



**House Professional Licensure Committee
April 25, 2022
Pennsylvania Department of State
House Bill 1956**

Good morning. Thank you, Chairman Hickernell, Chairman Burns, and members of the House Professional Licensure Committee, for inviting the Department of State to provide comments at today's meeting.

As you are aware, the Department, through its Bureau of Professional and Occupational Affairs, oversees 29 boards and commissions that license and regulate more than 900,000 individuals and businesses, spanning nearly 130 occupations and professions. Each board and commission is governed by its respective practice act, which establishes a board's scope of powers and duties, defines the practice of its profession, and sets forth the types of licenses that a board may issue.

The Department established the Sunrise Application review process to determine whether regulation of a certain profession or occupation is necessary before enacting any new legislation. After reviewing the Sunrise Application and HB 1956, which provides for the licensure of Certified Anesthesiologist Assistants (CAAs), the Department believes there are alternatives to licensure that are more appropriate for this class of practitioners.

As described in the Sunrise Application, CAAs are “highly skilled health professionals that perform regional anesthesia techniques, place invasive monitors, and develop and implement anesthesia care plans,” working within the anesthesia care team (ACT) model described by the American Society of Anesthesiologists (ASA). Within the ACT model, an anesthesiologist and CAA work together to provide high-quality care in the belief that patient safety is best served with an anesthesiologist’s involvement. All duties performed by CAAs are under the direction and supervision of a licensed anesthesiologist who retains responsibility for the immediate care of the patient.

CAAs have earned a baccalaureate degree with premedical coursework and completed a 24- to 48-month master’s level anesthesiologist assistant program. Currently, there are 14 master’s level educational programs for CAAs across the country. Fourteen states, Washington, D.C., and the U.S. territory of Guam administer a licensure program for CAAs, and three states have delegatory authority for CAAs. While Pennsylvania does not license, certify, or register CAAs, the National Commission for Certification of Anesthesiologist Assistants (NCCAA) offers certification for anesthesiologist assistants who demonstrate competency in their profession.

In the Sunrise Application and the co-sponsorship memo for HB 1956, it is noted that CAAs cannot currently practice in Pennsylvania, and adds that “due [to] the current state law there are no CAAs in Pennsylvania.” However, the Medical Practice Act, the Osteopathic Medical Practice Act, and the regulations of both the State Board of Medicine and the State Board of Osteopathic Medicine contain no language preventing

CAAs from practicing in Pennsylvania. Section 17 of the Medical Practice Act (63 P.S. § 422.17) expressly authorizes a doctor to delegate the performance of a medical service to a health care practitioner or technician. As described in the Sunrise Application and HB 1956, CAAs would appear to fall within the definition of technician. While the practice acts and board regulations do not prohibit CAAs from practicing in the Commonwealth, the Department of State and State Board of Medicine do not have the authority to regulate hospitals and other health care facilities. That authority falls under the Department of Health, in the Health Care Facilities Act.

The Department's position is that there is no language contained within the Medical or Osteopathic Practice Acts or regulations that prohibit a CAA from providing their services. In addition, within the Sunrise Application, the Applicant did not demonstrate any evidence of public harm caused by the lack of licensure. There is already a preexisting national certification process in place for CAAs, which would ensure competency and proper training. For these reasons, the Department does not believe that it is necessary or beneficial to create a licensure program for CAAs in order for them to practice in Pennsylvania, and opposes HB 1956 and licensure of CAAs.

The applicant further outlined how licensure would ensure competency of CAAs and protection of the public. Both HB 1956 and the Sunrise Application list holding national board certification from the NCCAA as a requirement for CAAs to practice in Pennsylvania. In addition to completing extensive educational prerequisites, CAA applicants must meet several other strenuous requirements to become nationally certified and practice. Mandating that Pennsylvania CAAs apply for state licensure would add another level of administrative burden to both the licensing agency and CAA

applicants. The Department views creating another licensure class for professionals who are already nationally credentialed as repetitive and unnecessary.

One of the most important considerations in any Sunrise Review must always be the potential for public harm. The Sunrise applicant notes that while the use of anesthesia, when administered improperly or by an individual who lacks the required education, training, or skill, could cause a patient bodily harm or death, these risks are mitigated in large part by strong regulation over who can and cannot administer anesthesia to a patient. When asked to document instances where the public's health, safety or general well-being was threatened or harmed due to the absence of CAA licensure in Pennsylvania, the Sunrise applicant was unable to provide evidence of any such occurrences. Instead, the harm cited by the applicant is the negative effect on the public that results when there is a shortage of non-physician anesthesia providers, which the applicant attributes to the absence of licensure for CAAs and their inability to practice in Pennsylvania.

Should HB 1956 become law, the number of CAAs that would seek licensure in Pennsylvania is unknown. States with licensure and delegatory authority regulate anywhere from zero to 1,064 CAAs as of March 2022. The Department estimates that because of the small number of CAAs (only 2,500 practicing nationwide, and just 5 CAAs in Pennsylvania based on a search of NCCAA's database), this licensure proposal would be cost prohibitive for the professionals seeking licensure. The licensees would need to fund any necessary changes to the PALS system and any personnel costs associated with this new license type.

The Sunrise Applicants want to be able to practice in Pennsylvania and acknowledge that would be possible through delegation or, preferably, delegation plus licensure. Pennsylvania's relevant practice acts of its State Board of Medicine and State Board of Osteopathic Medicine allow for such delegation. If there are additional obstacles beyond that, those would be outside the Department's domain.

The Department appreciates the opportunity to comment on the Sunrise Application and HB 1956. We remain open to engaging in discussions with the Sunrise applicant and the sponsors of the bill. Thank you again for the opportunity to speak to the committee today. We look forward to answering your questions.