



### **NMANA Statement on the expansion of Anesthesiologist Assistant practice in New Mexico**

Anesthesiologist Assistants were created in the 1960s. The first AA program was established in 1969 at Case Western Reserve in Cleveland, OH. There are today eight training programs for Anesthesiologist Assistants compared to 113 accredited programs for nurse anesthetists. There are today less than 1000 Anesthesiologist Assistants practicing compared to 44,000 Certified Registered Nurse Anesthetists and registered nurse anesthetist students. Anesthesiologist Assistants are allowed to practice in only 14 states and the District of Columbia and the VA system and are barred by law from practicing in one state (Louisiana) and the Department of Defense. Nurse anesthetists are a recognized nursing specialty since 1877 and are licensed to practice in all 50 states, the District of Columbia, the Department of Defense and the VA system. CRNAs have been deployed independently in all wars since WWI and there are 2 CRNAs on the wall of the Viet Nam Memorial in Washington, DC.

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### **There are significant differences in education, experience, scope of practice of AAs and CRNAs**

Anesthesiologist assistants were created to perform exactly as their title implies, to assist anesthesiologists. They are dependent providers that cannot practice without the supervision of anesthesiologists. In NM the majority of hospitals are rural, and do not have anesthesiologists; in these facilities there is no opportunity for anesthesiologist assistants to practice.

Nurse Anesthetists are trained to work independently, and by law can practice independently in New Mexico (and therefore do not need supervision by an anesthesiologist or other physician).

AAs are not required to have any healthcare education or background prior to beginning their two years of anesthesia training, and they are not trained to provide a full range of anesthetics. They do not provide on call services for emergency surgery or for emergency obstetrics. Many are not trained to provide regional anesthesia which is the standard of care for many procedures including orthopedics.

There have been no studies to document the safety and cost effectiveness of anesthesiologist assistants, while there have been several peer reviewed studies to document the safety and cost effectiveness of Nurse Anesthetists.

There is no anesthesia provider shortage in New Mexico. Often the positions that do become available in NM are at the 24 small rural hospitals where there is not an anesthesiologist on staff.

In an era of tight medical funding the addition of an anesthesiologist assistant to a staff means the addition of an anesthesiologist. This expensive scenario incurs the cost of two providers to provide the services of one. In

addition, according to the American Society of Anesthesiologists own peer reviewed study; anesthesiologists fail to provide the requisite supervision in greater than 90% of the cases if the supervision is greater than 1:1.

Additionally, expanding AA practice in NM would have unwanted consequences for access to healthcare in the state. Rural hospitals would have to hire anesthesiologists in order to use AAs, potentially disqualifying those facilities from receiving rural “pass through funding.” Increasing the number of AAs in the New Mexico could also shrink the pool of CRNAs in NM, making it more difficult for rural hospitals to recruit CRNAs to their practices.

Allowing anesthesiologist assistants to practice throughout New Mexico has the potential to increase of the cost of anesthesia services to the government and people of New Mexico.

NMANA opposes the expansion of Anesthesiologist’s Assistant practice in New Mexico.

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### **There are several misconceptions being propagated about AAs**

#### **Misconception: AAs are interchangeable with CRNAs.**

**Reality:** AAs, as their title states, are assistants. It is implicit in their title that they cannot function independently, but rather always function under another provider. Conversely, CRNAs (as their title states) are anesthesiologist, fully trained and capable of administering anesthetics independently or as part of an anesthesia care team. Nurse anesthesia is a nursing specialty that pre-dates the medical specialty of anesthesiology, and nurse anesthetists have practiced without anesthesiologist supervision for over 150 years. AAs, on the other hand, are new to the anesthesia world (1960s) and were developed specifically to work under anesthesiologists, not independently as CRNAs can.

#### **Misconception: AAs are safe because they are supervised**

**Reality:** There has long been anecdotal evidence that AAs are not properly supervised at UNMH. Now, the American Society of Anesthesiologists (ASA) has published data showing that anesthesiologists frequently do not or cannot fulfill the requirements for supervision/direction (lapses in as many as 90% of cases with higher than 1:1 supervision ratios). This research published by the ASA demonstrates that AAs are likely to frequently practice without the proper supervision and therefore out of their scope of practice and beyond their training. This does not compromise patient safety when CRNAs are working in care teams since they are trained to be able to function independently.

#### **Misconception: AAs are being unfairly excluded from many markets**

**Reality:** When a person chooses training as an AA, they are choosing to limit themselves to the small market in which AAs are allowed to function. The New Mexico legislature, along with many other governing entities, has restricted AA practice in an effort to ensure safe anesthesia care. A person whose goal is to administer anesthesia across New Mexico would therefore choose training as a CRNA or anesthesiologist. AAs are not being unfairly excluded, but rather have chosen to exclude most of New Mexico (and the country) from their practice by their career choice. Furthermore, these assistants have the same opportunity to train as CRNAs or MDs as anyone else, and therefore cannot claim to be unfairly discriminated against.