

Can Pennsylvania Afford Anesthesiologist Assistants?

The General Assembly is considering legislation that would create and license anesthesiologist assistants (CAAs) for the first time in Pennsylvania. The measures do nothing to enhance patient care or make health care more accessible, and actually increase the cost of care while severely limiting the practice of highly skilled certified registered nurse anesthetists (CRNAs).

	Certified Registered Nurse Anesthetists	Certified Anesthesiologist Assistants
License to Practice	CRNAs are certified anesthesia experts independently licensed to practice in all 50 states and the District of Columbia.	CAAs are only licensed to practice in 14 states and the District of Columbia.
Anesthesia Services	CRNAs are permitted by federal and state legislation and regulations to provide every type of anesthesia service to patients without the involvement or presence of a physician anesthesiologist.	CAAs are limited by their training and licensure to providing clinical support and may not practice "apart from the supervision of an anesthesiologist," according to the AAAA®.
Cost of Care	CRNAs are far less costly for hospitals to employ, while still delivering the highest quality care.	The provider redundancy of the CAA/ anesthesiologist team is one of the costliest anesthesia delivery models.
Patient Safety	Independent peer-reviewed research on anesthesia have determined there is no difference in safety outcomes, regardless of the surgical complexity, from CRNAs or physician anesthesiologist.	The quality of care and safety of CAAs is unproven, as the only research study they point to is significantly flawed and not specific to providing hands-on anesthesia care.
Education and Training	CRNAs must be a registered nurse, have a bachelors degree and 1+ year of acute critical care experience prior to entering a nurse anesthesia educational program. CRNAs complete approximately 9,600 hours of hands-on clinical hours.	Prior to entering a CAA program, CAAs are not required to have any prior health-care education, other than the completion of 2,000 clinical hours that do not even need to be hands-on or anesthesia specific.
Access to Care	CRNAs remain the primary providers of anesthesia care in rural America. With CRNAs, rural hospitals are able to staff emergency services with in-house CRNAs 24/7.	Since CAAs cannot practice without the direct supervision of an anesthesiologist, they do nothing to address inadequate access to anesthesia care in rural, under-served or ANY other area where an anesthesiologist is not physically present.

The bottom line?

Anesthesiologist assistants DO NOT improve patient safety or enhance care.
Anesthesiologist assistants DO NOT reduce health care costs.
Anesthesiologist assistants DO NOT improve access to anesthesia services.

