

**Testimony Presented by
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before the
House Professional Licensure Committee
at
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Majority Chairman Hickernell, Minority Chairman Burns, honorable members of the Committee: Thank you for providing me the opportunity to testify today about House Bill 1956, which would license anesthesiologist assistants (AAs) into practice in Pennsylvania.

My name is Matthew McCoy. I am the assistant director of the Crozer Chester Medical Center/Villanova University Nurse Anesthesia Program and past president of the Pennsylvania Association of Nurse Anesthetists.

Anesthesiologist assistants(AAs) --- despite trying to rebrand themselves as anesthetists --- are not synonymous with certified registered nurse anesthetists (CRNAs). We have very different educational and clinical training paths. AAs are limited by their training to only provide support as a technical assistant to a physician anesthesiologist and cannot provide anesthesia care apart from their direct supervision. Any scenario that has an AA working apart from a physician anesthesiologist is in direct violation of federal law --- and that is fraud. Unlike AAs, CRNAs are educated and trained to think and work autonomously.

AAs also have no requirement for any healthcare education or clinical experiences before entering their anesthesia assistant training program. An AA training program is typically a 24- to 28-month master's degree program with approximately 2,000 to 2,750 training hours. While that sounds like a large number, the reality is that those training hours for AAs begin the minute they walk into a facility and are not all directly related to patient care. This means that just simply observing patient care or being physically present in the facility is enough to satisfy training hours. Because AAs are not required to have any patient care experience, their clinical hours include learning skills that CRNAs have mastered during their BSN programs. CRNAs, unlike AAs, learn to assess and treat a broad range of health problems before even beginning anesthesia training.

In stark contrast, CRNAs have completed a four-year Bachelor of Science in Nursing(BSN) or accelerated BSN, at a minimum worked as an intensive care unit (ICU) nurse for one to two years (the average being five years) before entering a three-year-plus doctoral nurse anesthesia educational program. Our total secondary education and training is seven to nine years with more than 9,000 direct patient care clinical hours. For CRNAs, just showing up is not enough. Even our physician anesthesiologist colleagues must complete a four-year medical doctor (MD) degree --- having patient care experiences --- before entering a three- to four-year anesthesia

residency program. As you can see, one of these anesthesia professionals does not look or function like the others.

I also want to offer some historical perspective on CRNA education and the effects that anesthesiologist assistants could have on Pennsylvania's anesthesia landscape. There are only 13 AA education programs in the United States. The closest and original training program is at Case Western Reserve University in Ohio. According to the American Academy of Anesthesiologist Assistants, there are approximately 3,000 anesthesiologist assistants working in the United States. In comparison, Pennsylvania has approximately 4,000 CRNAs and 13 nurse anesthesia education programs within its borders alone.

Pennsylvania houses the largest collection of nurse anesthesia programs in the entire country. Our commonwealth has a rich history of educating CRNAs. Some of the first programs in the country to educate CRNAs were located in Philadelphia and Erie. We produce on average 200 to 400 newly minted CRNAs each year --- this is more than the total number of AAs currently employed in Ohio, which is the closest state that allows AAs to practice. At a conservative estimate of \$100,000 per student program cost, nurse anesthesia programs contribute \$20 million to \$40 million annually to Pennsylvania. Nationally, we currently have 121 accredited nurse anesthesia programs producing north of 2,500 CRNAs each year. There are approximately 60,000 CRNAs nationally.

So what does all of this mean for Pennsylvania if anesthesiologist assistants are granted licensure here? First, CRNAs are unable to educate AAs because our scope of practice is significantly different. AAs train to assist another anesthesia provider and we train to be autonomous professionals in both thinking and practice. What is more important and of greater concern is that AAs cannot educate or train CRNA students, again for the differences in scope of practice where one is an assistant and the other is training to be a professional that has the freedom to think and act independently. CRNA students may only be educated by CRNAs and physician anesthesiologists because our scope of anesthesia practice is nearly identical.

Allowing AAs to enter Pennsylvania will start a very real and cataclysmic shift for CRNA education. Once AAs enter a CRNA clinical site, that particular case, procedure, anesthetizing location, and possibly the entire clinical site is no longer available to CRNA students. Anesthesiologists do not just directly compete for cases but actually completely remove that learning opportunity from both CRNA students and resident physician anesthesiologists.

It is a constant struggle for nurse anesthesia programs to recruit clinical sites to meet the current demand of CRNA education in Pennsylvania. By allowing AAs to enter into Pennsylvania, it not only becomes less attractive for CRNA students to train here, it becomes more difficult to retain CRNA talent post-graduation. As I said, we produce between 200 to 400 new CRNAs each year --- and we currently retain approximately 80 percent of those graduates. This seems counterintuitive, but you could see a very real and prolonged decreased return on investment with the number of anesthesia providers in Pennsylvania by opening the state to anesthesiologist assistants.

You may also hear some of our anesthesiologist assistant colleagues proclaim they “just simply want to come home to Pennsylvania to work.” On the surface, this appears to be a very real and sympathetic request. However, each of these providers should have been fully aware that they were entering a profession where only 14 states plus the District of Columbia currently allow them to work, and none of those states included Pennsylvania. I also think it is unfortunate that their own profession misled them to believe they are entering (as quoted from www.aaschools.com) *“a job in high demand that allows you to work and live where you want.”*

We do not need this legislation. There is already an established route for AAs to work in Pennsylvania alongside other proven anesthesia professionals. There is a recently established AA-to-CRNA bridge program out of Texas Christian University, Harris College of Nursing and Health Science that is admitting anesthesiologist assistants who would like to become a CRNA. This is a comprehensive pathway for an individual AA to become a CRNA and work in Pennsylvania alongside other highly skilled, highly educated anesthesia professionals.

In closing, credentialing anesthesiologist assistants to work in Pennsylvania will do absolutely nothing to decrease the demand for anesthesia services for Pennsylvania residents, but it will adversely affect the supply of an already established anesthesia provider: Certified Registered Nurse Anesthetists. Anesthesiologist assistants provide absolutely no benefit to Pennsylvania’s residents or patients, which is why I urge you to oppose the measure. Thank you.