Oregon House
Committee on Health Care
900 Court Street NE
Salem, OR 97301
Re: Oregon House Bill (HB) 2295: Licensing of Anesthesiologist Assistants

Dear Chair Greenlick and Members of the Committee: 2/23/15

As a currently practicing Oregon licensed and board certified CRNA (Certified Registered Nurse Anesthetist), I am alarmed at the prospect of our great state allowing the licensure of anesthesia assistants (AAs). I feel strongly that AAs entering the Oregon healthcare marketplace represents a lowering of the standard of care, and will impose unnecessary limitations on Oregonians' access to quality anesthesia care.

Introduction of AAs into Oregon will increase risk to our patients. I do not believe anesthesia assistant training programs sufficiently qualify new graduates to provide safe anesthesia care. AA program graduates have only 2 years total of any health sciences-related didactics and no direct patient care clinical experience. In comparison, a year one anesthesia resident (i.e., an anesthesia trainee being supervised by an anesthesiologist) will have completed 4 years of medical education including 3 years of direct patient care before anesthetizing their very first patient. Likewise, student nurse anesthetists will have spent 4+ years studying in the health sciences and will have a minimum of 1 year directly caring for high acuity patients (e.g., ER, ICU) prior to their first day providing anesthesia as a trainee. Therefore, our current MD and CRNA anesthesia training programs, which have well-established safety records, require roughly twice the education and clinical experience as do anesthesia assistant programs before they are allowed to anesthetize their first patient even under the direct supervision of a board certified anesthesiologist. This essentially sets a new, lower training standard which has no evidence supporting such a change. If we are to deviate from current practices, which have hard evidence for patient safety under the care of anesthesiologists and CRNAs, then it becomes absolutely necessary to prove the safety of such deviations. To date, AAs have no proven outcome data to support their practice as there are no peer-reviewed studies in scientific journals demonstrating AA safety or quality of care. In the current healthcare climate, evidence-based practices have become the rule, and not the exception. AAs do not meet that standard.

I feel strongly that HB 2295 represents a decrement in the standard of education for anesthesia providers, and lowers the quality of care that patients will receive from a clinical anesthesia perspective. I implore you to carefully consider the impact this legislation will have on the care your constituents can expect to receive when they are in need of anesthesia services.

Kind regards,

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