MANA
Michigan Association of
NURSE ANESTHETISTS
Quality Anesthesia. Smart Health Care.

Less Access, More Cost: Anesthesiologist Assistants Licensing is Not the Answer for Michigan Health Care

House bill 4832 has been introduced in the state Legislature to license anesthesiologist assistants (AAs) in Michigan. But AA licensure would neither improve people's access to health care nor reduce high health care costs. And unlike high-quality care provided by 4,300 anesthesiologists and Certified Registered Nurse Anesthetists (CRNAs) in Michigan, no peer-reviewed research demonstrates AA safety outcomes**.** For these reasons, **MANA strongly opposes this legislation.**

- **AAs would not improve access to care in Michigan – especially in rural parts of our state.** Unlike anesthesiologists and CRNAs who are fully educated to provide all types of anesthesia, AAs are trained solely to assist an anesthesiologist. In rural Michigan, access to care is vital and highly educated CRNAs are the sole anesthesia providers in most of our rural counties. Lacking costly anesthesiologists who are required to supervise them, AAs would not make one more procedure or childbirth available to the people of rural Michigan.

- **Health plans including Medicare do not cover anesthesia services provided by AAs in the same way they cover CRNA and anesthesiologist anesthesia services.** In fact, most private health plans do not pay for AA anesthesia services at all. In the few states where AAs are recognized, unless an anesthesiologist is directing and supervising the AA and has personally performed seven specific tasks in each and every case in which an AA is involved, Medicare does not reimburse AA anesthesia services. When plans do not reimburse for AA services, health care facilities and ultimately patients are responsible to pay their costs. By contrast, Medicare and commercial plans cover anesthesia services provided by anesthesiologists or CRNAs, and do not require CRNAs to be supervised by an anesthesiologist.

- **Introducing AAs increases health care costs for Michiganders by requiring an anesthesiologist's extensive personal involvement in every case provided by an AA.** Unlike CRNAs, AAs must be supervised by an expensive anesthesiologist who stands to gain economically from their use, contributing to higher health care costs.

- **Unlike CRNAs and anesthesiologists whose quality outcomes have been studied extensively, no studies have documented the quality of AA services.** The Cochrane Review, the gold standard in evidence-based health care, has reviewed anesthesia scientific literature. It found anesthesia is safer than ever, that no evidence supports a requirement for physician supervision of CRNAs -- and no studies on the quality or patient safety outcomes of AA services.

- **AA clinical education is noneconomic for participating hospitals.** In a hospital affiliated with an institution educating AAs, Medicare Part B does not reimburse anesthesia services in which AA students are involved. By contrast, Medicare Part B does provide for coverage of anesthesia services when qualified professionals in an educational program supervise student nurse anesthetists or anesthesiologist residents.

- **Michigan would be out of step with the rest of the country if it licenses AAs.** Only 17 states currently license AAs.

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	CRNAs	Anesthesiologists	AAs
Ensure rural Michigan **access to anesthesia** and procedures requiring anesthesia services	Yes	No	No
Covered by Medicare and commercial health plans	Yes	Yes	No
Validated by **extensive peer-reviewed research in quality** and patient outcomes	Yes	Yes	No
Medicare coverage permitted **when students are involved in anesthesia** services delivered by a qualified professional such as a CRNA or anesthesiologist	Yes	Yes	No
Anesthesia services **allowed in all 50 states** and DC	Yes	Yes	No

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