
Subject: Anesthesiology Assistants

Dear Ms. Thiele-Cirka,

As you may know, The House Health Care committee is holding a hearing on **Friday, February 5** on House Bill 4108, which would allow Anesthesiologist Assistants to be licensed in Oregon.

Anesthesiologist Assistants are currently licensed to practice in 17 other U.S. states. They hold an undergraduate bachelor's degree, attend a 2 year master's degree program and **ONLY** practice under physician anesthesiologist supervision within the care team model. They even make their political contributions to our ASA Political Action Committee! They have been likened to the anesthesiology equivalent of a Physician Assistant (PA.)

1. The ASA (American Society of Anesthesiologists) views anesthesiologist assistants and nurse anesthetists as having identical patient care responsibilities and technical capabilities — a view which is in harmony with their equivalent treatment under the Medicare Program.
2. AAs graduate from accredited programs with a Masters of Science. A minimum of 24 months of training is required. Some AA programs are as long as 27 months. To enter an AA school, a 4-year Bachelor's degree with a premedical background is required (3.0 GPA or higher) along with a top percentile GRE or MCAT score. AAs must also undergo continuing medical education (at least 40 hrs. per year) and must pass a written examination upon graduation **AND** every 6 years in order to be nationally certified.
3. By allowing AA Licensure in Oregon we expand the pool of care providers in a safe, effective manner. AA Licensure will allow anesthesia departments to bring more anesthesia services to rural Oregon and also cover shortages within urban areas. This legislation does not require Anesthesiologists to use AAs. It gives them the option.
4. There are many providers who want to become AAs and work in Oregon. It's only fair to allow them the opportunity to live and work where they already have families and careers. It's not fair to deny them the opportunity for a fulfilling career.
5. A study by the Kentucky legislature shows that AAs are a safe part of the Anesthesia Care Team. Medical malpractice insurance carriers rate AAs and CRNAs at the same risk. Medicare and Medicaid rank AAs and CRNAs as equivalent mid-level providers and pay them the same rates.
6. AAs are desperately needed in many parts of Oregon, and can work under the direct supervision of a board-certified anesthesiologist to provide safe and effective care. They would help meet the healthcare needs of veterans, the urban poor, and those in rural areas who simply do not have access to healthcare.
7. Unlike CRNAs, AAs are required to undergo re-certification periodically.

8. Granting AAs licensure is a smart economic move for Oregon. It would result in the creation of new, well-paying jobs. It would attract people to move to Oregon. It may also result in the opening of an Anesthesiologist Assistant training program, which would have more even greater economic impact. All of these changes would be good for Oregon.

9. 17 states already allow for AAs to practice under the supervision of anesthesiologists. It's time that Oregon recognize the need and fairness in giving AAs licensure.

10. AAs will help reduce the cost of healthcare and improve access to healthcare without harming the quality of care. AAs are good for our healthcare system, good for Oregonians, and good for the future of our state.

I urge you to consider conducting your own research on this topic, as I have seen several false claims made by the state nursing union in contrast to the truth around the education of Anesthesiologist Assistants. My hope is that you can see the truth for yourself and vote for the licensure of AA's in this state.

All the best,

Leo D Bevers Cert. AT
Clinical Specialist
Deltex Medical
Portland, OR