

Certified Anesthesiologist Assistants Sunrise Application

A request to provide statutory authority for the licensure and regulation of
Certified Anesthesiologist Assistants in Arizona

November 1, 2019

Submitted by: Tiffany Cothren, The Arizona Academy of Anesthesiologist Assistants

November 1, 2019

The Honorable Karen Fann
President
Arizona State Senate
1700 West Washington
Phoenix, AZ 85007

The Honorable Russell "Rusty" Bowers
Speaker
Arizona House of Representatives
1700 West Washington
Phoenix, AZ 85007

Re: Sunrise Application – Regulation and Licensure of Certified Anesthesiologist Assistants

Dear President Fann and Speaker Bowers,

Pursuant to A.R.S. §§ 32-3105 and 32-3106, the Arizona Academy of Anesthesiologist Assistants respectfully submits the attached report requesting statutory authority for the licensure and regulation of Certified Anesthesiologist Assistants (CAAs) in Arizona.

CAAs have been part of the anesthesia practice for over 50 years in a role very analogous to physician assistants in non-anesthesia settings. Today, 18 states, districts, and territories allow CAAs to practice in their jurisdiction; 16 of those have chosen to do so through licensure, regulation, or certification. CAAs have a pre-medical undergraduate degree and earn a master's degree over at least 24 months while completing on average 2,000 hours of clinical training in anesthesia. Additionally, they must pass a national board exam to obtain their certification. There are nearly 2,500 CAAs certified nationally. Currently, none are able to practice in Arizona but approximately 50 certified professionals have expressed interest in returning to Arizona should the State authorize their ability to practice their profession.

Nationally and in Arizona, anesthesiology practice is moving toward the Anesthesia Care Team model. This model allows anesthesiologists, certified registered nurse anesthetists, and CAAs to work in conjunction to provide safe, effective and high-quality delivery of anesthesia to patients. CAAs are highly skilled health professionals who work under the direction of licensed anesthesiologists to implement anesthesia care plans. The addition of CAAs to the care team will help ensure the safety and well-being of Arizona's patients, as well as improve healthcare access by allowing for additional qualified healthcare providers in Arizona's medical facilities.

We look forward to a robust discussion regarding how Arizona can expand patient access to care by allowing this highly qualified profession to practice in Arizona. We appreciate your consideration and respectfully request a favorable review of this proposal.

Sincerely,

Tiffany Cothren
Chair, Arizona Academy of Anesthesiologist Assistants

Terms and Definitions

- (a) “ACT” means the Anesthesia Care Team model of the delivery of anesthesia. The core team members of this model include physicians and non-physicians such as Certified Anesthesiologist Assistants (CAAs) and Certified Registered Nurse Anesthetists (CRNAs). The crux of this model rests on the physician providing medical supervision in the provision of anesthesia care, wherein the physician may delegate monitoring and appropriate tasks to qualified non-physician anesthetists, such as nurse anesthetists or CAAs, while retaining overall responsibility for the patient.
- (b) “ASA” means the American Society of Anesthesiologists, which is an educational, research and scientific association of physicians organized to raise and maintain the standards of the medical practice of anesthesiology and improve the care of the patient.
- (c) “CAA” means Certified Anesthesiologist Assistant. Certified Anesthesiologist Assistants (CAAs) are highly skilled health professionals who work under the direction of licensed anesthesiologists to implement anesthesia care plans.
- (d) “CAAHEP” means the Commission on Accreditation of Allied Health Education Programs. CAAHEP is the largest accreditor in the health sciences field and accredits AA training programs.
- (e) “CME” means continuing medical education.
- (f) “CRNA” means Certified Registered Nurse Anesthetists. Similar to CAAs, Certified Registered Nurse Anesthetists are skilled health professionals who work within the ACT to implement anesthesia care plans.
- (g) “NCCAA” means the National Commission for Certification of Anesthesiologist Assistants. NCCAA was founded in July 1989, to develop and administer the certification process for AAs in the United States.
- (h) “SAA” means Student Anesthesiologist Assistant.

History and Practice of CAAs

History

In the 1960s, three anesthesiologists, Joachim S. Gravenstein, John E. Steinhaus, and Perry P. Volpitto, were concerned with the shortage of anesthesiologists in the United States. These academic department chairs analyzed the spectrum of tasks required during anesthesia care. The tasks were individually evaluated based on the level of professional responsibility, required education and necessary technical skill. The result of this anesthesia workforce analysis was to introduce the concept of team care and to define a new mid-level anesthesia practitioner who could work alongside a supervising anesthesiologist. This new professional - the Anesthesiologist Assistant or AA - had the potential to at least partially alleviate the shortage of anesthesiologists.

The new type of anesthetist would function in the same role as the nurse anesthetist under anesthesiologist direction. An innovative educational paradigm for anesthetists was created that built on a pre-med background during college and led to a master's degree. This pathway placed AAs on an anesthesia "career ladder." Some AAs have leveraged their pre-med background, Master's degree and clinical experience to successfully apply to medical school. A few have returned to anesthesia to become the physician leader of the care team that launched their professional career.

The chairmen's vision became reality in 1969 when the first AA training programs began accepting students at Emory University in Atlanta, Georgia, and at Case Western Reserve University in Cleveland, Ohio. Since 2002, there has been a significant expansion of AA programs in the United States. There are currently nine universities that offer AA degrees in 12 cities across the country. These universities include Emory University, Indiana University, and the University of Colorado.

A Day in the Life of a CAA

A CAA's involvement with a patient's case begins the day before surgery, when the CAA formulates a care plan for the patient based on the patient's medical history, the surgical procedure, and the surgeon's preferences. On the day of the surgery, the CAA arrives to the operating room and sets up everything that is needed for the patient's anesthetic including the anesthesia machine, airway equipment, drugs, and any additional monitoring equipment. The CAA will then arrive in the pre-operative area to review a detailed medical history, discuss the anesthesia with the patient, and answer any questions. Once the operating room is ready, the CAA will escort the patient to the operating room. Once in the operating room, the CAA will prepare for induction, which is putting the patient to sleep and securing the airway, which the anesthesiologist is present for. The CAA then maintains the anesthetic for the duration of the surgery as well as vigilantly watches the patient's vitals and makes adjustments as necessary to ensure the patient remains stable. At the end of the surgery, the CAA will wake the patient up, making sure they are breathing well and maintaining their airway. This is referred to as emergence, during which the anesthesiologist is present as well. The CAA will then transport the patient to the recovery room and ensure the patient's vitals are normal and their pain and nausea are under control. At that point, the CAA will give a report to the recovery room nurse and hand off the patient's care.

WHY CERTIFIED ANESTHESIOLOGIST ASSISTANT LICENSURE IS NECESSARY

Currently, Certified Anesthesiologist Assistants (CAA) are unable to practice their profession in the State of Arizona due to the lack of an authorizing statute, which has placed Arizona at a strategic disadvantage for attracting and retaining well-qualified healthcare workers. CAAs are licensed to practice in 16 jurisdictions (Alabama, Colorado, District of Columbia, Florida, Georgia, Guam, Indiana, Kentucky, Missouri, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Vermont, and Wisconsin) and are authorized to practice in Texas and Michigan via delegated authority. There are approximately 2,500 CAAs working throughout the US, and according to a recent internal survey conducted by the American Academy of Anesthesiologist Assistants of its members, approximately 50 CAAs have expressed interest in returning to Arizona to practice if the licensure is granted. Potential CAA students are required to complete a pre-med undergraduate degree, a master's degree from one of the twelve accredited AA college programs located throughout the US, and complete a minimum of 2,000 hours of anesthesia clinical training before taking the required national exams to become certified. The starting salary for a CAA is approximately \$120,000, which is well above Arizona's median household income (\$59,246). Recently, the Arizona Legislature and the Governor have approved legislation to address licensure reforms to allow well-qualified individuals to practice their profession safely in the state with minimal bureaucratic impediments; approving CAA licensure would continue to expand on this effort. There are twelve accredited higher education programs in the US, with one located near Arizona at the University of Colorado in Denver, which can provide a pipeline of students to assume this profession in the state for years to come. By denying licensure for CAAs, Arizona will continue to have a strategic disadvantage with regards to attracting and retaining highly qualified, high paying professionals in the medical field that are able to practice safely in other states, including the neighboring states of New Mexico and Colorado.

Licensure of CAAs in Arizona will also provide benefits to Arizona's patients and the healthcare industry. Current anesthesiology practice in Arizona is moving towards the Anesthesia Care Team (ACT) model, which is the safest and most effective way to deliver anesthesia to patients. The core team members of this model include physicians and non-physicians such as Certified Anesthesiologist Assistants (CAAs) and Certified Registered Nurse Anesthetists (CRNAs). The crux of the care team model rests on the physician providing medical supervision (or direction¹) in the provision of anesthesia care, wherein the physician may delegate monitoring and appropriate tasks while retaining overall responsibility for the patient. As originally intended, the ACT model includes all categories of non-physician anesthesia providers, such as CAAs and CRNAs working in conjunction with and under the medical direction of a physician. Currently, *only* nurse anesthetists are licensed to practice in Arizona which is problematic because the ACT model ideally includes *both* CAAs and nurse anesthetists. This sunrise application and the proposed legislation seeks to define CAA licensure and does not impact any of the authorizing statutes for CRNAs, nor does this request prescribe any other regulatory stipulation that would grant CAAs a competitive advantage over CRNAs. Simply put, CAAs seek the ability to work hand-in-hand

¹ MEDICAL SUPERVISION AND MEDICAL DIRECTION: Terms used to describe the physician work required to oversee, manage and guide both residents and non-physician members of the Anesthesia Care Team. For the purposes of this statement, supervision and direction are interchangeable and have no relation to the billing, payment or regulatory definitions that provide distinctions between these two terms. See ASA's Statement on the Anesthesia Care Team.

with CRNAs and physician anesthesiologists to deliver safe, effective, and high-quality anesthesia care.

In addition, the current availability of only one qualified non-physician anesthetist (nurse anesthetists) is also challenging for physician anesthesiologists in the state. Other physicians have multiple options for physician extenders, including nurse practitioners, nurse specialists, registered nurses and physician assistants. However, with physician anesthesiologists having only one qualified non-physician anesthetist option, they are occasionally left in situations where they have to reschedule surgeries and patient procedures to ensure the availability of qualified non-physician anesthetists for the ACT, thereby ensuring the safety and well-being of Arizona's patients.

This sunrise application and the proposed legislation requesting regulation and licensure of CAAs in Arizona is *necessary* to allow physician anesthesiologists and their qualified non-physician anesthetists to practice in alignment with the ACT model. It is to the care team's advantage and thus, Arizona patients' advantage, to have this model working at 100%. Authorizing CAAs to practice in Arizona will prove beneficial to the overall care team by allowing the team to operate in the ideal way it was designed to, by providing an additional qualified non-physician anesthetist for physician anesthesiologists, and most importantly, this licensure and regulation will prove advantageous to Arizona patients who will benefit from access to additional qualified healthcare providers.

The nature of the potential harm to the public if the health profession is not regulated and the extent to which there is a threat to public health and safety.

Regulation of CAAs will ensure a level of safety by selecting providers who have successfully completed an accredited CAA program and have passed all national exams. Those CAAs will possess a premedical background, a baccalaureate degree, and will have completed a comprehensive didactic and clinical program at the graduate school level. Regulation of this profession will guarantee that only those CAAs with the qualifications and training necessary for the safe delivery of anesthesia care will have access to patients. Without this regulation, there will be a lack of necessary safeguards to ensure that only qualified, certified CAAs are practicing in the state.

The extent to which consumers need and will benefit from a method of regulation, identifying competent practitioners and indicating typical employers, if any, of practitioners in the health profession.

The need for consumers to identify who is treating them may arguably be at its height in the healthcare setting more so than in any other field. Therefore, regulating CAAs in Arizona will allow for this identification, and consumers can be reassured they are being treated by a highly skilled and well-trained provider. State licensed CAAs will be required to register with the National Commission for Certification of Anesthesiologist Assistants (NCCAA), which will allow consumers to verify that the provider is certified via their web portal. Consumers will be able to view the date the provider was certified, the certificate number granting their certification, and the date through which the certification is valid. CAAs are typically employed by hospitals, physician groups, ambulatory surgical centers, and anesthesia practices. Through required state licensure, these providers will be confident that the CAAs under their employment will meet all the necessary requirements to deliver safe and efficient care. Lastly, consumers will be able to identify CAAs

and other anesthesia providers by hospital ID badge and by introductions and consultations during patient interactions.

The extent of autonomy a practitioner for independent judgment, the extent of skill or experience required in making the independent judgment, and the extent to which practitioners are supervised

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. CAAs are trained extensively in the delivery and maintenance of quality anesthesia care as well as advanced patient monitoring techniques. CAAs perform such tasks as administering drugs, obtaining vascular access, applying and interpreting monitors, establishing and maintaining patient airway, and assisting with a preoperative assessment. **CAAs train and work under the direction of physician anesthesiologists who retain responsibility for the immediate care of the patient.**

Due to the immediacy of the effects of anesthesia and potential reactions, CAAs are trained to deal with emergent situations as they arise within the operating room and other practice locations. However, CAAs are trained to work under the **direct supervision of physician anesthesiologists**, exercising independent judgment with tasks they are well-prepared to face, and with a supervising physician immediately available at all times. CAAs work exclusively within the ACT model as described by the American Society of Anesthesiologists (ASA). This care team model expands the medical treatment provided by the physician anesthesiologist and equips the medical facility to serve patients more effectively and efficiently.

EFFORTS MADE TO ADDRESS THE ISSUE

Voluntary efforts, if any, by members of the health profession to either establish a code of ethics or help resolve disputes between health practitioners and consumers, and recourse to and the extent of use of applicable law and whether it could be amended to control the problem.

There has been a thorough review of applicable health profession statutes in Arizona to determine if broad delegatory authority exists, which could be applicable to CAAs and allow CAAs the authority to practice their profession in the state. Upon review, there is no such authority. Therefore, CAA licensing legislation is the only viable remaining authority and is the primary reason for this application. Although it is possible to amend the current law to give physicians broad delegatory authority over CAAs, this option will not give the state the ability to define the qualifications and scope of practice of the profession in state law. Alternatively, it is recommended that the state chooses to license and regulate CAAs, giving the state more authority to guide and manage the profession appropriately. Of the 18 states, districts and territories that allow CAAs to practice, 16 of them have chosen to do so through licensure, regulation, or certification.²

Potential CAAs are required to be certified through the National Commission for Certification of Anesthesiologist Assistants. The NCCAA code of conduct requires that all CAA behave in a manner that is lawful, ethical and upholds acceptable standards of professional practice as a CAA.

² Alabama; Colorado; District of Columbia; Florida; Georgia; Indiana; Kentucky; Missouri; New Mexico; North Carolina; Ohio; Oklahoma; South Carolina; Vermont; Wisconsin; US Territory of Guam

The NCCAA has an established code of conduct that allows the NCCAA, at its discretion, to deny, or revoke a CAA's eligibility for certification or recertification permanently or for such time as may be determined by NCCAA; issue a reportable letter of censure; issue a non-reportable letter of concern, and/or take such other actions as may be deemed appropriate if NCCAA determines that the CAA is in violation of NCCAA code of conduct or NCCAA policy.

ALTERNATIVES TO CAA LICENSURE

Regulation of business employers or practitioners rather than employee practitioners.

CAAs are employed in a wide array of health care settings such as hospitals, surgical centers and academic institutions. The diversity of employers makes it unsustainable to regulate business employers or practitioners in an effective, cost-efficient and non-invasive manner. In addition, because CAAs cannot currently practice in the state, it would be illegal for employers to hire them without a statutory or regulatory change.

Regulation of the program or service rather than the individual practitioners.

The services offered by CAAs may differ depending on local practice as well as the specific job description and duties (although one constant will remain regardless of where CAAs practice – they will always work under the medical direction of a qualified anesthesiologist). CAAs may, among other things, obtain a preliminary preanesthetic health history; assist in inducing and altering anesthesia levels; and establish routine monitoring modalities under the direction of the supervising anesthesiologist. These diverse duties coupled with the utmost importance of tailoring anesthesia services to each individual patient's health needs make regulation of the services offered an untenable and inefficient option.

Registration of all practitioners.

The National Commission for Certification of Anesthesiologist Assistants (NCCAA) maintains a database of all CAAs and their current certification status. Potential CAAs wishing to practice in Arizona will be required to pass the NCCAA exam and maintain active registration to allow the public to verify that they are certified.

Requiring a second registration at the state level, in addition to what is required at the national level, may cause public confusion and is an unnecessary expenditure for the state. Not only is the term "registration" ambiguous, perhaps having different meanings to different people, but "registering" at the state level would not clearly delineate CAAs who have met the rigorous certification standards at the national level and the specific requirements to practice in the state versus those who have not. In addition, registration at the state level could arguably be insufficient to protect the public since aside from simple registration, it does not establish the necessary education, skills, or continuing education to maintain the professional standards required of CAAs.

Certification of all practitioners.

CAAs are already required to register for initial certification at the national level with the NCCAA. The NCCAA, which was founded in 1989, was created to develop and administer the certification process for AAs. CAAs may apply for certification if they have completed a master's level training program lasting 24-28 months, including on average, 600 hours of classroom/laboratory education,

a minimum of 2,000 hours of clinical anesthesia education, and 600 anesthetics administered. Certification is accomplished by passing the NCCAA exam which is administered by the National Board of Medical Examiners and evaluates CAAs' ability to safely and effectively deliver anesthesia care. Potential employers may verify a CAA's certification via the NCCAA website, which maintains a database of certified AAs.

Similar to the answer provided above regarding state registration, creating an additional certification process for CAAs at the state level may lead to public confusion regarding who is certified at the national level versus the state level and would add additional and unnecessary expenses for the state in the form of registering and certifying a profession that already has the means to do so at the national level. Alternatively, a licensing process implemented at the state level could compound upon the existing national regime. This would not only eliminate potential public confusion but would also assure the public that any CAA practicing in the state has passed all necessary exams to be nationally certified and is competent to provide exceptional anesthesia care.

Other alternatives.

Potential alternatives:

- Authorize broad delegatory to physicians in the state and clarify the exemption from licensure for providers being delegated acts from a physician who are qualified to perform such acts through education, training, and certification.
- Authorize CAAs to practice in the state through a simple registration process and have physician anesthesiologists delegate tasks to them (this would require a statutory change since physicians do not currently have broad delegatory authority in Arizona).

Why the use of the alternatives specified in this paragraph would not be adequate to protect the public interest.

In addition to the response provided above regarding public confusion with CAA registration, delegation by a physician anesthesiologist is not an option because physicians do not have broad delegatory authority in Arizona. This means that beyond the narrow class physicians are statutorily authorized to delegate to, they cannot have others perform those duties and responsibilities – they must perform those tasks themselves. Thus, the only reasonable way to authorize CAAs to practice in the state is through a licensure and regulation process, allowing them to perform their job duties under the medical direction of a physician anesthesiologist.

Why licensing would serve to protect the public interest.

Arizona's citizens would receive numerous benefits upon licensure of CAAs including, but not limited to:

- Increased competition in a supply and demand market will eventually lead to decreasing anesthesia related health care costs while simultaneously meeting the increasing demand for anesthesia providers in Arizona;
- CAAs are highly educated individuals who would be able to move to Arizona, work, and pay taxes in Arizona;
- Increased diversity in workforce options will give Arizona a competitive advantage;

- Identical recognition of both CAAs and nurse anesthetists by insurance entities, thus there is no extra charge to patient's receiving anesthesia care within the ACT;
- Increased patient access to a highly trained and highly qualified anesthesia provider working within the ACT model;
- Physician anesthesiologists will have access to additional qualified non-physician anesthetists (they currently only have access to nurse anesthetists), which will increase access to services.

Licensing and regulating CAAs in the state will not only increase the number of qualified non-physician anesthetists who are able to practice within the ACT and provide services to Arizonans, but it will also allow CAAs, both Arizona natives and those hailing from other states, to return or relocate to the state and practice the profession they have worked so hard for. As the healthcare needs of the state's population grow, the demand for additional anesthesia providers working within the ACT will also grow. Licensing and regulating CAAs is a logical, cost-effective way to ensure Arizona citizens continue to receive high-quality, physician-led anesthesia care.

PUBLIC BENEFIT FOR CAA LICENSURE

The extent to which the incidence of specific problems present in the unregulated health profession can reasonably be expected to be reduced by regulation and whether the public can identify qualified practitioners.

Licensure of CAAs will ensure a level of safety by selecting providers who have successfully completed an undergraduate degree followed by a master's level degree in anesthesia sciences. CAAs sit for a national Board examination prior to practicing in any state. Additionally, CAAs must complete continuing education credits every two years and pass a recertification exam every six years. CAAs practice only within the ACT under the direction of a physician anesthesiologist, which is the safest manner of providing anesthesia. Currently, anesthesiologists do not have a physician extender available to practice in the state of Arizona. As such, some anesthesiologists experience less flexibility with scheduling and treating patients, as compared to practices in other states. Licensure of CAAs will complete the ACT model and allow anesthesiologists, CRNAs, and CAAs to operate in the most efficient manner available nationwide to-date.

As stated above, state-licensed CAAs will be required to register with the National Commission for Certification of Anesthesiologist Assistants (NCCAA), which will allow patients to verify that the provider is certified via the NCCAA web portal. Patients will be able to view the date the provider was certified, the certificate number granting their certification, and the date through which the certification is valid. CAAs are typically employed by hospitals, physician groups, ambulatory surgical centers, and anesthesia practices. Through required state licensure, these providers will be confident that the CAAs under their employment will meet all the necessary requirements to deliver safe and efficient care. Lastly, consumers will be able to identify CAAs and other anesthesia providers by hospital ID badge and by introductions and consultations during patient interactions.

The extent to which the public can be confident that qualified practitioners are competent, including whether the proposed regulatory entity would be a board composed of members of the profession and public members or a state agency, or both, and, if appropriate, their respective responsibilities in administering the system of registration, certification or licensure, including the composition of the board and the number of public members, if any, the powers and duties of the board or state agency regarding examinations and for cause revocation, suspension and nonrenewal of registrations, certificates or licenses, the adoption of rules and canons of ethics, the conduct of inspections, the receipt of complaints and disciplinary action taken against practitioners and how fees would be levied and collected to pay for the expenses of administering and operating the regulatory system.

In the vast majority of jurisdictions which license CAAs, the regulatory body is either the state medical board or a similar board such as the physician's assistants board. This sunrise application and the proposed legislation envisions placing CAA licensure under the Arizona Regulatory Board of Physician Assistants (PA Board). Creating a new regulatory board to license CAAs would be a duplicative state effort and result in an unnecessary government agency coupled with increased and unnecessary state expenditures. The PA Board would regulate license application and renewal, licensing fees, and any disciplinary manners. The PA Board would be granted the authority to set a state licensing fee to offset the cost of providing licensure for this profession.

If there is a grandfather clause, whether grandfathered practitioners will be required to meet the prerequisite qualifications established by the regulatory entity at a later date.

CAAs are not currently able to practice in the state of Arizona, as such, there is no subset of certified individuals that could be considered for a grandfathered clause.

The nature of the standards proposed for registration, certification or licensure as compared with the standards of other jurisdictions and whether the regulatory entity would be authorized to enter into reciprocity agreements with other jurisdictions.

This sunrise application and the proposed legislation envisions standards of licensure that similar to other jurisdictions, which include a licensing fee, evidence of graduation from a CAAHEP-accredited CAA program, NCCAA certification, continuing education credits bi-annually (according to NCCAA guidelines), a criminal background check, and a letter of reference. It is a goal of this sunrise application and the proposed legislation to ensure that licensure standards are equal to that of other states to ensure that CAAs licensed in other states can obtain certification to practice in Arizona. The accompanying legislation will not set licensure standards that would prevent or otherwise discourage CAAs from practicing in the state of Arizona.

Currently, there are no state compacts governing the reciprocal licensure of CAAs. The accompanying legislation will not prevent the State of Arizona from entering into a compact if one is drafted at a later date, but it will not include an outline for such a compact due to this issue being out of scope for this sunrise application.

The nature and duration of any training, including whether the training includes a substantial amount of supervised field experience, whether training programs exist in this state, if there will be an experience requirement, whether the experience must be acquired under a registered, certified or licensed practitioner, whether there are alternative routes of entry or methods of meeting the prerequisite qualifications, whether all applicants will be required to pass an

examination, and if an examination is required, by whom it will be developed and how the costs of development will be met.

CAA training requires over 2,000 hours of clinical training in anesthesia, including hands on experience in trauma, cardiac, pediatrics, obstetrics and other subspecialties. After undergraduate pre-medical training, a master's level degree from a CAAHEP-accredited CAA program, over 24 months of didactic and clinical experience under the supervision of physician anesthesiologists and CAAs, and NCCAA board certification, CAAs have a substantial amount of supervised clinical experience. All CAAs must pass a national board exam administered by the NCCAA, which is at no cost to the state. There are no alternative routes to licensure at this time.

At present, there is no accredited program for anesthesiologist assistants in the state of Arizona; however, student anesthesiologist assistants (SAAs) may perform their clinical training under the supervision of any physician anesthesiologist in the state of Arizona who is willing to do so. As such, the state is well-equipped to have SAAs train in Arizona to practice as full CAAs upon completion of their training and testing, becoming valuable members of the healthcare industry and the state's growing economy.

Assurance of the public that practitioners have maintained their competence, including whether the registration, certification or licensure will carry an expiration date and whether renewal will be based only on payment of a fee or whether renewal will involve reexamination, peer review or other enforcement.

Licensure will be renewed on a bi-annual basis in conjunction with maintenance of continuing education requirements through the NCCAA and recertification exams, also through the NCCAA. Renewal will include payment of a fee as well as demonstration that the NCCAA continuing education requirements have been completed. Certification with the NCCAA is currently contingent upon a reexamination every six years. In this scenario, CAAs are recertified by continuing education credits every two years and recertified every six by a comprehensive examination (combined with continuing education credits).

NO POTENTIAL FOR PUBLIC HARM TO STATE LICENSURE OF CAA

The extent to which regulation will restrict entry into the health profession, including whether the proposed standards are more restrictive than necessary to ensure safe and effective performance, and whether the proposed legislation requires registered, certified or licensed practitioners in other jurisdictions who relocate to this state to qualify in the same manner as state applicants for registration, certification and licensure if the other jurisdiction has substantially equivalent requirements for registration, certification or licensure as those in this state.

The proposed legislation seeks to establish a certification requirement that is similar, if not equal, to that of other states to ensure that the State of Arizona is not placed at a disadvantage for attracting CAAs to practice in the state. The standards included in the proposed legislation require that CAAs receive a master's degree from a CAAHEP accredited institution, and pass the national exam offered by the NCCAA, and maintain registration with the NCCAA, which is the foundation for certification in other jurisdictions. The proposed legislation also seeks to conform to federal guidelines for payments for anesthesiologist under 42 C.F.R. § 410.69, which require that a CAA be a

graduate of an accredited anesthesiologist assistant program. As such, the proposed certification will not restrict entry into this field.

As stated above, there are no state compacts governing the reciprocal licensure of CAAs. As such, a CAA from another state would be required to file certification documentation with the Arizona Regulatory Board of Physician Assistants to ensure that the applicant meets the standard for certification.

Whether there are professions similar to that of the health professional group that should be included in, or portions of the health professional group that should be excluded from, the proposed legislation.

One other type of provider is currently licensed within the State of Arizona, Certified Registered Nurse Anesthetists (CRNAs), who provide similar services within the ACT. Due to differing paths in the educational system, CAAs should not be included within the CRNA regulatory scheme, nor should CRNAs be included within the CAA proposed regulatory model. Therefore, this proposal does not alter in any way the existing regulatory scheme for CRNAs. As stated above, this Sunrise application and the proposed legislation seeks to allow for CAA licensure and does not impact any of the authorizing statutes for CRNAs, nor does this request seek to require CAAs over CRNAs or prescribe any other regulatory stipulation that would grant CAAs a competitive advantage over CRNAs. Simply put, CAAs seek the ability to work hand-in-hand with CRNAs to deliver the most efficient and safest care possible under the ACT model.

HOW CAA LICENSURE WILL ENSURE MAINTENANCE OF STANDARDS

Whether effective quality assurance standards exist in the health profession, such as legal requirements associated with specific programs that define or enforce standards or a code of ethics. How the proposed legislation will ensure quality, including the extent to which a code of ethics, if any, will be adopted, and the grounds for suspension or revocation of registration, certification or licensure.

Federal regulation defines CAAs and describes the legal requirements needed to work in the profession. According to this regulation, CAAs must be in compliance with all applicable requirements of state law, and must have graduated from a medical school-based AA educational program that is accredited by CAAHEP, and which includes approximately two years of specialized basic science and clinical education in anesthesia (42 C.F.R. § 410.69).

As stated above, potential CAAs are required to be certified through the National Commission for Certification of Anesthesiologist Assistants. The NCCAA code of conduct requires that all CAA behave in a manner that is lawful, ethical and upholds acceptable standards of professional practice as a CAA. The NCCAA has an established code of conduct that allows the NCCAA, at its discretion, to deny, or revoke a CAA's eligibility for certification or recertification permanently or for such time as may be determined by NCCAA; issue a reportable letter of censure; issue a non-reportable letter of concern, and/or take such other actions as may be deemed appropriate if NCCAA determines that the CAA is in violation of NCCAA code of conduct or NCCAA policy.

As such, there currently exists federal regulations and a code of conduct at the NCCAA to support the enforcement of standards in the profession. In addition, the proposed legislation will allow the

Arizona Regulatory Board of Physician Assistants to accept complaints and take action to revoke the certification of a CAA if an issue arises.

CAA ASSOCIATIONS, ORGANIZATIONS AND NUMBER OF APPLICATNS

A description of the group proposed for regulation, including a list of associations, organizations and other groups representing the practitioners in this state, an estimate of the number of practitioners in each group and whether the groups represent different levels of practice.

The Arizona Academy of Anesthesiologist Assistants represents approximately 50 CAAs that have expressed interest in practicing in the state of Arizona, but who are prohibited from practicing their profession in the state due to the current state of the law. Additionally, the American Academy of Anesthesiologist Assistants (AAAA) supports the effort of its members to practice in the state of their choosing.

The AAAA represents CAAs on the national level. The AAAA is dedicated to the ethical advancement of the CAA profession and to excellence in patient care through education, advocacy, and promotion of the Anesthesia Care Team. The purpose of the AAAA is to establish and maintain the standards of the profession by fostering and encouraging continuing education and research to all graduate AAs and enrolled students of accredited programs; represent the interests of the profession; initiate and cultivate relationships with other organizations of health care providers; and instill confidence in the public by adhering to established ethical norms and legal constraints. AAAA consists of more than 1,800 members, representing CAAs, SAAs, and physician affiliates.

The American Society of Anesthesiologists (ASA) is an educational, research and scientific association of physicians organized to raise and maintain the standards of the medical practice of anesthesiology and improve the care of the patient. With more than 52,000 members nationwide, ASA has become the foremost advocate for all patients who require anesthesia or relief from pain. In addition to supporting and representing physician anesthesiologists, the ASA also represents CAAs and Certified Registered Nurse Anesthetists. There are currently 435 CAAs who are members of ASA.

COST OF CAA LICENSURE

The impact that registration, certification or licensure will have on the costs of the services to the public.

Due to the likelihood that CAAs will be employed by hospitals or private employers, it is unlikely that the proposed licensure and regulation will have a significant effect on the cost of services to the public. In fact, if CAAs are licensed in Arizona, this will expand the number of qualified non-physician anesthetists available to physician anesthesiologists. In turn, this will increase overall competition in this specific market, decreasing the costs of these services over time. In addition, because the Centers for Medicare and Medicaid Services (CMS) and commercial insurance payors recognize CAAs as non-physician anesthesia providers with regard to payments for services provided under medical direction by an anesthesiologist, the costs for services by a CAA will be the same as they currently are for CRNAs. There will be no increase in this regard.

Lastly, as mentioned above, it would be impractical for the state to adopt an additional CAA certification process when it already exists at the national level. Therefore, the cost to the state for CAA certification would be minimal and the proposed legislation allows the Executive Director of the Arizona Regulatory Board of Physician Assistants to set a reasonable certification fee to account for the time necessary to ensure applicants meet the certification standards.

The cost to this state and to the public of implementing the proposed legislation.

Any cost to the state and to the general public will be minimal given that the CAA certification exam, recertification process, and educational standards already exist, and certification exams are conducted by the NCCAA. The proposed legislation seeks to require CAA applicants to be certified through the existing Arizona Regulatory Board of Physician Assistants. In addition to the state's potential to utilize the documents and materials already available for CAA certification and education, the state will have the opportunity to offset any expenses associated with CAA certification through CAA application fees, initial licensing fees, renewal fees, and state-run CME credits. Through licensure and regulation of CAAs, the state will gain highly skilled healthcare professionals at little or no cost to the state.

THE IMPACT OF CAA LICENSURE ON THE PUBLIC, OTHER PROFESSIONS, AND THE STATE

Why an increased scope of practice is beneficial, including the extent to which health care consumers need and will benefit from safe, quality care from practitioners with this scope of practice.

Due to the lack of an authorizing scope of practice statute, CAAs do not have the ability to practice within Arizona. Therefore, a new license is essential to enable CAAs to practice within the state. The addition of CAAs to the ACT in Arizona's healthcare system would increase patient access to anesthesia services in a safe and effective manner. CAAs are highly educated and trained in their specialized field, and in practice work closely and under the direction of the supervising anesthesiologist to ensure the best patient outcomes possible. A shortage of healthcare providers is widely recognized in the United States, including in specialty care like anesthesia. An additional mid-level provider can only help to ensure that Arizonans have access to the quality care they need when they need it.

Whether those health professionals seeking an increased scope of practice currently have or will be required to have didactic and clinical education from accredited professional schools or training from recognized programs that prepare them to perform the proposed scope of practice, and details on what that education or training includes for that proposed scope of practice.

For a student to be admitted into an AA program, such student must have completed a bachelor's degree along with certain science prerequisites.³ Additionally, each student must sit for either the Medical College Admissions Test (MCAT) or the Graduate Records Admission Test Examination (GRE) for admission to AA school.

³ Prerequisites include but are not limited to: General Biology with lab, General Chemistry with lab, Human Anatomy with lab, Human Physiology with lab, Organic Chemistry with lab, Biochemistry, General Physics (lab recommended), and Calculus.

An accredited AA educational program must be supported by an anesthesiology department of a medical school that is accredited by the Liaison Committee on Medical Education or its equivalent. The Anesthesiology department must have the educational resources internally or through educational affiliates that would qualify it to meet the criteria of the Accreditation Council for Graduate Medical Education (ACGME), or its equivalent, for sponsorship of an anesthesiology residency program. Although the standards recognize the importance of a basic science education within a clinically oriented academic setting, it is also recognized that some of the supervised clinical practice components of the curriculum may be carried out in affiliated community hospitals that have the appropriate affiliation agreements specifying the requisite teaching faculty and staffing ratios for the clinical experience. The AA curriculum is based on an advanced graduate degree model and requires at least two full academic years. The current programs are 24 to 28 months. Graduates from all AA educational programs earn a master's degree.

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits AA training programs. The American Society of Anesthesiologists (ASA) is a CAAHEP member and participates in the accreditation processes for three health professions: Anesthesiologist Assistants, Respiratory Therapy, and Emergency Medical Technician-Paramedic. CAAHEP is the largest accreditor in the health sciences field. In collaboration with its Committees on Accreditation, CAAHEP reviews and accredits over 2000 educational programs in 19 health science occupations and is recognized by the Council for Higher Education Accreditation.

Whether the subject matter of the proposed increased scope of practice is currently tested by nationally recognized and accepted examinations for applicants for professional licensure and the details of the examination relating to the increased scope of practice.

The National Commission for Certification of Anesthesiologist Assistants (NCCAA) was founded in July 1989 to develop and administer the certification process for AAs in the United States. The NCCAA consists of commissioners representing the ASA and the American Academy of Anesthesiologist Assistants (AAAA) and includes physician and AA members (at-large). Graduates or senior students in the last semester of a CAAHEP accredited AA educational program may apply for initial certification. Such a professional distinction is awarded to an AA who has successfully completed the Certifying Examination for Anesthesiologist Assistants administered by NCCAA in collaboration with the National Board of Medical Examiners (NBME). Certified AAs are permitted to use the designation CAA to indicate that they are currently certified.

The content for the Certifying Examination for Anesthesiologist Assistants is based on knowledge and skills required for anesthesiologist practice. NCCAA has contracted with NBME to serve as a consultant for the development and ongoing administration of the Certifying Examination. A test Committee of Anesthesiologists and AAs is responsible for writing and evaluating test questions for the examinations. The first Certifying Examination was administered in 1992.

NCCAA maintains a database of Certified Anesthesiologist Assistants for verification of individual practitioners. Hospitals, practice groups, state boards and others may verify an individual AA's certification via a printed verification statement posted on the Verify Certification page of the NCCAA's web site, www.aa-nccaa.org. The web site also contains additional information about the National Commission and about the certification process.

The extent to which the proposed increased scope of practice will impact the practice of those who are currently licensed in this state or the entry into practice of those individuals who have relocated from other states with substantially equivalent requirements for registration, certification or licensure as this state.

CAAs currently are unable to practice in any capacity in Arizona due to the lack of statutory authorization to do so. Licensure of CAAs does not impact the existing scope of practice for CRNAs, who have significantly different educational backgrounds. It likewise would not impact the existing scope of practice for general physician assistants due to the anesthesia specific skillset of CAAs. With the enactment of HB2569 in 2019 regarding universal licensing recognition, Arizona is one of, if not the most, friendly states for individuals to relocate from other states and see a seamless transition to begin practicing their profession here. Under the current state of the law in Arizona, CAAs from the 18 jurisdictions that allow CAAs would have no ability to work should they relocate to Arizona. By creating a mechanism for licensing CAAs, Arizona could ensure that any CAA in the country could put their skills to use for the benefit of Arizona residents. The existing national framework for curriculum, testing, and certification would further make relocation of CAAs to Arizona a seamless process once a licensing mechanism is in place.

The extent to which implementing the proposed increased scope of practice may result in savings or a cost to this state and to the public.

By increasing the supply of anesthesia providers within the state of Arizona, citizens of the state should enjoy increased access to anesthesia services. Additionally, the medical community should see downward pressure on employee costs as new providers enter the market.

The relevant health profession licensure laws, if any, in this or other states.

CAAs are licensed to practice in 16 jurisdictions (Alabama, Colorado, District of Columbia, Florida, Georgia, Guam, Indiana, Kentucky, Missouri, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Vermont, and Wisconsin) and are authorized to practice in Texas and Michigan via delegated authority.

Recommendations, if any, from the applicable regulatory entity or entities, from the department of health services and from accredited educational or training programs.

This is not applicable at this time.