

Certified Anesthesiologist Assistants Sunrise Application

A request to provide statutory authority for the licensure and regulation of Certified Anesthesiologist Assistants in Arizona.

October 29, 2024

Submitted by: Tiffany Cothren, The Arizona Academy of Anesthesiologist Assistants

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The Honorable Warren Petersen
President
Arizona State Senate
1700 West Washington Street
Phoenix, AZ 85007

The Honorable Ben Toma
Speaker
Arizona House of Representatives
1700 West Washington Street
Phoenix, AZ 85007

Re: Sunrise Application - Regulation and Licensure of Certified Anesthesiologist Assistants

Dear President Petersen and Speaker Toma,

Pursuant to A.R.S. §§ 32-3105 and 32-3106, the Arizona Academy of Anesthesiologist Assistants respectfully submits the attached report requesting statutory authority for the licensure and regulation of Certified Anesthesiologist Assistants (CAAs) in Arizona.

CAAs have been part of the medical practice of anesthesiology for over 60 years, in a role analogous to physician assistants in non-anesthesia settings. Today, CAAs are allowed to practice in 23 jurisdictions. CAAs have a pre-medical undergraduate degree and earn a master's degree over at least 24 months while completing on average 2,400 hours of clinical training in anesthesia. Additionally, they must pass a national board exam to obtain their certification. There are nearly 3,600 CAAs certified nationally. Currently, Certified Anesthesiologist Assistants are unable to practice in Arizona but approximately 50 certified professionals have expressed interest in returning to Arizona should the State authorize their ability to practice.

Nationally and in Arizona, anesthesiology practice is moving toward the Anesthesia Care Team model. Several states utilize this more efficient model to allow Physician Anesthesiologists, Certified Registered Nurse Anesthetists, and CAAs to work side-by-side to provide safe, effective, and high-quality delivery of anesthesia to patients. CAAs are highly skilled health professionals who work under the direction of licensed Physician Anesthesiologists, and only anesthesiologists, to implement anesthesia care plans. The addition of CAAs to the care team will help ensure the safety and well-being of Arizona's patients, as well as improve healthcare access by allowing for additional qualified healthcare providers in Arizona's medical facilities. Lastly, it must be noted that nothing in this licensure proposal would negatively impact any other healthcare provider, including the ability of other healthcare providers to continue providing services in this State.

We look forward to a robust discussion regarding how Arizona can expand patient access to care by allowing this highly qualified profession to practice in Arizona. To date, there are approximately 300+ anesthesia-related (Physician Anesthesiologist & Nurse Anesthetists) positions open in Arizona, and CAAs could assist with meeting this current need. We appreciate your consideration and respectfully request a favorable review of this proposal.

Sincerely,

Tiffany Cothren



President, Arizona Academy of Anesthesiologist Assistants

Terms and Definitions

(a) "ACT" means the Anesthesia Care Team model of the delivery of anesthesia. The core team members of this model include physicians and non-physicians such as Certified Anesthesiologist Assistants (CAAs) and Certified Registered Nurse Anesthetists (CRNAs). The crux of this model rests on the physician providing medical supervision in the provision of anesthesia care, wherein the physician may delegate monitoring and appropriate tasks to qualified non-physician anesthetists, such as nurse anesthetists or CAAs, while retaining overall responsibility for the patient.

(b) "ASA" means the American Society of Anesthesiologists, which is an educational, research and scientific association of physicians organized to raise and maintain the standards of the medical practice of anesthesiology and improve the care of the patient.

(c) "AAAA" means the American Academy of Anesthesiologist Assistants, which is a professional and educational association of anesthesiologist Assistants organized to support and advocate for the profession.

(c) "CAA" means Certified Anesthesiologist Assistant. Certified Anesthesiologist Assistants (CAAs) are highly skilled health professionals who work under the direction of licensed anesthesiologists to implement anesthesia care plans.

(d) "Anesthesiologist" is a physician licensed to practice medicine who has successfully completed a training program in anesthesiology accredited by the ACGME, the American Osteopathic Association, or equivalent organizations.

(e) "CAAHEP" means the Commission on Accreditation of Allied Health Education Programs. CAAHEP is the largest accreditor in the health sciences field and accredits CAA training programs.

(f) "CME" means continuing medical education.

(g) "CRNA" means Certified Registered Nurse Anesthetist. Similar to CAAs, Certified Registered Nurse Anesthetists are skilled health professionals who work within the ACT to implement anesthesia care plans.

(h) "NCCAA" means the National Commission for Certification of Anesthesiologist Assistants. NCCAA was founded in July 1989, to develop and administer the certification process for CAAs in the United States.

(i) "SAA" means Student Anesthesiologist Assistant.

History and Practice of CAAs

History

In the 1960s, three Physician Anesthesiologists, Joachim S. Gravenstein, John E. Steinhaus, and Perry P. Volpitto, were concerned with the shortage of Anesthesiologists in the United States. These academic department chairs analyzed the spectrum of tasks required during anesthesia care. The tasks were individually evaluated based on the level of professional responsibility, required education and necessary technical skill. The result of this anesthesia workforce analysis was to introduce the concept of team care and to define a new advanced anesthesia practitioner who could work alongside a supervising Physician Anesthesiologist. This new professional - the Certified Anesthesiologist Assistant (CAA) - had the potential to at least partially alleviate the shortage of Physician Anesthesiologists. The new type of anesthetist would function in the same role as the nurse anesthetist under the Physician Anesthesiologist direction. An innovative educational paradigm for anesthetists was created that built on a pre-med background during college and led to a master's degree. This pathway placed CAAs on an anesthesia "career ladder." Some CAAs have leveraged their pre-med background, master's degree, and clinical experience to successfully apply to medical school. A few have returned to anesthesia to become the physician leader of the care team that launched their professional career.

The chairman's vision became reality in 1969 when the first CAA training programs began accepting students at Emory University in Atlanta, Georgia, and at Case Western Reserve University in Cleveland, Ohio. Since 2002, there has been a significant expansion of CAA programs in the United States. There are currently twenty-one total programs in twelve universities that offer Certified Anesthesiologist Assistant Master-level degrees, located in twenty cities across the country.

A Day in the Life of a CAA

A CAA's involvement with a patient's case begins the day before surgery when the CAA works with the supervising Physician Anesthesiologist to formulate a care plan for the patient based on the patient's medical history, the surgical procedure, and the surgeon's preferences. On the day of the surgery, the CAA arrives in the operating room and sets up everything that is needed for the patient's anesthetic, including the anesthesia machine, airway equipment, medications, and any additional monitoring equipment. The CAA then arrives in the pre-operative area to review a detailed medical history, discuss the anesthesia with the patient, and answer any questions. Once the operating room is ready, the CAA escorts the patient to the operating room. In the operating room, the CAA prepares for induction, which involves putting the patient to sleep and securing the airway, with the Physician Anesthesiologist present. The CAA then maintains the anesthetic for the duration of the surgery while vigilantly watching the patient's vitals and making necessary adjustments to ensure the patient remains stable. At the end of the surgery, the CAA wakes up the patient, ensuring proper breathing and maintaining the airway, in a process referred to as emergence, during which the Physician Anesthesiologist is also present. The CAA then transports the patient to the recovery room, ensuring normal vitals and managing pain and nausea. Subsequently, the CAA provides a report to the recovery room nurse and transfers the patient's care.

WHY CERTIFIED ANESTHESIOLOGIST ASSISTANT LICENSURE IS NECESSARY

At the time of this filing and according to an often-cited industry job posting website (GasWork.Com), Arizona has over 200 plus open positions for non-physician anesthesia services (Nurse Anesthetists), and approximately 120 open positions for Physician Anesthesiologists. Allowing CAAs to practice in Arizona would assist with filling these gaps. As Arizona's population continues to increase and age, more healthcare providers will be needed to provide care. The creation of a CAA license does not require significant investment from the State and is a cost-effective approach to expanding Arizona's healthcare workforce, and would continue Arizona's efforts to break down barriers for individuals to work in our State.

Currently, Certified Anesthesiologist Assistants (CAAs) may practice at any Veterans Affairs facility in all fifty states; however, they are unable to practice their profession statewide in Arizona due to the lack of an authorizing statute, which has placed Arizona at a strategic disadvantage for attracting and retaining well-qualified healthcare workers. Of the twenty-three jurisdictions CAAs are allowed to practice in, (Utah, Nevada, Colorado, New Mexico, District of Columbia, Florida, Georgia, Guam, Indiana, Kentucky, Missouri, Alabama, North Carolina, Ohio, Oklahoma, South Carolina, Vermont, Wisconsin, and Washington) four are authorized via delegated authority (Kansas, Texas, Pennsylvania and Michigan.) There are approximately 3,600 CAAs working throughout the US. According to a recent internal survey conducted by the American Academy of Anesthesiologist Assistants of its members, approximately fifty CAAs have expressed interest in returning to Arizona to practice if the license is granted.

Recently, the Arizona Legislature has approved legislation to address licensure reforms to allow well-qualified individuals to practice their profession safely in the state with minimal bureaucratic impediments; approving CAA licensure would continue to expand on this effort. The starting salary for a CAA is approximately \$140,000-180,000, which is well above Arizona's median household income of \$65,913.¹ Attracting and maintaining a strong healthcare workforce is an important component of ensuring our state can compete with our neighboring states and other states in the Sun Belt for continued growth. Simply put, we need to be utilizing every tool to keep Arizona a competitive and attractive state for continued investment.

There are twenty-one accredited higher education Certified Anesthesiologist Assistant programs in the US, with feeder schools located near Arizona at the University of Colorado in Denver, Nova Denver, and soon at the University of New Mexico, which can provide a pipeline of students to assume this profession in the state for years to come. By denying licensure for CAAs, Arizona will continue to have a strategic disadvantage with regard to attracting and retaining highly qualified, well-compensated professionals in the medical field who can practice safely in other states, including the neighboring states of New Mexico, Colorado, Nevada, and Utah.

¹ According to the U.S. Census Bureau - 2021

Licensure of CAAs in Arizona will also provide benefits to Arizona's patients and the healthcare industry. Current anesthesiology practice in Arizona is moving towards the Anesthesia Care Team (ACT) model, which is the safest and most effective way to deliver anesthesia to patients. The core team members of this model include physicians and non-physicians such as CAAs and Certified Registered Nurse Anesthetists (CRNAs). The crux of the care team model rests on the physician providing medical supervision (or direction) in the provision of anesthesia care, wherein the physician may delegate monitoring and appropriate tasks while retaining overall responsibility for the patient. As originally intended, the ACT model includes all categories of non-physician anesthesia providers, such as CAAs and CRNAs, working in conjunction with and under the medical direction of a physician. Currently, only nurse anesthetists are licensed to practice in Arizona, which is problematic because the ACT model ideally includes both CAAs and nurse anesthetists. This sunrise application and the proposed legislation seek to define CAA licensure and do not impact any of the authorizing statutes for CRNAs, nor do they prescribe any other regulatory stipulation that would grant CAAs a competitive advantage over CRNAs. Simply put, CAAs seek the ability to work alongside CRNAs and Physician Anesthesiologists to deliver safe, effective, and high-quality anesthesia as they do across the county and most of our neighboring states.

In addition, the current availability of only one qualified non-physician anesthetist (CRNAs) also poses a challenge for Physician Anesthesiologists in the State. Other physicians have multiple options for physician extenders, including Nurse Practitioners, Nurse Specialists, Registered Nurses, and Physician Assistants. However, given that Physician Anesthesiologists have access to only one qualified non-physician anesthetist option, they are occasionally left in situations where they have to reschedule surgeries and patient procedures to ensure the availability of qualified non-physician anesthetists for the ACT, thereby ensuring the safety and well-being of Arizona's patients.

This sunrise application and the proposed legislation requesting regulation and licensure of CAAs in Arizona are necessary to allow Physician Anesthesiologists and their qualified non-physician anesthetists to practice in alignment with the ACT model. It is to the care team's advantage and thus, Arizona patients' advantage, to have this model working at 100%. Authorizing CAAs to practice in Arizona will prove beneficial to the overall care team by allowing the team to operate in the ideal way it was designed to, providing an additional qualified non-physician anesthetist for Physician Anesthesiologists. Most importantly, this licensure and regulation will prove advantageous to Arizona patients who will benefit from access to additional qualified healthcare providers.

The nature of the potential harm to the public if the health profession is not regulated and the extent to which there is a threat to public health and safety.

Regulating CAAs will ensure a level of safety by selecting providers who have successfully completed an accredited CAA program and passed all national exams. These CAAs will possess a premedical background, a baccalaureate degree, and will have completed a comprehensive didactic and clinical program at the graduate school level. Regulating this profession will ensure that only those CAAs with the qualifications and training necessary for the safe delivery of anesthesia care have access to patients. Without such regulation, the state would lack the necessary safeguards to guarantee that only qualified and certified CAAs practice in the state.

The extent to which consumers need and will benefit from a method of regulation, identifying competent practitioners and indicating typical employers, if any, of practitioners in the health profession.

In the healthcare setting, the need for consumers to identify their providers is arguably paramount compared to other fields. Therefore, regulating CAAs in Arizona will allow for this identification, reassuring consumers that they are being treated by a highly skilled and well-trained provider. State-licensed CAAs will be required to register with the National Commission for Certification of Anesthesiologist Assistants (NCCAA), enabling consumers to verify their certification through the NCCAA's web portal. Consumers will have access to information such as the provider's certification date, certificate number, and the expiration date of the certification.

CAAs are typically employed by hospitals, physician groups, ambulatory surgical centers, and anesthesia practices. Through mandatory state licensure, these institutions can be confident that the CAAs under their employment meet all necessary requirements to deliver safe and efficient care. Lastly, consumers will be able to identify CAAs and other anesthesia providers through hospital ID badges, as well as through introductions and consultations during patient interactions

The extent of autonomy a practitioner for independent judgment, the extent of skill or experience required in making the independent judgment, and the extent to which practitioners are supervised.

All CAAs must complete a comprehensive didactic and clinical program at the graduate school level. To be admitted into a CAA training program, students must have earned a baccalaureate degree with premedical coursework. CAAs are trained extensively in the delivery and maintenance of quality anesthesia care as well as advanced patient monitoring techniques. CAAs perform such tasks as administering drugs, obtaining vascular access, applying and interpreting monitors, establishing and maintaining the patient's airway, and assisting with a preoperative assessment. **CAAs train and work under the direction of Physician Anesthesiologists who retain responsibility for the immediate care of the patient.**

Due to the immediacy of the effects of anesthesia and potential reactions, CAAs are trained to deal with emergent situations as they arise within the operating room and other practice locations. However, CAAs are trained to work under **the direct supervision of Physician Anesthesiologists**, exercising independent judgment with tasks they are well-prepared to face, and with a supervising physician immediately available at all times. CAAs work exclusively within the ACT model as described by the American Society of Anesthesiologists (ASA). This care team model expands the medical treatment provided by the Physician Anesthesiologist and equips the medical facility to serve patients more effectively and efficiently.

EFFORTS MADE TO ADDRESS THE ISSUE

Voluntary efforts, if any, by members of the health profession to either establish a code of ethics or help resolve disputes between health practitioners and consumers, and recourse to and the extent of use of applicable law and whether it could be amended to control the problem.

There has been a thorough review of applicable health profession statutes in Arizona to determine if broad delegatory authority exists, which could be applicable to CAAs and allow CAAs the authority to

practice their profession in the State. Upon review, there is no such clear authority. Therefore, CAA licensing legislation is the only viable remaining authority and is the primary reason for this application. Although it is possible to amend the current law to give physicians broad delegatory authority over CAAs, this option will not give the State the ability to define the qualifications and scope of practice of the profession in state law. Alternatively, it is recommended that the State chooses to license and regulate CAAs, giving the State more authority to guide and manage the profession appropriately. Of the twenty-two jurisdictions allowing CAAs to practice, eighteen of them have chosen to do so through licensure.²

Potential CAAs are required to be certified through the National Commission for Certification of Anesthesiologist Assistants. The NCCAA code of conduct requires that all CAA behave in a manner that is lawful, ethical and upholds acceptable standards of professional practice as a CAA.

The NCCAA has an established code of conduct that allows the NCCAA, at its discretion, to deny, or revoke a CAA's eligibility for certification or recertification permanently or for such time as may be determined by NCCAA; issue a reportable letter of censure; issue a non-reportable letter of concern, and/or take such other actions as may be deemed appropriate if NCCAA determines that the CAA is in violation of NCCAA code of conduct or NCCAA policy.

ALTERNATIVES TO CAA LICENSURE

Regulation of business employers or practitioners rather than employee practitioners.

CAAs are employed in a wide array of healthcare settings such as hospitals, surgical centers, and academic institutions. The diversity of employers makes it unsustainable to regulate business employers or practitioners in an effective, cost-efficient, and non-invasive manner. In addition, because CAAs cannot currently practice in the State, it would be illegal for employers to hire them without a statutory or regulatory change.

Regulation of the program or service rather than the individual practitioners.

The services offered by CAAs may differ depending on local practice as well as the specific job description and duties (although one constant will remain regardless of where CAAs practice - they will always work under the medical direction of a qualified Physician Anesthesiologist). CAAs may, among other things, obtain a preliminary pre-anesthetic health history; assist in inducing and altering anesthesia levels; and establish routine monitoring modalities under the direction of the supervising Physician Anesthesiologist. These diverse duties coupled with the utmost importance of tailoring anesthesia services to each individual patient's health needs make regulation of the services offered an untenable and inefficient option.

Registration of all practitioners.

The National Commission for Certification of Anesthesiologist Assistants (NCCAA) maintains a database of all CAAs and their current certification status. Potential CAAs wishing to practice in Arizona will be required to pass the NCCAA exam and maintain active registration to allow the public to verify that they are certified.

² Alabama; Colorado; Utah; Nevada; District of Columbia; Florida; Georgia; Indiana; Kentucky; Missouri; New Mexico; North Carolina; Ohio; Oklahoma; South Carolina; Vermont; Wisconsin; US Territory of Guam

Requiring a second registration at the State level, in addition to what is required at the national level, may cause public confusion and is an unnecessary expenditure for the State. Not only is the term "registration" ambiguous, perhaps having different meanings to different people, but "registering" at the State level would not clearly delineate CAAs who have met the rigorous certification standards at the national level and the specific requirements to practice in the State versus those who have not. In addition, registration at the State level could arguably be insufficient to protect the public since aside from simple registration, it does not establish the necessary education, skills, or continuing education to maintain the professional standards required of CAAs.

Certification of all practitioners.

CAAs are already required to register for initial certification at the national level with the NCCAA. The NCCAA, founded in 1989, was created to develop and administer the certification process for Student Anesthesiologist Assistants (SAAs). Applicants for certification are eligible if they have completed a master's level training program lasting 24-28 months, including on average, 600 hours of classroom/laboratory education, a minimum of 2,000 hours of clinical anesthesia education, and 600 anesthetics administered. Certification is accomplished by passing the NCCAA exam which is administered by the National Board of Medical Examiners and evaluates CAAs' ability to safely and effectively deliver anesthesia care. Potential employers may verify a CAA's certification via the NCCAA website, which maintains a database of certified CAAs.

Similar to the answer provided above regarding state registration, creating an additional certification process for CAAs at the State level may lead to public confusion regarding who is certified at the national level versus the State level and would add additional and unnecessary expenses for the State in the form of registering and certifying a profession that already has the means to do so at the national level. Alternatively, a licensing process implemented at the State level could compound upon the existing national regime. This would not only eliminate potential public confusion but would also assure the public that any CAA practicing in the State has passed all necessary exams to be nationally certified and is competent to provide exceptional anesthesia care.

Other alternatives.

Potential Alternatives:

- Authorize broad delegatory authority to physicians in the State and clarify the exemption from licensure for providers being delegated acts from a physician who is qualified to perform such acts through education, training, and certification.
- Authorize CAAs to practice in the State through a simple registration process and have Physician Anesthesiologists delegate tasks to them (this would require a statutory change since physicians do not currently have broad delegatory authority in Arizona).

Why the use of the alternatives specified in this paragraph would not be adequate to protect the public interest.

In addition to the response provided above regarding public confusion with CAA registration, delegation by a Physician Anesthesiologist is not an option because physicians do not have broad delegatory authority in Arizona. This means that beyond the narrow class physicians are statutorily authorized to

delegate to, they cannot have others perform those duties and responsibilities - they must perform those tasks themselves. Thus, the only reasonable way to authorize CAAs to practice in the State is through a licensure and regulation process, allowing them to perform their job duties under the medical direction of a Physician Anesthesiologist.

Why licensing would serve to protect the public interest.

Arizona's citizens would receive numerous benefits upon licensure of CAAs including, but not limited to:

- CAAs are highly educated individuals who would be able to move to Arizona, work, and pay taxes in Arizona;
- Increased diversity in workforce options will give Arizona a competitive advantage;
- Identical recognition of both CAAs and nurse anesthetists by insurance entities, thus there is no extra charge to patients receiving anesthesia care within the ACT;
- Increased patient access to a highly trained and highly qualified anesthesia provider working within the ACT model;
- Physician Anesthesiologists will have access to additional qualified non-physician anesthetists (they currently only have access to nurse anesthetists), which will increase access to services.

Licensing and regulating CAAs in the state will not only increase the number of qualified non-physician anesthetists who are able to practice within the ACT and provide services to Arizonans, but it will also allow CAAs, both Arizona natives and those hailing from other states, to return or relocate to the state and practice the profession they have worked so hard for. As the healthcare needs of the state's population grow, the demand for additional anesthesia providers working within the ACT will also grow. Licensing and regulating CAAs is a logical, cost-effective way to ensure Arizona citizens continue to receive high-quality, physician-led anesthesia care.

PUBLIC BENEFIT FOR CAA LICENSURE

The extent to which the incidence of specific problems present in the unregulated health profession can reasonably be expected to be reduced by regulation and whether the public can identify qualified practitioners.

Licensure of CAAs will ensure a level of safety by selecting providers who have successfully completed an undergraduate degree followed by a master's level degree in anesthesia sciences. CAAs sit for a National Board examination prior to practicing in any state. Additionally, CAAs must complete continuing education credits every two years and pass a recertification exam every ten years. CAAs practice only within the ACT under the direction of a Physician Anesthesiologist, which is the safest manner of providing anesthesia. Currently, Anesthesiologists do not have a physician extender available to practice in the state of Arizona. As such, some Anesthesiologists experience less flexibility with scheduling and treating patients, as compared to practices in other states. Licensure of CAAs will complete the ACT model and allow Physician Anesthesiologists, CRNAs, and CAAs to operate in the most efficient manner available nationwide to date.

As stated above, state-licensed CAAs will be required to register with the National Commission for Certification of Anesthesiologist Assistants (NCCAA), which will allow patients to verify that the provider is certified via the NCCAA web portal. Patients will be able to view the date the provider was certified, the

certificate number granting their certification, and the date through which the certification is valid. CAAs are typically employed by hospitals, physician groups, ambulatory surgical centers, and anesthesia practices. Through required state licensure, these providers will be confident that the CAAs under their employment will meet all the necessary requirements to deliver safe and efficient care. Lastly, consumers will be able to identify CAAs and other anesthesia providers by hospital ID badge and by introductions and consultations during patient interactions.

The extent to which the public can be confident that qualified practitioners are competent, including whether the proposed regulatory entity would be a board composed of members of the profession and public members, a state agency, or both, and, if appropriate, their respective responsibilities in administering the system of registration, certification or licensure, including the composition of the board and the number of public members, if any, the powers and duties of the board or state agency regarding examinations and for cause revocation, suspension and nonrenewal of registrations, certificates or licenses, the adoption of rules and canons of ethics, the conduct of inspections, the receipt of complaints and disciplinary action taken against practitioners and how fees would be levied and collected to pay for the expenses of administering and operating the regulatory system.

In the vast majority of jurisdictions that license CAAs, the regulatory body is either the State medical board or a similar board such as the physician's assistants board. This sunrise application and the proposed legislation envisions placing CAA licensure under the Arizona Medical Board. Creating a new regulatory board to license CAAs would be a duplicative state effort and result in an unnecessary government agency coupled with increased and unnecessary state expenditures. The Medical Board would regulate license application and renewal, licensing fees, and any disciplinary manners. The Medical Board would be granted the authority to set a state licensing fee to offset the cost of providing licensure for this profession.

If there is a grandfather clause, whether grandfathered practitioners will be required to meet the prerequisite qualifications established by the regulatory entity at a later date.

CAAs are not currently able to practice in the State of Arizona, as such, there is no subset of certified individuals that could be considered for a grandfathered clause.

The nature of the standards proposed for registration, certification, or licensure as compared with the standards of other jurisdictions and whether the regulatory entity would be authorized to enter into reciprocity agreements with other jurisdictions.

This sunrise application and the proposed legislation envision standards of licensure that are similar to other jurisdictions, which include a licensing fee, evidence of graduation from a CAAHEP-accredited CAA program, NCCAA certification, continuing education credits biennially (according to NCCAA guidelines), a criminal background check, and a letter of reference. It is a goal of this Sunrise application and the proposed legislation to ensure that licensure standards are equal to those of other states to ensure that CAAs licensed in other states can obtain certification to practice in Arizona. The accompanying legislation will not set licensure standards that would prevent or otherwise discourage CAAs from practicing in the State of Arizona.

Currently, there are no state compacts governing the reciprocal licensure of CAAs. The accompanying legislation will not prevent the State of Arizona from entering into a compact if one is drafted at a later date, but it will not include an outline for such a compact due to this issue being out of scope for this sunrise application.

The nature and duration of any training, including whether the training includes a substantial amount of supervised field experience; whether training programs exist in this state, if there will be an experience requirement; whether the experience must be acquired under a registered, certified, or licensed practitioner; whether there are alternative routes of entry or methods of meeting the prerequisite qualifications; whether all applicants will be required to pass an examination, and if an examination is required, by whom it will be developed and how the costs of development will be met.

CAA training requires over 2,000 hours of clinical training in anesthesia, including accredited program approved rotations in trauma, cardiac, pediatrics, obstetrics, and other subspecialties. After undergraduate pre-medical training, a master's level degree from a CAAHEP-accredited CAA program, over 24 months of didactic and clinical experience under the supervision of Physician Anesthesiologists and CAAs, and NCCAA board certification, CAAs have a substantial amount of supervised clinical experience. All CAAs must pass a national board exam administered by the NCCAA, which is at no cost to the State. There are no alternative routes to licensure at this time.

At present, there is no accredited program for Anesthesiologist assistants in the State of Arizona; however, Student Anesthesiologist Assistants may perform their clinical training under the supervision of any Physician Anesthesiologist in the State of Arizona who is willing to do so. As such, the State is well-equipped to have Student Anesthesiologist Assistants train in Arizona to practice as full CAAs upon completion of their training and testing, becoming valuable members of the healthcare industry and the State's growing economy.

Assurance of the public that practitioners have maintained their competence, including whether the registration, certification, or licensure will carry an expiration date and whether renewal will be based only on payment of a fee or whether renewal will involve reexamination, peer review, or other enforcement.

Licensure will be renewed on a biennial basis in conjunction with maintenance of continuing education requirements through the NCCAA and recertification exams, also through the NCCAA. Renewal will include payment of a fee as well as a demonstration that the NCCAA continuing education requirements have been completed. Certification with the NCCAA is currently contingent upon a reexamination every ten years. In this scenario, CAAs are recertified by continuing education credits every two years and recertified every ten by a comprehensive examination (combined with continuing education credits).

NO POTENTIAL FOR PUBLIC HARM TO STATE LICENSURE OF CAA

The extent to which regulation will restrict entry into the health profession, including whether the proposed standards are more restrictive than necessary to ensure safe and effective performance, and whether the proposed legislation requires registered, certified, or licensed practitioners in other jurisdictions who relocate to this state to qualify in the same manner as state applicants for registration, certification and licensure if the other jurisdiction has substantially equivalent requirements for registration, certification or licensure as those in this state.

The proposed legislation seeks to establish a certification requirement that is similar, if not equal, to that of other states to ensure that the State of Arizona is not placed at a disadvantage in attracting CAAs to practice in the State. The standards included in the proposed legislation require that CAAs receive a master's degree from a CAAHEP-accredited institution, and pass the national exam offered by the NCCAA, and maintain registration with the NCCAA, which is the foundation for certification in other jurisdictions. The proposed legislation also seeks to conform to federal guidelines for payments for

anesthetists under 42 C.F.R. § 410.69, which requires that a CAA be a graduate of an accredited Certified Assistant Anesthesiologist assistant program. As such, the proposed certification will not restrict entry into this field.

As stated above, there are no state compacts governing the reciprocal licensure of CAAs. As such, a CAA from another state would be required to file certification documentation with the Arizona Medical Board to ensure that the applicant meets the standard for certification.

Whether there are professions similar to that of the health professional group that should be included in, or portions of the health professional group that should be excluded from, the proposed legislation.

One other type of provider is currently licensed within the State of Arizona, Certified Registered Nurse Anesthetists (CRNAs), who provide similar services within the ACT. Due to differing paths in the educational system, CAAs should not be included within the CRNA regulatory scheme, nor should CRNAs be included within the CAA proposed regulatory model. Therefore, this proposal does not alter in any way the existing regulatory scheme for CRNAs. As stated above, this Sunrise application and the proposed legislation seek to allow for CAA licensure and does not impact any of the authorizing statutes for CRNAs, nor does this request seek to require CAAs over CRNAs or prescribe any other regulatory stipulation that would grant CAAs a competitive advantage over CRNAs. **Simply put, CAAs seek the ability to work alongside CRNAs and Physician Anesthesiologists in a care team setting to deliver safe, effective, and high-quality anesthesia**

HOW CAA LICENSURE WILL ENSURE MAINTENANCE OF STANDARDS

Whether effective quality assurance standards exist in the health profession, such as legal requirements associated with specific programs that define or enforce standards or a code of ethics. How the proposed legislation will ensure quality, including the extent to which a code of ethics, if any, will be adopted, and the grounds for suspension or revocation of registration, certification, or licensure.

Federal regulation defines CAAs and describes the legal requirements needed to work in the profession. According to this regulation, CAAs must be in compliance with all applicable requirements of state law and must have graduated from a medical school-based CAA educational program that is accredited by CAAHEP, and which includes approximately two years of specialized basic science and clinical education in anesthesia (42 C.F.R. § 410.69).

As stated above, potential CAAs are required to be certified through the National Commission for Certification of Anesthesiologist Assistants. The NCCAA code of conduct requires that all CAAs behave in a manner that is lawful, ethical, and upholds acceptable standards of professional practice as a CAA. The NCCAA has an established code of conduct that allows the NCCAA, at its discretion, to deny, or revoke a CAA's eligibility for certification or recertification permanently or for such time as may be determined by the NCCAA; issue a reportable letter of censure; issue a non reportable letter of concern, and/or take such other actions as may be deemed appropriate if NCCAA determines that the CAA is in violation of NCCAA code of conduct or NCCAA policy.

As such, there currently exists federal regulations and a code of conduct at the NCCAA to support the enforcement of standards in the profession. In addition, the proposed legislation will allow the Arizona Medical Board to accept complaints and take action to revoke the certification of a CAA if an issue arises.

CAA ASSOCIATIONS, ORGANIZATIONS, AND NUMBER OF APPLICANTS

A description of the group proposed for regulation, including a list of associations, organizations, and other groups representing the practitioners in this state, an estimate of the number of practitioners in each group and whether the groups represent different levels of practice.

The Arizona Academy of Anesthesiologist Assistants represents over 50 CAAs who have expressed interest in practicing in the State of Arizona, but who are prohibited from practicing their profession in the State due to the current state of the law. Additionally, the American Academy of Anesthesiologist Assistants (AAAA) supports the effort of its members to practice in the State of their choosing.

The AAAA represents CAAs on the national level. The AAAA is dedicated to the ethical advancement of the CAA profession and to excellence in patient care through education, advocacy, and promotion of the Anesthesia Care Team. The purpose of the AAAA is to establish and maintain the standards of the profession by fostering and encouraging continuing education and research to all graduate Anesthesiologist Assistant students and enrolled students of accredited programs; represent the interests of the profession; initiate and cultivate relationships with other organizations of health care providers; and instill confidence in the public by adhering to established ethical norms and legal constraints. AAAA consists of more than 3000 members, representing CAAs, Student Anesthesiologist assistants, and physician affiliates.

The American Society of Anesthesiologists (ASA) is an educational, research, and scientific association of physicians organized to raise and maintain the standards of the medical practice of anesthesiology and improve the care of the patient. With more than 56,000 members nationwide, ASA has become the foremost advocate for all patients who require anesthesia or relief from pain. In addition to supporting and representing Physician Anesthesiologists, the ASA also represents CAAs and Certified Registered Nurse Anesthetists. There are currently around 800 CAAs who are members of ASA.

COST OF CAA LICENSURE

The impact that registration, certification, or licensure will have on the costs of the services to the public. Due to the likelihood that CAAs will be employed by hospitals or private employers, it is unlikely that the proposed licensure and regulation will have a significant effect on the cost of services to the public. In fact, if CAAs are licensed in Arizona, this will expand the number of qualified non-physician anesthetists available to Physician Anesthesiologists. In turn, this will increase overall competition in this specific market, decreasing the costs of these services over time. In addition, because the Centers for Medicare and Medicaid Services (CMS) and commercial insurance payors recognize CAAs as non-physician anesthesia providers with regard to payments for services provided under medical direction by an Physician Anesthesiologist, the costs for services by a CAA will be the same as they currently are for CRNAs. There will be no increase in this regard.

Lastly, as mentioned above, it would be impractical for the State to adopt an additional CAA certification process when it already exists at the national level. Therefore, the cost to the State for CAA certification would be minimal and the proposed legislation allows the Arizona Medical Board to set a reasonable certification fee to account for the time necessary to ensure applicants meet the certification standards.

The cost to this state and to the public of implementing the proposed legislation.

Any cost to the State and to the general public will be minimal given that the CAA certification exam, recertification process, and educational standards already exist, and certification exams are conducted

by the NCCAA. The proposed legislation seeks to require CAA applicants to be certified through the existing Arizona Medical Board. In addition to the State's potential to utilize the documents and materials already available for CAA certification and education, the State will have the opportunity to offset any expenses associated with CAA certification through CAA application fees, initial licensing fees, renewal fees, and state-run CME credits. Through licensure and regulation of CAAs, the State will gain highly skilled healthcare professionals at little or no cost to the State.

THE IMPACT OF CAA LICENSURE ON THE PUBLIC, OTHER PROFESSIONS, AND THE STATE.

Why an increased scope of practice is beneficial, including the extent to which healthcare consumers need and will benefit from safe, quality care from practitioners with this scope of practice.

Due to the lack of an authorizing scope of practice statute, CAAs do not have the ability to practice within Arizona. Therefore, a new license is essential to enable CAAs to practice within the State. The addition of CAAs to the ACT in Arizona's healthcare system would increase patient access to anesthesia services in a safe and effective manner. CAAs are highly educated and trained in their specialized field, and in practice work closely and under the direction of the supervising Physician Anesthesiologist to ensure the best patient outcomes possible. A shortage of healthcare providers is widely recognized in the United States, including in specialty care like anesthesia. An additional advanced practice provider can only help to ensure that Arizonans have access to the quality care they need when they need it.

Whether those health professionals seeking an increased scope of practice currently have or will be required to have didactic and clinical education from accredited professional schools or training from recognized programs that prepare them to perform the proposed scope of practice and details on what that education or training includes for that proposed scope of practice.

For a student to be admitted into a Certified Anesthesiologist Assistant program, such a student must have completed a bachelor's degree along with certain science prerequisites.³ Additionally, each student must sit for either the Medical College Admissions Test (MCAT) or the Graduate Records Admission Test Examination (GRE) for admission to CAA school.

An accredited Certified Anesthesiologist Assistant educational program must be supported by an anesthesiology department of a medical school that is accredited by the Liaison Committee on Medical Education or its equivalent. The Anesthesiology department must have the educational resources internally or through educational affiliates that would qualify it to meet the criteria of the Accreditation Council for Graduate Medical Education (ACGME), or its equivalent, for sponsorship of an anesthesiology residency program. Although the standards recognize the importance of a basic science education within a clinically oriented academic setting, it is also recognized that some of the supervised clinical practice components of the curriculum may be carried out in affiliated community hospitals that have the appropriate affiliation agreements specifying the requisite teaching faculty and staffing ratios for the clinical experience. The CAA curriculum is based on an advanced graduate degree model and requires at least two full academic years. The current programs are 24 to 28 months. Graduates from all CAA

³ Prerequisites include but are not limited to: General Biology with lab, General Chemistry with lab, Human Anatomy with lab, Human Physiology with lab, Organic Chemistry with lab, Biochemistry, General Physics (lab recommended), and Calculus.

educational programs earn a master's degree.

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits CAA training programs. The American Society of Anesthesiologists (ASA) is a CAAHEP member and participates in the accreditation processes for three health professions: Anesthesiologist Assistants, Respiratory Therapy, and Emergency Medical Technician-Paramedic. CAAHEP is the largest accreditor in the health sciences field. In collaboration with its Committees on Accreditation, CAAHEP reviews and accredits over 2000 educational programs in 19 health science occupations and is recognized by the Council for Higher Education Accreditation.

Whether the subject matter of the proposed increased scope of practice is currently tested by nationally recognized and accepted examinations for applicants for professional licensure and the details of the examination relating to the increased scope of practice.

The National Commission for Certification of Anesthesiologist Assistants (NCCAA) was founded in July 1989 to develop and administer the certification process for CAAs in the United States. The NCCAA consists of commissioners representing the ASA and the American Academy of Anesthesiologist Assistants (AAAA) and includes physicians and CAA members (at large). Graduates or senior students in the last semester of a CAAHEP-accredited CAA educational program may apply for initial certification. Such a professional distinction is awarded to a CAA who has successfully completed the Certifying Examination for Anesthesiologist Assistants administered by NCCAA in collaboration with the National Board of Medical Examiners (NBME). Certified CAAs are permitted to use the designation CAA to indicate that they are currently certified. The content for the Certifying Examination for Anesthesiologist Assistants is based on the knowledge and skills required for anesthesiologist practice. NCCAA has contracted with NBME to serve as a consultant for the development and ongoing administration of the Certifying Examination. A test Committee of Physician Anesthesiologists and CAAs is responsible for writing and evaluating test questions for the examinations. The first Certifying Examination was administered in 1992.

NCCAA maintains a database of Certified Anesthesiologist Assistants for verification of individual practitioners. Hospitals, practice groups, state boards, and others may verify an individual CAA's certification via a printed verification statement posted on the Verify Certification page of the NCCAA's website, www.aa-nccaa.org. The website also contains additional information about the National Commission and about the certification process.

The extent to which the proposed increased scope of practice will impact the practice of those who are currently licensed in this state or the entry into practice of those individuals who have relocated from other states with substantially equivalent requirements for registration, certification, or licensure as this state.

CAAs currently are unable to practice in any capacity in Arizona due to the lack of statutory authorization to do so. Licensure of CAAs does not impact the existing scope of practice for CRNAs, who have significantly different educational backgrounds. It likewise would not impact the existing scope of practice for general physician assistants due to the anesthesia-specific skill set of CAAs. With the enactment of HB 2569 in 2019 regarding universal licensing recognition, Arizona is one of, if not the most, friendly states for individuals to relocate from other states and see a seamless transition to begin practicing their profession here. Under the current state of the law in Arizona, CAAs from the jurisdictions that allow CAAs would have no ability to work should they relocate to Arizona. By creating a mechanism for licensing CAAs, Arizona could ensure that any CAA in the country could put their skills to use for the benefit of Arizona residents. The existing national framework for curriculum, testing, and certification would further make the relocation of CAAs to Arizona a seamless process once a licensing mechanism

is in place.

The extent to which implementing the proposed increased scope of practice may result in savings or a cost to this state and to the public.

By increasing the supply of anesthesia providers within the State of Arizona, citizens will experience increased access to anesthesia services. Additionally, the medical community should see downward pressure on employee costs as new providers enter the market.

The relevant health profession licensure laws, if any, in this or other states.

CAAs are allowed to practice in 23 jurisdictions (Alabama, Nevada, Utah, Colorado, District of Columbia, Florida, Georgia, Guam, Indiana, Kentucky, Missouri, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Vermont, Wisconsin, and Washington), including delegated authority in Kansas, Texas, Pennsylvania, and Michigan.

Recommendations, if any, from the applicable regulatory entity or entities, from the Department of Health Services, and from accredited educational or training programs.

This is not applicable at this time.



Arizona Society of Anesthesiologists
2401 W. Peoria Ave., Ste. 315
Phoenix, AZ 85029

Ph: 602-489-1564 www.az-anes.org Fax: (602) 242-6283

October 29, 2024

The Honorable Warren Petersen
The Honorable Ben Toma
Arizona State Legislature
1700 W. Washington St
Phoenix, AZ 85007

Dear Senator Petersen and Representative Toma,

On behalf of the Arizona Society of Anesthesiologists (AzSA), I am writing to you in strong support of the licensure of certified anesthesiologist assistants (CAAs) in our state of Arizona. Granting licensure of CAAs would allow these master-level educated medical professionals to practice within our state.

AzSA strongly supports the Anesthesia Care Team (ACT). CAAs are uniquely qualified to use their team-based anesthesia skills to practice within ACTs. CAAs complete a master-level degree and work under the medical direction of physician anesthesiologists to care for surgical patients.

Prior to completing their master-level degree, CAAs complete pre-medical undergraduate degree programs. They then complete anesthesiologist assistant training programs which range from 24-28 months; training programs which are accredited by CAAHEP. AAs must then pass a certifications test to become a licensed CAA.

CAAs are currently licensed to practice in 23 jurisdictions in the United States and have been shown to be safe and effective members of a patient's health care team. CAAs are utilized interchangeably with nurse anesthetists, as non-physician members of ACTs, in states where they are licensed to provide high quality anesthesia care.

Arizona patients would benefit from being able to have CAAs as a part of their Anesthesia Care Team. Adding CAA licensure to Arizona would help address the current healthcare provided shortage in Arizona by expanding the available members of ACTs.

We ask you to please strongly consider CAA licensure within Arizona to benefit patients in need of anesthesia care and allow CAAs to practice their master-level degree here in our state. Should we be able to assist in answering any questions, please contact our Executive Director Kassie Mueller at kmuller@azmed.org.

Sincerely,

Gary Tzeng, MD, FASA
President, Arizona Society of Anesthesiologists



NADEEM KAZI, MD, AGAF
PRESIDENT

LIBBY DE BIE, CAE
CHIEF EXECUTIVE OFFICER

October 29, 2024

The Honorable Warren Petersen
Arizona State Senate
1700 West Washington
Phoenix, Arizona 85007

The Honorable Ben Toma
Arizona State House of Representatives
1700 West Washington
Phoenix, Arizona 85007

Dear Senate President Petersen and Speaker of the House Toma:

On behalf of the Arizona Medical Association (ArMA) and our nearly 4,000 member physicians, residents, and medical students, I respectfully request your support for the sunrise application to provide statutory authority for licensure and regulation of Certified Anesthesiologist Assistants in Arizona (CAA).

ArMA promotes leadership in the art and science of medicine and advocates for economically sustainable medical practices, the freedom to deliver care in the best interests of patients, and health for all Arizonans. Our organization has been the strongest voice for medicine in Arizona for the last 130 years and we are proud of our patient-centered approach to advocacy and our passion for advancing access to quality health care.

CAAs have been a part of the practice of anesthesia for over 50 years, providing high quality, safe and effective anesthesia care in conjunction with physician anesthesiologists. CAAs have a pre-medical undergraduate degree and earn a master's degree over at least 24 months while completing on average 2,000 hours of clinical training in anesthesia. Additionally, they must pass a rigorous national board exam to obtain their certification. There is no doubt that CAAs are highly trained and extremely well qualified to work in Arizona.

Arizona's healthcare workforce shortage means long hours for clinicians and terrible delays for patients, leaving health systems with no choice but to hire expensive traveling practitioners to address their dire needs. There are nearly 2,500 CAAs nationwide and many have expressed interest in returning to Arizona, however until this legislation is enacted they will not be able to practice their profession.

ArMA urges you to support this important proposal which will expand patient access to care by allowing these highly qualified professionals to practice in Arizona under a physician anesthesiologist. We appreciate your time and consideration, please reach out with any additional questions.

Sincerely,

Nadeem Kazi, MD
President

Libby De Bie, CAE
Chief Executive Officer

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2401 W. PEORIA AVE. SUITE 315 PHOENIX, AZ

602.347.6900



October 29, 2024

The Honorable Warren Petersen
The Honorable Ben Toma
Arizona State Legislature
1700 W. Washington St
Phoenix, AZ 85007

Dear Senate President Petersen and House Speaker Representative Toma,

On behalf of the Arizona Osteopathic Medical Association (AOMA), I am writing to issue support for licensure of Certified Anesthesiologist Assistants (CAAs) in Arizona. The Arizona Osteopathic Medical Association has been supporting the needs of physicians and students in Arizona by advocating for and promoting the osteopathic medical profession since 1920. AOMA has more than 2,600 members – active, retired, associates, interns, residents, and students.

AOMA supports allowing CAAs to work in Arizona. CAAs are advanced anesthesia practitioners who plan and deliver safety-focused, patient-centric anesthesia care under the supervision of a physician anesthesiologist. CAAs work within the Anesthesia Care Team (ACT) model, the safest and most cost-effective perioperative medical treatment.

All CAAs possess a pre-medical undergraduate education and a two-year clinical graduate program at the master's degree level. CAAs are fully recognized by the Centers for Medicare & Medicaid Services and the U.S. Department of Veterans Affairs system. CAAs are another tool in the toolbox and are used interchangeably alongside other mid-level providers of anesthesia care. CAAs are licensed in 23 states, districts, and territories within the United States, including Arizona's neighboring states Utah, Nevada, Colorado and New Mexico, and have been practicing for over 50 years.

It is our responsibility to address the anesthesia provider shortage in Arizona and we ask you to consider and support CAA licensure within Arizona to expand patient access to qualified medical professionals.

Sincerely,

Matt Helms
Executive Director, Arizona Osteopathic Medical Association

October 29, 2024

The Honorable Warren Petersen
The Honorable Ben Toma
Arizona State Legislature
1700 W. Washington St
Phoenix, AZ 85007

Dear Senate President Petersen and House Speaker Toma,

My name is Megan Iyer, and I am an AA (Anesthesiologist Assistant) living in Cave Creek, Arizona. I moved here 8 years ago with my husband, an Anesthesiologist and Cancer Pain Physician, with the hopes of being able to continue my career as an AA. Sadly, I have been prevented from working here due to lack of licensure. This has been incredibly frustrating and unjust. I had to make the extremely difficult choice of my profession or my family when my husband took this job in Arizona. **I was forced to sacrifice my profession for my family.** This should not be a decision that men and women with a Master's Degree should have to make.

- **Please support the Arizona Academy of Anesthesiologist Assistants Sunrise Application** which will allow Anesthesiologist Assistants who are highly educated anesthesia providers a license to practice in Arizona.
- AAs are licensed to practice in 21 other states and the District of Columbia. This includes our neighbors: New Mexico, Utah, Colorado and recently Nevada.
- AAs have been **proven safe and reliable anesthesia providers for over 50 years.**
- Arizona has a **shortage of anesthesia providers.** The shortage is not just in the rural areas, but **mainly in the Tucson and Phoenix metro areas like Scottsdale**, Glendale, and Mesa. Over 90,000 people move to Arizona each year. Preventing AAs from working in Arizona is contributing to the Anesthesia shortage we are facing.
- Currently Arizonans are forced to pay more for travel nurses from out of state. Let AAs who live in Arizona work to relieve the anesthesia shortage.
- This will not take away jobs from CRNAs nor will it affect their salary. My job in Ohio paid CRNAs and AAs the same salary.

- AAs only work with Anesthesiologists. Anesthesiologists would not put their medical license at risk supervising us if they did not feel we were safe for the patient.

I encourage you to support the Arizona Academy of Anesthesiologist Assistants Sunrise Application for licensure and regulation of Anesthesiologist Assistants. This will grant me the ability to obtain a license in Arizona.

Sincerely,

A handwritten signature in black ink, appearing to read 'M Iyer', with a large, stylized flourish at the end.

Megan Iyer, AA
Vice President of the Arizona Academy of Anesthesiologist Assistants
District 3
Cave Creek, AZ 85331

The Honorable Warren Petersen

The Honorable Ben Toma

Arizona State Legislature

1700 W. Washington St

Phoenix, AZ 85007

October 24, 2024

Dear Senate President Petersen and House Speaker Toma,

My name is Vivek Iyer, and I am a board-certified Pain Management physician residing in Cave Creek and practicing in Goodyear. I work at the City of Hope Cancer Center, where I care for cancer patients suffering from pain.

I am writing to ask for your support of Anesthesiologist Assistants (C-AAs). This profession is similar to Physician Assistants, with specialized training in anesthesia, provided under the supervision of anesthesiologists. C-AAs have been seeking licensure in Arizona for the past five years, but their efforts have faced strong opposition from nurse anesthetists. Both C-AAs and nurse anesthetists are supervised by anesthesiologists in the operating room. However, nurse anesthetists have lobbied aggressively to maintain a monopoly, spending significant resources to block C-AAs from practicing in Arizona.

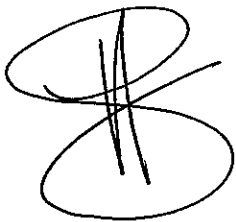
Currently, C-AAs are licensed and practicing in 22 states and the VA system nationwide, where they have worked for over 50 years. As a Board-Certified Anesthesiologist, I have had the opportunity to work alongside both C-AAs and nurse anesthetists for eight years in Ohio. In my experience, C-AAs are as qualified as nurse anesthetists in patient care, including during high-risk procedures such as open-heart surgeries. In fact, at one point, our entire anesthesia team for these surgeries consisted of C-AAs because we trusted their expertise to ensure patient safety.

Nurse anesthetists have attempted to not only block C-AAs from Arizona but also advocated for legislation to remove physician supervision (SB1269), which ultimately failed. It is concerning that they are seeking to replace physicians while simultaneously preventing another qualified healthcare profession from serving in Arizona.

I urge you to support the Arizona Academy of Anesthesiologist Assistants' Sunrise Application for licensure and regulation of C-AAs. Their inclusion will enhance patient care and expand access to anesthesia services across our state.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, consisting of a stylized 'V' and 'I' intertwined within two overlapping loops.

Dr. Vivek Iyer, MD

Pain Management Physician

City of Hope Cancer Center



New Mexico Academy of Anesthesiologist Assistants

PO Box 80514

Albuquerque, New Mexico 87198

newmexicoaaa@gmail.com | www.newmexicoaaa.org

Dear Legislators,

On behalf of the New Mexico Academy of Anesthesiologist Assistants and many of the Certified Anesthesiologist Assistants throughout the state, I am writing to ask you to support licensure of CAAs in Arizona.

CAAs first came to New Mexico in 2001, starting at the University of New Mexico Hospital. With the help of legislation over the years, CAA employment has expanded to more hospitals throughout the state. This includes San Juan Regional Hospital in Bernalillo, Christus St. Vincent Regional Medical Center in Santa Fe, and San Juan Regional in Farmington. Our work with high acuity patients in delicate surgeries has been highly successful, evidenced by the fact that there has been no medical malpractice litigation regarding CAAs in our state. Hospitals are confident employers of CAAs due to the rigorous training and education that the profession receives.

Since more hospitals have brought on CAAs in New Mexico, we have been able to alleviate the anesthesia provider shortage, decrease healthcare costs by reducing locum needs, reduce the backlog of surgeries created by the COVID pandemic, while providing safe, physician led anesthesia care to our friends and neighbors in New Mexico.

In order to earn a Master of Science in Anesthesia and become a CAA, students must complete a rigorous clinically centered graduate program that is a minimum of 24 months, and includes over 600 didactic and simulation hours in addition to earning a minimum of 2000 patient contact hours performing anesthesia under one-on-one instruction of CAAs and Anesthesiologists. CAAs are then employed in an Anesthesia Care Team model, which utilizes leadership and hands-on care from Anesthesiologists working alongside a small team of CAAs. This ensures each patient has multiple experts caring for them during the most critical parts of their surgery.

We are happy to announce that in August of 2024, the University of New Mexico matriculated its inaugural class in the Master of Science in Anesthesia program. This program has been designed to help provide more local CAAs to the southwest region of the United States. With this program having a preference for regional students, Arizonan's can train in New Mexico and with the passage of this bill, come home to Arizona to care for their own friends and neighbors.

CAA licensure is supported by the American Society of Anesthesiologists, the American Academy of Anesthesiologist Assistants, and the Arizona Society of Anesthesiologists. Please help the people of Arizona get access to the anesthesia care they so desperately need and approve licensure of CAAs. The people of Arizona deserve it.

Thank you very much for your consideration,

Lindsey C. Diaz CAA

NMAAA President



Nevada Academy of Anesthesiologist Assistants
info@nv-aaa.org | www.nv-aaa.org

October 29, 2024

Arizona House of Representatives & Arizona State Senate
1700 West Washington
Phoenix, AZ 85007

RE: Licensure and Regulation of Certified Anesthesiologist Assistants

Dear Arizona Legislators,

On behalf of all members of the Nevada Academy of Anesthesiologist Assistants (NVAANA), I am writing to strongly encourage Arizona to support the licensure of Certified Anesthesiologist Assistants (CAAs). The governor of Nevada signed AB270, one of the most recent bills to provide for the licensure and regulation of CAAs in the country, into law on June 9, 2023. The passage of this bill closely followed the passage of CAA licensure and regulation in Washington in 2024 and Utah in 2022. We strongly encourage our neighbor Arizona to follow suit and help alleviate some of the extreme shortage of anesthesia providers that currently exists, while also maintaining high quality and safe anesthesia care.

CAAs will *always* eagerly work under the medical direction of physician anesthesiologists:

The use of CAAs guarantees that a physician anesthesiologist will always be involved with every patient's anesthesia care. Access to these expert providers emphasizes patient safety, while also allowing a team approach to provide patients with the most thorough care possible. CAAs practice exclusively within the Anesthesia Care Team (ACT) model, in which physician anesthesiologists lead the planning and implementation of anesthesia care. This model is analogous to the way in which Physician Assistants (PAs) work with physicians in other specialties.

About CAAs:

CAAs are advanced practice providers that provide anesthesia care. All CAAs possess a scientific/premedical background, a baccalaureate degree, and also complete a comprehensive didactic and clinical training program at the graduate school level. CAAs are trained extensively in the delivery and maintenance of high quality anesthesia care, advanced patient monitoring techniques, and emergency scenarios. All CAA training programs are accredited by The Commission on Accreditation of Allied Health Education Programs (CAAHEP). The National Commission for Certification of Anesthesiologist Assistants (NCCAA) is the certifying body

responsible for the development and administration of the initial and subsequent board certification exams, as well as for the validation of the continuing medical education hours required to maintain CAA certification.

Impact on Arizona if passed:

If Arizona joins many other jurisdictions that allow CAAs to practice, it will allow one Physician Anesthesiologist to medically direct multiple anesthetics at a given time (at a ratio typically set forth in the federal guidelines for Medicare and Medicaid Services). This will allow for efficient, yet safe anesthesia services while increasing access to care. This will also help to lessen the overwhelming burden on the currently overworked anesthesia providers in Arizona.

Sincerely,

A handwritten signature in black ink, reading "Stephanie Zunini". The signature is written in a cursive, flowing style with a large initial 'S'.

Stephanie Zunini, CAA
NVAAA President