part of my job includes recruitment of CRNAs to join our practice. Traditionally we have many more applicants than we have jobs for. OHSU has an educational program for CRNAs which we are directly involved with and provides us with a great resource for recruitment of highly qualified CRNAs. The graduates from this program easily fit into our anesthesia team and provide excellent anesthesia care.

Currently, there are no issues in the anesthesia workforce that I am aware of in Oregon. We are very proud of our team and our ability to easily recruit CRNAs from across the country and retain a highly functioning anesthesia department.

Please vote no on HB 2295.

Respectfully,

Todd Meyer, CRNA

OPPOSE HB 2295: OREGON 2015 REGULAR SESSION

OREGON DOES NOT NEED ANESTHESIOLOGIST ASSISTANTS (AAs)

Certified Registered Nurse Anesthetists (CRNAs) are well-established, proven- safe and cost-effective anesthesia providers.

CRNAs have been caring for Oregonians for more than 100 years and continue to grow in number. The first school of nurse anesthesia in the *country* was established at Portland's St. Vincent Hospital more than a century ago, and Oregon still educates CRNAs today with a program at OHSU.

Anesthesiologist Assistants (AAs) are rare in the U.S. (about 1,800 nationwide compared with more than 47,000 CRNAs) and possess a limited scope of practice that would not promote access to healthcare or maintain a cost-effective anesthesia care model in Oregon.

AAs' limited scope of practice, which prohibits them from practicing without anesthesiologist supervision, would prevent them from practicing in Oregon's underserved rural areas.

ACCESS TO CARE IN OREGON

CRNAs provide anesthesia care anywhere it is needed in both rural and urban settings. CRNAs practice in every setting, including hospital surgical suites and obstetrical delivery rooms, critical access hospitals, ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, plastic surgeons, as well as U.S. Military and Veterans Administration healthcare facilities.

In contrast, AAs offer:

- **LIMITED UTILIZATION:** Because AAs cannot practice without anesthesiologist supervision, AAs do not practice in rural areas where CRNAs working without anesthesiologist involvement are the primary providers of anesthesia care. The AA model's focus, i.e. on only practicing where anesthesiologists practice, greatly limits their utilization. Thus, AAs cannot help solve problems of inadequate access to anesthesia care in rural and underserved communities.

- **FAILURE TO MEET DEMAND:** If for any reason an AA's supervising anesthesiologist is not available, the AA may not provide anesthesia care. The inflexible AA/anesthesiologist-driven mode of practice thus fails to adequately meet the needs of patients and healthcare providers.

- **NO PROVEN OUTCOME DATA:** There are no peer-reviewed studies published in scientific journals regarding the quality of care of AA practice or AA anesthesia outcomes. AAs are explicitly recognized in state laws or regulations in only 13 states and the District of Columbia. Louisiana actually passed legislation that has the effect of prohibiting AA practice, declaring that "CRNAs receive a much higher level of education and training than do AAs."

Fawn Barrie, 503.580.5487 | Christina Cowgill, 503.501.8502
Lobbyist/Government Relations| www.oregon-crna.org

OREGON DOES NOT NEED AAs *continued*

EDUCATION/SCOPE OF PRACTICE

CRNAs are trained and educated to deliver anesthesia care regardless of anesthesiologist involvement. CRNAs are qualified to make independent judgments regarding all aspects of anesthesia care, based on their education, licensure, and certification. CRNAs have experience as critical care nurses and can assess and treat a broad range of health problems before even beginning anesthesia training.

In contrast, AAs offer:

• **LIMITED SCOPE OF PRACTICE:** AAs administer anesthesia solely under the medical direction of anesthesiologists. AAs thus have a much more limited scope of practice than CRNAs. AAs are NOT physician assistants (PAs).

• **NOT A FULL SERVICE ANESTHESIA PROVIDER:** The AA program curriculum trains AAs only to assist anesthesiologists in technical functions. One of the largest AA programs (at Emory University) does not even provide clinical instruction in the administration of nerve blocks and spinal/epidural anesthesia.

• **LACK HEALTH CARE EXPERIENCE:** AAs are not required to have any prior healthcare education or experience (e.g., nursing, medical, anesthesia or healthcare education, licensure, or certification) before they begin their AA educational programs.

ECONOMIC IMPACT

Independent studies have shown that CRNAs acting as the sole anesthesia provider is the most cost-effective model for anesthesia delivery. This model is used in many of our hospitals in rural communities and in our top rated critical access hospitals in Oregon. The second-most cost effective model is the CRNA/ anesthesiology care team model, which is similar to the well-established models used at Kaiser and OHSU.

In contrast, AAs offer:

• **COSTLY MODEL OF CARE:** With an AA model, two healthcare providers (a supervising anesthesiologist and an AA) must be utilized to provide anesthesia care to one patient.

• **DIFFICULTY WITH ANESTHESIOLOGIST SUPERVISON:** AAs must be supervised by anesthesiologists. The Society of Anesthesiology reports that even with an appropriate ratio of anesthesiologists to providers, lapses of supervision during critical portions of anesthetic cases would occur. In a review of one year of data from a tertiary hospital, supervision lapses occurred commonly during first-case starts even with a 1:2 supervision ratio.

OPPOSE HB 2295: OREGON 2015 REGULAR SESSION

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