

ANESTHESIOLOGIST ASSISTANTS (AAs)

The Iowa Society of Anesthesiologist (ISA) has made a presentation to the Iowa Board of Medicine stating the ISA's intent to seek legislation authorizing the licensure and practice of AAs in the state of Iowa. It is the intent of the ISA to propose legislation during the 2016 Legislative Session to license AAs in Iowa. The Iowa Association of Nurse Anesthetist (IANA) is opposed to this legislation.



IANA's Position:

The IANA is opposed to the licensure and practice of anesthesiologist assistants in Iowa.

Information about AAs:

An AA is a non-physician provider of anesthesia that must practice under the direct supervision of an anesthesiologist. They are not required to have medical or nursing training before beginning their AA education.

AAs are not: Physicians; Advanced Registered Nurse Practitioners (ARNPs); Certified Registered Nurse Anesthetists (CRNAs); or Physician Assistants (PAs).

Currently there are only 1800 AAs in the United States licensed in a total of 14 states.

Basis for IANA's Position:

There is not a shortage of anesthesia providers in the state of Iowa. According to the Iowa Board of Medicine, there are 312 active anesthesiologists in Iowa with a ratio of one anesthesiologist per 9,853 Iowan. In addition to anesthesiologists, there are over 265 CRNAs in Iowa. In Iowa there is one independently licensed anesthesia provider (anesthesiologist or CRNA) for every 5,374 Iowans. Comparative data on other medical specialties indicate there are: one General Surgeon per 13,483 Iowans; one Oncologist/Hematologist per 31,052 Iowans; and one Gynecology & Obstetrics per 12,199 Iowans. There is no identified need for another type of anesthesia provider in the state.

AAs can only practice under the direct supervision of an anesthesiologist limiting their utilization to only areas where an anesthesiologist is practicing. CRNAs are currently the sole providers of anesthesia care in 75% of Iowa hospitals. Licensing AAs will not increase access to anesthesia services in rural or underserved areas of the state.

AAs will displace urban facility CRNAs resulting in a decreased CRNA workforce available to fill vacancies that may arise in rural Iowa where CRNAs not anesthesiologists provide services.

AAs will increase healthcare costs because two anesthesia providers— the supervising anesthesiologist and the AA – are always necessary when an AA practices –CRNAs may practice independently anywhere in the state, and 1 provider is much more cost effective than 2 for the same quality care. The CRNA only model remains the most economical model of anesthesia delivery.

The quality of care that AAs provide is unproven. We are unaware of any scientifically validated study concerning the efficacy of AA services or their safety.

Questions:

Please contact our IANA lobbyists Jim Carney, Jenny Tyler and Doug Struyk, if you have any questions or would like more information.

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