

ORAL TESTIMONY BEFORE THE COMMITTEE ON HEALTH AND HUMAN SERVICES
IN SUPPORT OF THE
HB 2295-THE ANESTHESIOLOGIST ASSISTANT LICENSURE ACT
FEBRUARY 18, 2019
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ATLANTA, GEORGIA

On behalf of the American Academy of Anesthesiologist Assistants (AAAA), and the approximately 2000 members of the organization, I would like to thank the members of the committee for taking time to hear testimony on HB 2295. This legislation would establish a license for Anesthesiologist Assistants, who are currently unable to provide care for patients in the state of Kansas.

Certified Anesthesiologist Assistants (CAAs) are highly skilled health professionals who work under the direction of licensed physician Anesthesiologists to implement anesthesia care plans. CAAs work exclusively within the Anesthesia Care Team model as described by the American Society of Anesthesiologists (ASA). The goal of Anesthesiologist Assistant (AA) education is to guide the transformation of qualified student applicants into competent health care practitioners who aspire to work in the Anesthesia Care Team (ACT) for the benefit of patients.

A CAA is qualified by academic and clinical education to provide anesthetic care under the direction of a qualified physician anesthesiologist. The physician anesthesiologist who is responsible for the Anesthesiologist Assistant is available to prescribe and direct particular therapeutic interventions. Certified Anesthesiologist Assistants practice in the Anesthesia Care Team with physician Anesthesiologist oversight. The scope of clinical practice for CAAs is identical to that of nurse anesthetists working in the ACT.

All CAAs must complete a comprehensive didactic and clinical program at the graduate school level. To be admitted into an AA training program, students must have earned a baccalaureate degree with premedical coursework. AAs are trained extensively in the delivery and maintenance of quality anesthesia care as well as advanced patient monitoring techniques. AAs perform such tasks as administering drugs, obtaining vascular access, applying and interpreting monitors, establishing and maintaining patient airway, and assisting with preoperative assessment. AAs train and work under the supervision of physician Anesthesiologists who retain responsibility for the immediate care of the patient. The care team model expands the medical treatment provided by the physician Anesthesiologist and equips the medical facility to serve patients more effectively and efficiently.

By virtue of the basic medical science education and clinical practice experience, the CAA is proficient in the use of contemporary patient monitoring and interpretation of data in all

anesthesia care environments. The CAA provides patient care that allows the supervising physician anesthesiologist to use his or her own medical education more efficiently and effectively.

Over the last few months, the AAAA has worked with the Kansas Society of Anesthesiologists and the Kansas state component academy of the AAAA to address the questions presented by the KDHE Technical Review Committee. Following a number of meetings with the Technical Review Committee, the AAAA was very pleased to see a positive outcome from the committee's report. The AAAA looks forward to working with the committee for a successful outcome on HB 2295. If I can provide any further information, please do not hesitate to contact me at jeremy@jsbetts.com.

Thank you,

Jeremy Betts
General Counsel
American Academy of Anesthesiologist Assistants