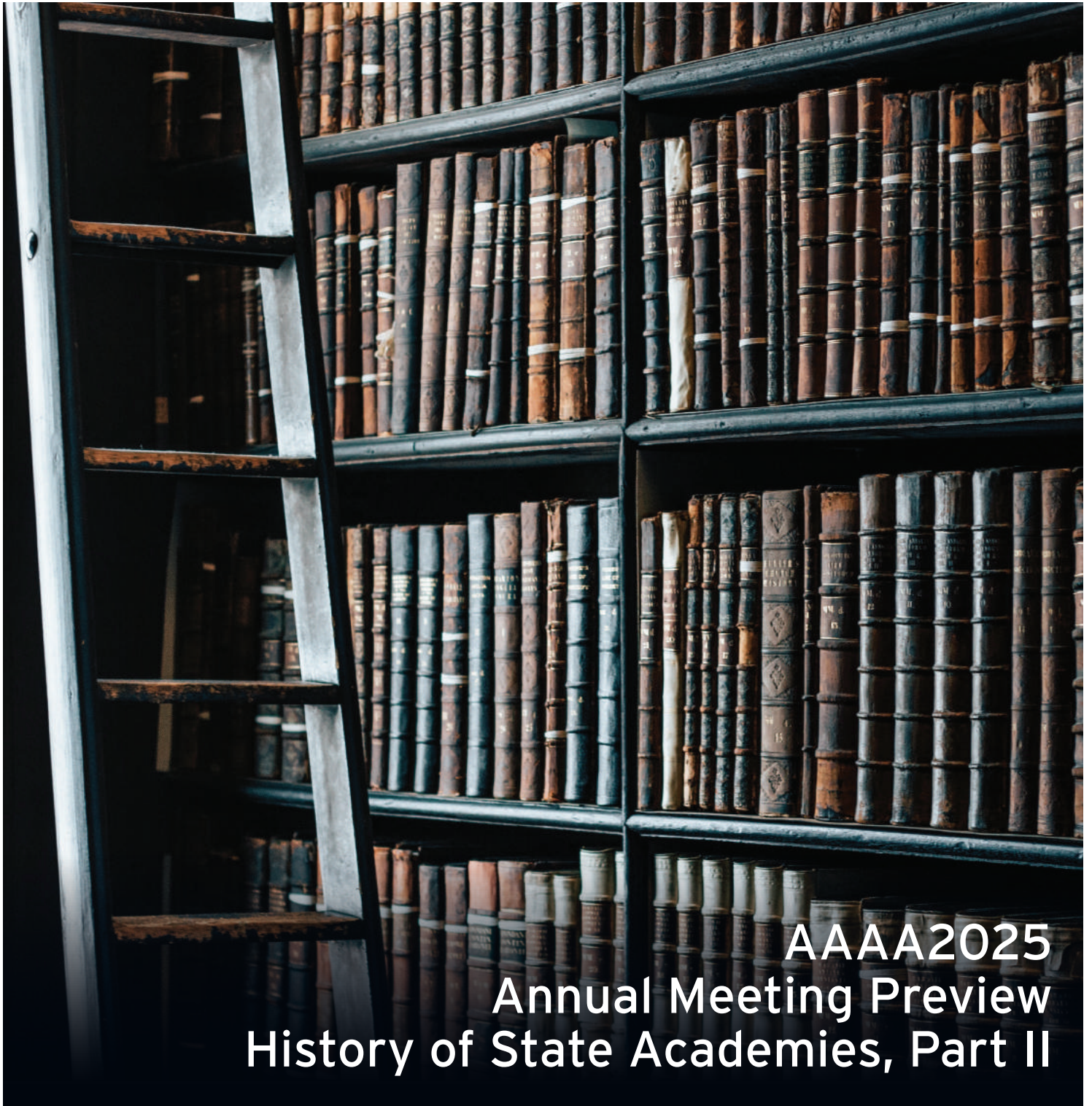




# the **Anesthesia Record**

**AAAA**® American Academy of Anesthesiologist Assistants®

Winter 2019



**AAAA2025**  
**Annual Meeting Preview**  
**History of State Academies, Part II**



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### The Anesthesia Record

Published quarterly by the American Academy of Anesthesiologist Assistants, Inc. Please direct all general inquiries to AAAA management. Opinions expressed in this newsletter are those of individual authors and do not necessarily represent AAAA policy.

### AAAA® Executive Offices

1231-J Collier Rd. NW  
Atlanta, GA 30318

Phone: 678-222-4233 Fax: 404-249-8831

[www.anesthetist.org](http://www.anesthetist.org)

[info@anesthetist.org](mailto:info@anesthetist.org)

# Calendar of Events

## April 2019

**AAAA2019® AAAA Annual Meeting**  
JW Marriott Hotel, Indianapolis, IN  
April 13-16

**AAAA Board of Directors Meeting**  
JW Marriott, Indianapolis, IN  
April 13

## May 2019

**ASA Legislative Conference**  
Hyatt Regency Capitol Hill, Washington, DC  
May 13-15

## June 2019

**CAA Week**, June 2-8

## July 2019

**AAAA Board of Directors Teleconference**  
July 28

## September 2019

**AAAA Legislative Fund Fall Fundraiser Challenge**  
September 22-28

## October 2019

**ANESTHESIOLOGY2019® ASA Annual Meeting**  
Orlando, Florida  
October 18-23

**AAAA Board of Directors Meeting**  
Orlando, Florida  
October 20



Clearwater, FL - April 2018: Access to future employers is a popular AAAA member value, especially for Student Anesthesiologist Assistants. Recruiters representing several national practice groups and large anesthesiology providers exhibited at AAAA2018®, the Academy's popular annual meeting.



**Laura Knoblauch, CAA, MMHSc, MBA-HA**  
President

James Baldwin, the famous American novelist promoting equitable integration on the quest for acceptance, said, "Know from whence you came. If you know whence you came, there are absolutely no limitations to where you can go."

The most recent issues of The Anesthesia Record highlight the history of our profession in each state where we currently practice. Looking into the history of our profession gives us the lessons and strategy needed to continue to move our profession forward, expand our geographic footprint, and work to expand the practice of anesthesiologist assistants. Currently, AAs are authorized to practice in 18 jurisdictions in the United States including Guam. There are 12 educational programs.

**"AAAA2025 is an ambitious plan for growing our profession."**

At the 2018 Annual Conference, Immediate Past-President Nick Davies, CAA, described ancient military tactics of the Greek Phalanx and how those relate to the AAAA working together to protect our profession. There is a need for every anesthesiologist assistant, whether a student or fellow, to act as a cohesive unit, with every member remaining close to our organization. AAAA protects its members from attacks from many sides -- legislative, practice, and payment issues.

**"For 2019, I am already on track to travel approximately 27,000 miles to promote our profession."**

AAAA2025 is an ambitious plan for growing our profession. Knowing where the profession came from and working together, we can achieve the goals of AAAA 2025. These include reaching practice and/or licensure in 25 total jurisdictions, surpassing 70% fellow membership among all practicing CAAs, achieve 100% participation in the AAAA Legislative Fund, and expanding CAA involvement in hospital administration or state/local government.

## AAAA2025 roadmap to future

AAAA leadership is constantly traveling to promote our profession, testifying at state legislative hearings, lobbying with physician anesthesiologists, attending ASA meetings including the Board of Directors meetings. ASA and AAAA leaders enjoy a great working relationship towards expanding our practice states footprint. AAAA leaders engage in frequent email, text message chains, and extensive phone discussions with physician anesthesiologists in multiple states for advocacy where CAAs currently cannot work. Jeremy Betts, JD, the AAAA Director of State Affairs and General Counsel, has created a strong focus on state grassroots efforts prior to introducing legislation. These efforts include creating connections with the state society of anesthesiologists, lobbying with them at the capitol, and working closely with each state's lobbyists and executive director from the start.

**"AAAA always has the best interest of AAs at the center of its advocacy."**

All who know me personally are aware I am a person who enjoys traveling the world. Last year, as president-elect, I traveled over 21,000 miles for AAAA. It was the most rewarding travel in which I've ever participated. The realization that these miles are helping expand our profession is immensely rewarding! I am educating anesthesiologists on our role in the anesthesia care team, discussing with states about introducing AA licensure bills, and creating connections with legislators in various new states. For 2019, I am already on track to travel approximately 27,000 miles to promote our profession.

**"Never lose sight of where we are going."**

However, I am just one member of the AAAA leadership. I haven't calculated the exact number, but I imagine AAAA representatives traveled over 150,000 miles in 2018, a conservative estimate, working for you to promote and secure the profession. AAAA always has the best interest of AAs at the center of its advocacy.

Please know that AAAA is working hard for you. We need your help to recruit your peers to join and donate to the AAAA Legislative Fund. We need you to get involved with your group and hospital leadership. We need you to educate healthcare professionals, hospital administrators, and all you meet. Don't forget where our profession came from and never lose sight of where we are going.

# Board of Directors Profiles



## Bill Buntin, CAA

I vaguely remember the first AAAA meeting I attended. It was back in 1995 and I believe it was in Destin, FL. or Orange Beach, AL. But I could be wrong. Christian, Jeff, Brett, Dooley, and all the other classmates I had become so close to over the previous year, hopped in our beat-up cars and road-tripped to Florida. I don't recall it being a voluntary trip, our faculty leaders, mainly Biggs, Brouillard, and Howard Odom, made it understood that if we wanted to graduate, we would go to the meeting. Quite compelling.

We spent four days enjoying the beach, the lectures, and the fellowship. I was amazed by the number of AAs who had travelled from near and far to attend the meeting. You have to remember that back in 1995, Georgia and Ohio were the only states open to AAs. That right there shows how much work has been done over the past two decades to open 15 more states for AAs.

I was humbled by the amount of work the AAAA leaders put into that meeting back in 1995, but I had no idea of all the additional work they were doing to keep this profession of mine growing. After years of attending the meetings and enjoying the sweat hours of others, in 2010 I decided to put in some of my own sweat hours. I along with a few other key individuals -- Joy Rusmisell, John Kimbell, Lance Franklin, Rick Brouillard, Gina Scarboro, Eric Heil, and Brad Maxwell -- conceptualized and then birthed the GAAA. It was incorporated in 2012 and I became the first President. Soon after that we were growing membership, fixing Georgia AA issues and roping in Jet Toney and Cornerstone to take over AAAA management.

Since then, I have been proud to be elected to the AAAA BOD twice, serve on AAAA, GAAA, GSA, and ASA committees, and have been coordinator for students from South, Emory, and Nova doing their clinicals at Phoebe Putney in Albany, GA.

**"I don't recall it being a voluntary trip."**

I would like to thank the AAAA for everything it has given me, and I applaud the past, present and future leaders for the many volunteer hours they give up.



## David Dunipace, CAA

Professional citizenship is required by every AAAA member in order to move the profession forward and to best position ourselves for the rapidly changing healthcare field. This means every AAAA member needs to stay engaged, and lead by example. This could be serving a leadership role at your hospital, helping run a state component society, or serving in a leadership position for the AAAA.

**"An excellent opportunity to practice professional citizenship and to support the mission of the AAAA."**

For me, serving as a Board of Director for the AAAA has given me an excellent opportunity to practice professional citizenship and to support the mission of the AAAA. Moreover, it's been a real honor to represent and serve the AAAA members

Besides my role as BOD, I am also the Associate Program Director for the University of Colorado AA program, the CAA representative for the ASA Committee for Patient Safety and Education (CPSE), and QI committee member for the CU Department of Anesthesiology. In these various leadership roles, I have had excellent opportunities to represent the profession and to accomplish the following:

- Two articles published in the ASA Monitor regarding patient safety
- CAA representative for an APSF project to create "Expert Recommendations for NMBDs and Patient Safety".
- Recently accepted research paper in the Journal of International Anesthesiology Clinics titled: 'Can Simulation Improve Patient Outcomes?'
- Recruited CAAs/SAAs, and attended 6 medical missions in the Philippines
- Advocated and represented the profession in several CAA state licensure efforts.

Besides my leadership roles for the profession, I've thoroughly enjoyed practicing as a CAA. For the first nine years of my career I was employed at Medstar Washington Hospital Center in Washington, DC. Two years ago, I moved to Denver, Colorado and now work at the University of Colorado, Department of Anesthesiology in Aurora, Colorado.



## Tim Goodridge, CAA

Serving on the AAAA Board of Directors is an incredible honor and responsibility. I fully rely on my fellow members, co-workers, and friends to convey a personal direction for my advocacy efforts on behalf of the CAA profession.

Born in Connecticut, I now live and work near Austin, TX. To paraphrase a famous statement about moving south: "I'm not from Texas but I got here at an average speed." Texas has been great to me and my family, and I don't see myself ever leaving this great state. However, I would really love to see CAAs living and working in the New England states of Maine, Massachusetts and Connecticut. I will try my best to make this happen.

**"An incredible honor and responsibility."**

I graduated from Emory University in 1997. In 2014, I joined the AAAA Board of Directors and in 2016 became President. Nationally, I have been on the ASA Committee on Governmental Affairs since 2016. At the state level, I am a member of the Texas Academy of Anesthesiologist Assistants and was secretary from 2008 – 2018. I have served on the TSA Committee on Governmental Affairs since 2017.

John Steinbeck said, "Texas is a state of mind, but I think it is more than that." I like to think the CAA profession can be described similarly; the reasons, experiences, and routes each of us took to become the providers we are today have made this more than just any other job or profession.



## Kaley Hisghman, CAA

For me, professional citizenship involves, if not REQUIRES complete focus to the advancement of our profession. This includes, at a minimum, membership and participation in both state and national organizations, as well as recurrent donation, no matter how big or small. We often lose sight of the work being done on our

behalf. For strategic reasons, it is not always in the best interests of the AAAA or state organizations to broadcast the growth and development plans of the Academy. The fact is there is a great deal being done across the country.

On a more personal level, professional citizenship embodies teaching, representing, and protecting our profession. There have been many times, when teaching students, I have become frustrated or overwhelmed with the amount of ground a student needed to gain. I have to remind myself that the survival of CAAs rest on our ability to actively teach and bring these fledgling providers up to speed. It is all too easy to give up and relegate teaching to someone else, but that is not what is best for our profession.

I am originally from Claxton, GA, known widely as the fruitcake capital of the world! I attended Nova Southeastern University in Tampa for my MSA in 2011 and joined AAAA right away. After graduating in 2013, I went to work for American Anesthesiology through St. Joseph's Hospital in Tampa, FL. My hobbies include cooking/baking, fishing/boating, scuba diving, snowboarding, traveling, and shooting (I am from the South after all). I love to see UGA win, and my husband loves BAMA. So let's just say the last championship game was a difficult day. I have two female Malteses named Savannah and Taylor. They are my children basically.

**"We often lose sight of the work being done on our behalf."**

Though I recently became involved with AAAA by being elected to the BOD, I have been involved at the state level and in education. I was the FAAA treasurer and a guest lecturer at NSU. I am also on the interview board and steering committee at my hospital, as well as the clinical director there.

I want to finish this by telling all my CAA colleagues...stay engaged, stay focused, stay in the fight.



## Kristl Kamm, CAA

Born and raised in the sunshine state, I am a self-proclaimed beach baby and spent my entire upbringing in beautiful Tampa, FL. Most of my adolescence was spent playing sports, enjoying time with my big family and friends all the while, doing my best to excel in school and be involved in the community. I attended the University of Florida for my bachelor's degree and enjoyed every minute of that collegiate experience. Go Gators!

**"I not only have a career I love, but I am able to support the progression of our profession."**

After college, I returned to Tampa and completed a master's of medical science in pharmacology at the University of South Florida. While working in one of the labs, I discovered the CAA profession through an article in The Tampa Tribune. After doing some research and shadowing a local anesthesiologist, I knew it was the perfect career for me. In 2012, I moved to Fort Lauderdale, FL to attend Nova Southeastern. I truly enjoyed every minute of that experience while building my future with great classmates and being taught by a wonderful faculty.

Upon graduation, I relocated to Atlanta and have been with Northside Anesthesiology Consultants ever since. I have an incredible team of colleagues and feel fortunate to be part of such an enjoyable and talented group. In my free time in Atlanta I enjoy hanging with friends in the park, dinners out, live music, attending athletic events

Continued on Page 6

## Board of Directors - From Page 5

and exploring the outdoors. Being a CAA and recently being elected to the board has been incredibly rewarding. I not only have a career I love, but I am able to support the progression of our profession. I look forward to seeing our future and our profession continue to grow.



### Carie Twichell, CAA

I graduated from the Case Western Reserve University nearly 20 years ago now when Cleveland was its only location and there were two AA programs in the country. My legislative and advocacy experience started my very first year - I answered a phone call from one of my mentors, Pete Kaluszyk. He explained that the way AAs practiced in Ohio was being questioned and we needed to get organized.

**“It’s amazing how organized and knowledgeable you can become when you don’t have any other choice.”**

What did I know about practice issues? How was I going to speak to legislators, administrators and other healthcare professionals about the profession I had just started? At Christ Hospital in Cincinnati, Ohio, I was still trying to time my wakeups and learn my craft! Within a couple weeks of that phone call, a cease and desist order was issued for all Ohio CAAs. My group (Anesthesia Associates of Cincinnati) pulled all of us out of the ORs for eight weeks. They paid every single one of us, and we went to work every day to write letters, speak with surgeons and encourage other letters to the state capitol.

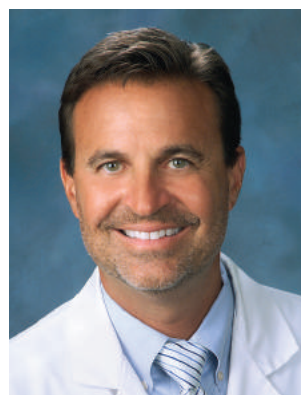
I drove several times a week to Columbus, Ohio, and walked around hand delivering these letters to the legislators, talking to as many of them as possible. We delivered so many letters, the legislators asked our lobbyist to stop; they were overwhelmed with the sheer volume of mail! It’s amazing how organized and knowledgeable you can become when you don’t have any other choice. The CAAs in Cleveland were really the brain children of the Ohio movement; I was fortunate to have learned from some of the best pioneers our profession will ever have: Joe Rifici, Deb Lawson, Pete Kaluszyk, Joe Hoffman, Greg Menendez, Theresa Greene, Bob Stupi and countless others.

I started at the MetroHealth Medical Center in February of 2006 and have been there ever since. Throughout this second phase of my work history, I had the opportunity to take on several leadership positions within the American Academy of Anesthesiologist Assistants (AAAA) including as President and the Board of Directors, as well as being the first appointed CAA to serve on the American Society of Anesthesiologists (ASA) Committee on Practice Management, where I currently serve.

More recently, I have become involved in the MetroHealth Advanced Practice Provider (APP) group. And, in June of 2018, I was appointed the interim, assistant program director for the Case Cleveland MSA Program. The transformation of a student that occurs over such a small timeframe is incredible. The time has flown by and I always feel lucky to have fallen into this great profession.

I live outside Cleveland with my two kids, Izzy (13) and Jack (10) and our beagle/basset hound rescue pooch, Lucy.

I love being involved in AAAA. It feels good to do the right thing. It feels good to help others and be their champion; so I do get something out of it also. I believe in my heart that it has been good for my children to see me work on the AAAA issues. Over the years they have been on muted teleconferences and listened to me rant and rave about dozens of topics. They see when we have been defeated, and they see when we have been victorious. Together, my children and I have experienced both and learned some empathy, humility, and how to keep fighting!



### Rob Wagner, CAA

I was raised in Sarasota, FL and currently live in Tampa, where it allows me to pursue my passion for boating, fishing, kayaking, diving, lobstering, and everything else that has to do with the water. My favorite place is 20 miles offshore fishing for Black & Yellow Fin tuna, and mahi mahi in Islamorada from my boat.

**“To give back to one’s profession and community in a way that promotes the well-being of others.”**

After graduating from Emory University in 1981 and being a AAAA member for 27 years, I continue to stay involved in anesthesia at the education and organizational levels. I have been the chair of the department of anesthesia at Nova Southeastern University since 2005. In 2008 I became involved with the NCCAA Test Writing Committee as its Co-Chair.

I have been involved with the ASA, AAAA, FAAA, ARC-AA, FDA, JACHO, APSF and the Florida Board of Medicine in many different regards. Through the ASA, I served on the Anesthesia Care Team Committee, Membership Committee and the Quality Management & Departmental Administration Committee. With AAAA, I served as president from 2000-2004 and then again in 2009. I have also been a member of the Board of Directors from 2006-2008 and again from 2015 to present.

There are so many interpretations of the term “Professional Citizenship,” but the meaning lies within each one of us. I believe that it doesn’t have to be anything extravagant, but mainly to give back to one’s profession and community in a way that promotes the well-being of others.

## Kansas licensure act in play



Written by  
**Ty Townsend**  
KSAAA President

Editor's note: AAAA President Laura Knoblauch, CAA, and Legislative Fund Chair Trine Vik, CAA, contributed to this article.

Physician anesthesiologists and anesthesiologist assistants are actively advocating for CAA licensure in Kansas with funding support from the AAAA Legislative Fund. The advocacy effort began two years ago. Most recently, the Kansas Academy of Anesthesiologist Assistants and the Kansas Society of Anesthesiologists testified in support of House Bill 2295 on February 18 before the House Health and Human Services Committee.

**"It's a new year and new Legislative session in many states nationwide. The AAAA is already hard at it in several state capitols working to pass new CAA bills. Each state legislative effort cost tens of thousands of dollars and we need your support!! Donate \$100 (or \$500 for Presidents Club level) today to expand and protect your profession. Donate at [www.anesthetist.org](http://www.anesthetist.org)."**

*Trine Vik, AAAA Legislative Fund Chair*

The AAAA Legislative Fund has helped enable KSAAA to hire a lobbyist and to fund the travel expenses related to sending experts, advocates, AAs, and the AAAA Director of State Affairs to participate in strategy, planning, preliminary grass-roots advocacy and formal testimony.

AAAA's investment in Kansas licensure is consistent with the Legislative Fund's goal of expanding career pathways for AAs and enlarging the work states footprint as AAAA seeks to open new states for CAA practice.

### **A work in progress**

AAs in Kansas City have been working behind the scenes the last two years with AAAA, the KSA, anesthesiologists in Kansas, and lobbyists. During the 2017-2018 legislative cycle, HB 2046 was introduced to authorize AA practice. In January

### **Help expand the geographic footprint of the AA profession in Kansas**

- Ensure you are a member of the AAAA and donate each year to the AAAA Legislative Fund. As a fledgling organization, the KSAAA has limited resources and remains grateful for AAAA support.
- Join the KSAAA if interested.  
Email [secretary@ksaaa.org](mailto:secretary@ksaaa.org) for more information.
- Thank the AAAA Board of Directors and members of the AAAA Legislative Committee for financially investing in the KSAAA, allowing the organization to hire lobbyist Brad Smoot to directly represent the KSAAA and work in conjunction with AAAA Director of State Affairs Jeremy Betts, KSA lobbyist Larrie Ann Brown, and Jason Hansen, Director of State Affairs for the ASA.
- Contact [stateaffairs@anesthetist.org](mailto:stateaffairs@anesthetist.org) to report connections in the state of Kansas, be it legislators, physicians, or other community leaders. Your involvement will boost the Kansas ground game in Topeka.

2017, a hearing was held by the Committee on Health and Human Services. During the hearing, committee members encouraged the KSA and KSAAA to complete the Credentialing of Health Care Personnel process at the Kansas Department of Health and Environment (KDHE).

Following the hearing the committee chair also requested that the KSA and KSAAA meet with the Kansas Association of Nurse Anesthetists (KANA). During the first and only meeting, representatives of KANA supplied a list of concerns in opposition to the legislation. Following this meeting, the KANA board of directors voted to discontinue discussions regarding the topic of AA licensure. In August of 2017, the KSA, along with representatives of the AA community, filed a Credentialing Application for Anesthesiologist Assistants with the Secretary of KDHE.

No further action was taken by the House Committee in 2017.

[Continued on Page 8](#)

## State Action - From Page 7

In March of 2018, a second legislative hearing was conducted by the Committee on Health and Human Services to update members on the status of the licensure effort. Nearly one year later in August 2018, a Technical Review Committee was formally established by KDHE and held its first hearing on the Credentialing Application for Anesthesiologist Assistants. Four public meetings were held from August to December of 2018. In the November 2018 public hearing, representatives of the AAAA, KSAAA (the applicant), KSA and AA representatives had the burden of establishing evidence of need for AA licensure by a clear and convincing standard of proof in nine separate criteria. Testimony was given for and against licensure during hearings over a four-month period.

**“Kansas is a prime example of your donations to the AAAA legislative fund hard at work to continue to expand our practice into all 50 states. Trine has set a goal for AAAA to raise \$100,000 in 2019. We can easily obtain this goal! If every AA in the country donates the cost of their venti latte coffee drink one day a week, the Leg Fund would raise over \$500,000 for our legislative fund efforts!”**

Laura Knoblauch, AAAA President

At the final meeting in December, the Technical Review Committee discussed and voted on successful fulfillment of the nine application criteria, and a tenth vote was conducted on the report in whole. All votes were in favor of the applicant. The Technical Review Committee recommended to the KDHE Secretary the AA credentialing application be approved and the provider be licensed by the State. Successful completion of the technical review process allowed the AA licensure legislative effort to move forward.

### The KSAAA story

The Kansas Academy of Anesthesiologist Assistants (KSAAA) was incorporated in the summer of 2018. KSAAA membership is expanding rapidly with fellow, student, and physician anesthesiologist members. Its first official meeting was held on November 8, 2018 during which leaders were elected and an initial membership drive was established. KSAAA leaders include the following:

Ty Townsend, President  
Tyler Bollinger, Treasurer  
Regina Phillips, Secretary  
Rachel Luptak Bayer, Board Member  
Spencer Jones, Board Member  
Landon Streed, Board Member

Proponents of CAA licensure know the benefits of opening Kansas would be significant, because many CAAs working in the Kansas City area live in Kansas but are only permitted to work in select institutions on the Missouri side of the state line. Many of these anesthesiologists would be ready and willing to provide quality anesthesia care closer to home and just minutes away from current Missouri-based employers (not to mention other major metropolitan areas like Wichita and Topeka). The UMKC MSA Program produces 12-15 CAAs each year, many of whom are unable to secure employment close to home due to a current paucity of local options.

**“Thank you” to the following physicians, anesthetists and students for joining as members during the initial months of KSAAA operation:**

Adam Petersen	Fellow
Mike Beeler	Fellow
Regina Phillips	Fellow
Cecilee Platz	Fellow
Margaret Riffel	Fellow
Spencer Jones	Fellow
Lindsey Colner	Fellow
Megg McCue	Fellow
Landon Streed	Fellow
Rachel Luptak-Bayar	Fellow
Ty Townsend	Fellow
Heather Ruck	Fellow
Tibor Mohcsi	Physician Affiliate
Melissa Meiners	Physician Affiliate
Johnathan Swade	Physician Affiliate
Richard Parker	Student
Asher Herbert	Student
Lvette Alfonso	Student
Ashley Eichelberger	Student
Sadie Laddusaw	Student
Angela Shupe	Student
Savannah Scott	Student
Shelby Spears	Student

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Written by

**Chelsea Krombach, CAA, MBA**

2015-17 NMAAA PR Committee Chair  
Wake Medical Hospital, Raleigh, NC (eff. 8/18)



Research by

**Courtney Degner, CAA**

NMAAA President  
University of New Mexico, Albuquerque, NM

Editors note: Due to content errors in the NMAAA article which ran in the Summer 2018 issue, corrected parts I and II are published here with the balance of the NM history article.

## **PART I THE INITIAL CRUX**

At the turn of the most recent millennium, three students --Thang Thai, Greg Parkhurst, and Jake Menke -- ventured farther west than any of their like before them. Stan Agbulos, dually licensed as a PA and CAA, is credited with forging the path for CAAs, but his employment in a state without licensure restricted his ability to do so. The pioneers' venture west proved fruitful the following year in 2001 when senate bill (SB) 370 for CAA state licensure in New Mexico was chaptered.

It was a fortuitous effort because the traditional opposition was fighting a battle of its own to practice independently. The nurse anesthetists (CRNAs) in New Mexico had allocated the majority of their funds and lobbying efforts to pass a bill to expand scope of practice, thereby allowing the bill for AA licensure to be nearly unopposed. With deep pockets and a strong

# New Mexico spirit rewarded



lobby, the NAs of the state would not stand for a clean AA bill to be passed. SB 370 bore proposed changes in the very first committee hearing and was later formally amended on the senate floor.

*"There it was again -- our bill with the letters "API" next to it."*

The three amendments included: 1) restricted employment to a university in New Mexico with a medical school, 2) required that when a student is providing anesthesia, the student shall be supervised on a one-to-one basis by an anesthesiologist who is continuously present in the operating room, and 3) established a 2:1 supervision ratio.

New Mexico's AA licensure bill is worded virtually identical to other states where licensure had passed, save for these three amendments. The opposition convinced legislators that this was best for New Mexicans, until this foreign type of anesthesia provider "proved themselves" at the University hospital.

With the University of New Mexico (UNM) housing the only medical school in the state, AA practice was limited to its hospitals until further legislative efforts were rendered. In the years since, it is increasingly evident that nurse anesthetists had no intention of ever commending AA practice beyond the University hospital, in the wake of years of "proving ourselves" at the state's only level one trauma center.

## **PART II LEARNING FROM FAILURES**

In New Mexico, the long legislative sessions (60 days) only exist in odd numbered years, short sessions (30 days) in even years. Simple, uncontested legislation usually struggles in the short session just to complete the process prior to session termination; controversial bills have slim to no chance.

In 2003, CAAs in New Mexico enjoyed another legislative victory but this is largely attributed to the University of New Mexico. Senate Bill 73 effectively changed the ratio for one anesthesiologist to supervise up to three anesthesiologist assistants. This bill was lobbied largely by the University (a prominent political force in the state) because the hospital was educated about the financial benefits.

In 2008 CAAs practicing in New Mexico decided to attempt a short session legislative effort. This would be the first of its kind, with many similar attempts to follow. SB 485 was written to simply strike the language: "to restrict employment to a university in New Mexico with a medical school". If only it was that simple. Like the CAA senate bills before it, the bill was sent to the Senate Public Affairs Committee (SPAC). But this time, it died in its very first committee hearing. A short session bill was likely a long shot anyway, so the loss wasn't devastating. As the saying in sports goes, "better luck next year".

*"Walking around the Capitol building for weeks taught us how to force face time with legislators and overcome hesitation."*

We did just that but decided to try our luck starting in the House chamber. House Bill (HB) 536 in 2009 introduced the idea of certified anesthesiologist assistants to a whole new set of legislators. Again, this bill only proposed to seek statewide practice. The argument in favor seemed simple -- the original legislation passed in 2001 was unusual, like no other state before it. Furthermore, like no other medical profession in the state. Those who hold a state license issued to them by the state medical board are typically free to practice anywhere in that state.

This argument was sound and logical to those on the Health & Government Affairs Committee as evident by their majority vote in favor of the bill. With this small victory we were on to the next committee in the House, Business & Industry. This is where the opposition really exhibited its influence. Our bill may not have been on the radar before the first committee hearing, but it most certainly was once it received favorable responses from lawmakers. The nurses lobbied the representatives to table our bill and they did just that.

*"But what about all the work we'd put in."*

Deciding to forego any further short session attempts, the next bill for statewide practice was HB 99 in 2011. After becoming a little savvier to legislative ways, we realized that even year attempts are futile. Due to the nature of our bill (relating to medical profession) the committee assignments were the same as HB 536. Unfortunately, so was the fate of our bill. HB 99 was voted on and passed in Health & Government Affairs Committee but tabled in the Business & Industry Committee. There it was again -- our bill with the letters "API" next to it. Action Postponed Indefinitely. Sent to the political abyss, never to be heard again.

*"After fourteen years, we were finally able to seek employment beyond the University."*

The 2013 legislative session held mixed outcomes for CAAs. Learning from our previous efforts, it was clear something needed to change. The New Mexico Academy of Anesthesiologist Assistants (NM-AAA) decided to hire a lobbyist for the first time. Furthermore, with the two previous house bills having the same fate, we opted to file early and switch back to the Senate side. Feeling prepared and all the wiser CAAs fueled their offense with letters of support from a variety of surgical department chairs and testaments from anesthesiologists alike speaking highly of our skill and competence. Despite the different and vehement efforts, Senate Bill 6 wasn't even voted on; it was tabled in its first committee, SPAC. There it was again, another attempt, another API.

*"With persistence comes consummation."*

At this point legislative attempts for statewide practice had been nothing short of defeating and it was truly difficult to discern what could be done differently to ensure a successful outcome. But, the 2013 legislative session wasn't entirely defeating. House Bill 416 addressed the other amendment to our original licensure in 2001, the student supervision rules.

#### NMAAA Officers

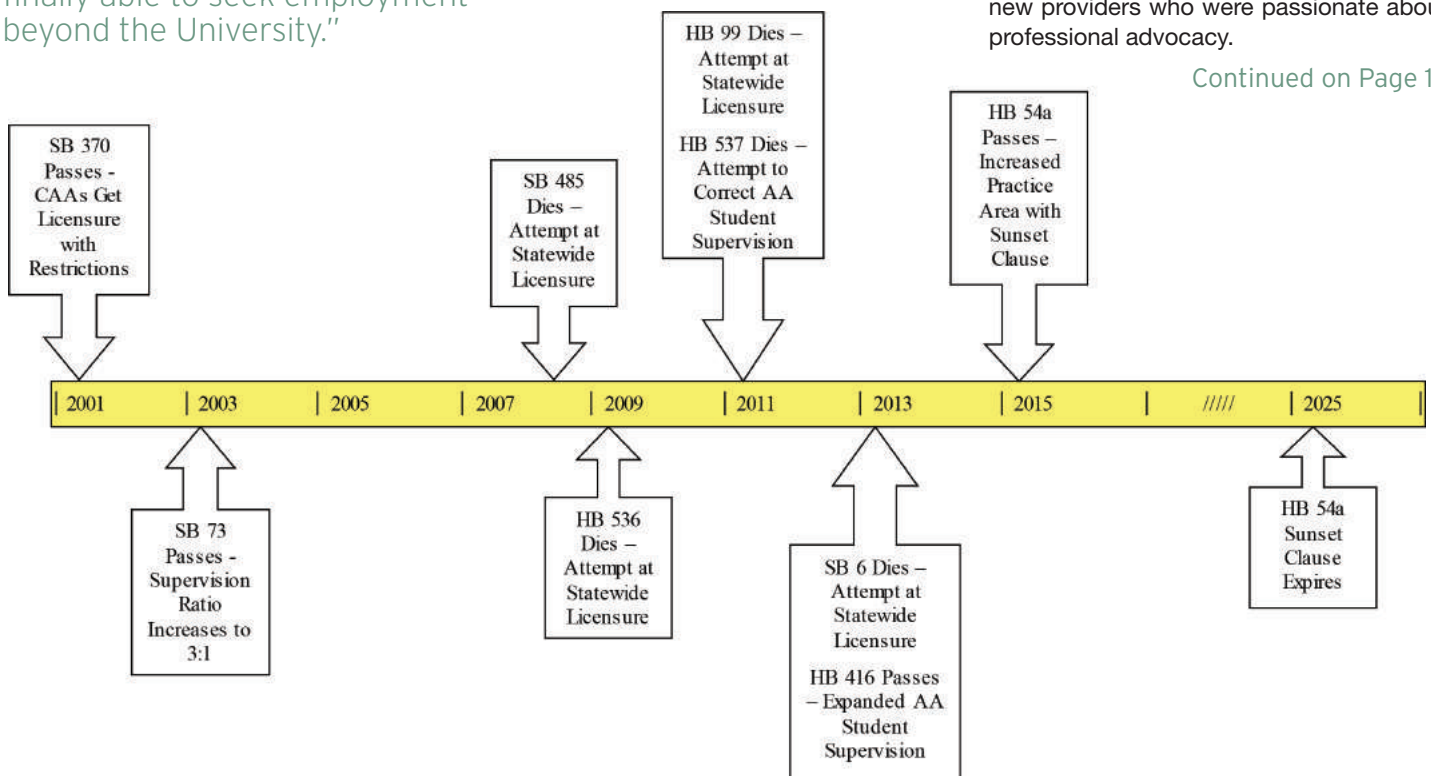
Courtney Degner, CAA, President  
 Will Thompson, CAA, Vice President  
 Abigail Moore, CAA, Secretary  
 Marilyn Archambeault, CAA, Treasurer  
 Kate Novinc, CAA, Public Relations  
 Jeremy Ruddell, CAA, Practice Chair  
 Kevin Kopacz, CAA, Alternate Delegate  
 Joanna Dela Cruz, CAA, Alternate Delegate

This bill was a much-needed victory, changing the rule that formerly required AA students to work one-on-one with an anesthesiologist to being able to work with CAAs, anesthesiologists, and anesthesia residents. At least one portion of the Anesthesiologist Assistant Act was normalized to the standards of every other state.

#### PART III SETTING THE CURRENT PRECEDENT

In 2014 the number of AAs practicing in NM had increased by approximately one third. Many of these were eager new graduates heavily involved in student components of the national organization. With large shifts and an increased number of leadership positions in the New Mexico Academy of Anesthesiologist Assistants (NMAAA), it seemed like an appropriate time to insert new providers who were passionate about professional advocacy.

*Continued on Page 12*



Enthusiasm was fresh and contagious to those who had experienced defeat in the previous years. It seemed we were in a better position than ever before in January 2015 when we introduced HB 54—we had seasoned CAAs to help bestow the wisdom of our previous failures, we had new energy, and we had done our strategic due diligence when hiring our brother-sister duo lobbyists.

The bill had progressed further in the legislative system than any prior attempts of this nature. HB 54 passed 8-2 in the Health Committee, 11-2 in Business and Employment Committee, and on the House floor in a 38-28 vote. With all other previous attempts never even being heard and put to vote beyond the first committee, we were overflowing with optimism and momentum. For the first time in 14 years we had traction and we were starting to understand the value of lobbying for ourselves while learning how to play the legislative game.

The bill moved to the Senate chamber and was assigned to committees: Senate Public Affairs (SPAC) and Judicial. We quickly found out that these two were known as the “bill killing” committees. When speaking optimistically to seasoned legislative persons about the fate of our bill, we were often cautioned that it was going to be a tough path. Nonetheless, we remained idealistic and vivacious. After all, the 50-minute drive to Santa Fe from Albuquerque became our new commute after a day’s work in the OR. Walking around the Capitol building for weeks taught us how to force face time with legislators and overcome hesitation. We had practically perfected the “elevator speech” for HB54.

We had 20 days until the hearing in SPAC, and it was clear the nurse anesthetists organization had lobbied the Senate side harder than the House. It also quickly became apparent that these committees were tougher than any of the prior. The opposition displayed their standard fare. Being an “opt out” state, (nurses successfully expanded their scope in 2001 to practice independent of anesthesiologists), they claimed we were far inferior because we required supervision. We tried to explain that independent NA practice was not the norm for their profession and largely only existed in NM because it is a rural state.

We explained to no end that it is safer to employ the care team model. Per usual we were accused of being poorly trained and not required to have a medical background. Our name did us no favors as they repeatedly leaned into the “assistant” aspect. Painted as unintelligent and incompetent providers, the NAs did a compelling job of keeping the senators distracted from the actual goal of the bill while they hurled lies and misinformation leaving us completely on the defense.

Despite spending many 12-hour days lobbying, it didn’t look good. When an invitation to join an elite group in an after-hours event to celebrate a senator’s birthday, it seemed like maybe progress could be made over a few drinks in an informal environment. It was here that we learned most of the members of SPAC and the Judicial committee referred to the NAs lobbyist as a “sister-figure” and that there was no way they could possibly vote for a bill she cared and lobbied so passionately against.

### “Affiliations with AA training programs will be established.”

Our hearts sank. But what about all the work we’d put in to get our bill through the House side? What about our passion? When we inquired if there was something we could do to avoid our bill being killed, they offered the idea of a compromise. We felt strongly that our bill was good and shouldn’t be compromised, but they made it clear that if we weren’t even willing to meet with the nurses to discuss a compromise, our bill was guaranteed to be dead in the water.

Three compromise positions were agreed on by both parties. These included the following: to practice in a facility that employed or contracted at least three anesthesiologists 2. practice in a Class A county in New Mexico (defined as a county with population >100,000 and/or property value >75 million 3. A 10-year delayed repeal (“sunset clause”) to the two aforementioned compromises. A sunset clause was added to protect the original legislation.

When I received a text from our lobbyist at 11:00 p.m. on a Tuesday evening saying that our bill would go to vote on the senate floor any minute, I immediately informed the rest of the NMAAA executive members. It was with great anticipation, cautious optimism, and a very small but definitive

shudder of utter fear that many of us grabbed computers to watch the live video feed of the New Mexico Senate floor. Our legislation was showcased as a bill that demonstrated how both parties (democrats and republicans) and both chambers (house and the senate) could work together and represent the legislative democratic process. The bill was passed 40-0 and eight days later, upon the governor’s signature, chaptered.

After fourteen years, we were finally able to seek employment beyond the University. And as New Mexico licensed providers, we could exercise our practice beyond a sole facility. We knew this meant more work in the future, but we felt this was a huge victory and incontestably best served the CAAs practicing in New Mexico.

#### **PART IV PROGRESS & FUTURE COURSE**

In the years since HB 54 was passed the NMAAA has worked diligently to maintain contacts in state politics and to expand practice. The movement to get CAAs outside of the University was initially stagnant and delayed but with persistence comes consummation. Seventeen years of practice at the only anesthesiology residency in the state has forged numerous allies and proponents for CAAs over the years. Many graduates or former faculty anesthesiologists’ career paths took them to other hospitals in the state. The professional network formed and consistent attestation to our high level of practice has been crucial to the expansion.

Three hours due South of Albuquerque, in Las Cruces, the Mesilla Valley Hospital is employing CAAs and last month approved the addition of a student rotation. Further, in Santa Fe, Christus St. Vincent hospital has written CAAs into the hospital bylaws and advertised job openings to employ five CAAs. Upon employment at St. Vincent, affiliations with AA training programs will be established. Other hospitals in the state have also reached out to discuss future employment and are in the early stages of ensuring opportunities for our profession. In the meantime, the NMAAA is formulating a strategic and financial plan for the inevitable legislative efforts that promise a bright future for CAA practice in New Mexico.

# Colorado: A 30-Year Mountain Climb



Written by

**Andrea Croshal, CAA**

Pueblo, CO

The first AAs to work in Colorado graduated from the Case Western AA Program in the 1980s. They worked at University Hospital in Denver under physician extender licenses. By the end of the 80s, the original group had taken other jobs and no longer worked as AAs in Colorado.

In May of 1990, Andrea Croshal, a Colorado native, was hired to work at Parkview Medical Center in Pueblo, Colorado. She recognized that a physician extender's license wasn't a good fit for an anesthetist as a physician extender is prohibited from administering narcotics to patients. Andrea luckily found a clause in the Physician Assistant law that qualified the Georgia State Board AA exam as an acceptable alternative to the national PA board exam. Thus, the second wave of AAs to the state was licensed as Physician Assistants (PA). The next eight years were full of constant struggles with Medicare and the Colorado Board of Medical Examiners over reimbursements, supervision ratios, and continued licensing:

09/20/91: Medicare receives claims for anesthesia services rendered by a PA. We were on their radar and they request clarification.

12/10/91: Medicare denies reimbursement for anesthesia services performed by a PA as they only recognize anesthesiologist, anesthetist, CRNA and anesthesiologist assistants as qualified anesthesia providers.

06/25/92: Medicare finally recognized Andrea Croshal as a PA in Anesthesia and issued her a Medicare provider number. They immediately pointed out that PAs in Colorado can only be supervised with a 1:2 ratio or less and promptly denied 38 cases where she had been supervised under a 1:3 ratio.

02/27/96 and 05/96: Multiple requests made to the Colorado Board of Medicine to change the ratio of supervision of PA from 1:2 to 1:4.

06/21/96: Colorado Board of Medicine denies the request for a waiver of the physician/ PA supervision ratio rule citing, "Because of the unique nature of anesthesiology, the Board felt that a considerable level of supervision needs to be provided."

06/97: New appeal to the Colorado Board of Medicine to change the ratio of supervision from 1:2 to 1:4.

*"With three AAs practicing in Colorado, opposition activates."*

08/25/97: Colorado Board of Medicine increased the supervision ratio to 1:3.

06/97: Lee Austin, AA, files a packet for licensing. She becomes the third AA to request licensing as a PA. Jeff Smith and Andrea Croshal are already practicing in Colorado. With three AAs practicing in Colorado, opposition activates.

1998: Colorado Board of Medicine receives a complaint that licensing AAs as PAs is dangerous. Colorado Board of Medicine agrees to have a hearing to hear testimony from both sides. Dr. Wesley Frazier, Director of the Emory AA Program, attends and presents our case. Andrea Croshal, AA, Jeff Smith, AA, and Dr. Ben Massey testify as well. Unfortunately in the 90s, the Colorado Society of Anesthesiologists (CSA) was concerned with the amount of cases verses the number of anesthesia providers in Colorado and support from CSA was limited. The Colorado Board of Medicine ruled that they would no longer license AAs as PAs. They claimed that "Just because we have made a mistake in the past, does not mean we need to continue to make the same mistake in the future."



**Jeff Smith, CAA**

anesthesia with PA licenses. Dr. Frazier assures everyone that it is just a minor setback. This minor setback would keep additional AAs from working in Colorado for the next 15 years!

2010: The University of Colorado Department of Anesthesia decides to open a school to train mid-level anesthesia providers. The anesthesia environment had changed because of rapid population growth creating a concern over a possible future shortage of anesthesia providers. It was a two-year process to get board approval and create a bill for AA licensing. The time had finally come.

2011: The Colorado Academy of Anesthesiologist Assistant (CoAAA) was established.

Spring 2012: The AA licensing bill was introduced with immense support from the CSA, AAAA and ASA.

06/2012: The AA licensing bill is signed into law. The supervision ratio of CAAs is 1:3.

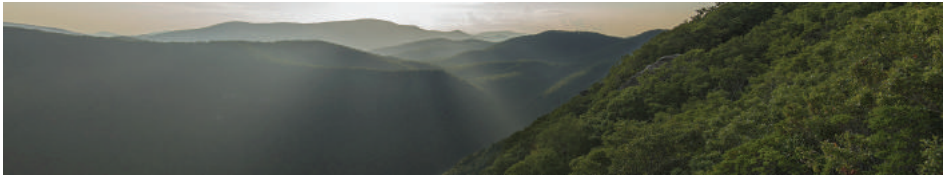
2013: The practice guidelines are complete and new AAs are licensed to work in Colorado.

8/2013: The University of Colorado AA program starts its first class of students.

12/2015: The University of Colorado AA program graduates its first class of six students, who all passed their board exam on the first attempt and had a 100% job placement rate.

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# NCAAA: Sticky Times in Tar Heel State



Written by

**Luis De Carvalho Leão, CAA**

NCAAA President

Interest in Anesthesiologist Assistants began in 1999 at the annual meeting of the North Carolina Society of Anesthesiologists. CAAs in attendance lobbied for licensure in the state. A practice statute was first introduced to the North Carolina General Assembly session on April 20, 2005 (HB 1330) and the bill moved through committee swiftly due to the efforts of Maggie O'Neal, CAA. However, it still took two years and three legislative sessions before licensure was finally granted in the fall of 2007.

The first licenses for CAAs to practice in the state were issued in early 2008 and CAAs were subsequently hired at Pitt County Memorial Hospital in Greenville, NC (now Vidant Medical Center) and Park Ridge Health Adventist Hospital in Hendersonville, NC.

Colorado - From Page 13

05/17/18: Colorado Medical Board approves the increase of the supervision ratio of CAAs from 1:3 to 1:4 after a lengthy seven-month process. The COAAA, CSA, AAAA, USAP Colorado Region and CAAs from across the state provided letters over the months of support and attended various meetings the Colorado Medical Board to discuss the change in the practice of CAAs in Colorado.

We are grateful to have an excellent practice statute in North Carolina that does not limit us by ratio, billing terms, or scope of practice. For the first eight years of our licensure (2007 through 2015), the expansion of CAAs in the state was limited, most likely due to the lack of familiarity with the profession. However, since our inception, our efforts have been focused on educating and meeting anesthesiologists, practice managers, surgeons, nurse anesthetists, and other providers within the state who have never worked with a CAA.

*"Due to the nearly solo efforts of the late Dr. Francis Brusino."*

These efforts have opened many opportunities, most recently with a number of practices in Raleigh, due to the nearly solo efforts of the late Dr. Francis Brusino. He believed in the team model and that CAAs would add value to his practice. Therefore, he spearheaded an effort that brought many CAAs to the city, thus causing expansion to other cities as well. Many anesthesia practices in North Carolina are still hesitant to bring CAAs into their groups, most likely due to current billing practices (medical direction vs. medical supervision) and ongoing unfamiliarity with our profession.

*"Bill moved through committee swiftly due to the efforts of Maggie O'Neal, CAA."*

*"The anesthesia environment had changed because of rapid population growth."*

Today, 83 CAAs are licensed to work in Colorado. CAAs currently practice in Colorado Springs, Denver, Aurora, the Denver-metro area and Pueblo.

For more information of please visit [www.coloradoaaa.org](http://www.coloradoaaa.org)

One of our current issues is the lack of a CAA training program within the state, which forces us to focus our recruitment efforts on CAAs and students from out of state. Although North Carolina is positioned between Case Western Reserve University Program in Washington DC and both South University and Emory University in Georgia, without a rotation in the state, we are not able to expose students to job opportunities and to the incredible work CAAs do at various practicing sites.

In an effort to more effectively combat these challenges, in December 2017 a state academy of the AAAA was formed, and the new organization held its first elections in January 2018. With elected officers and committees now in place, we have the needed structure and organization to work on opening new doors and increasing opportunities for students and CAAs within North Carolina. Our website, [www.ncanesthetist.org](http://www.ncanesthetist.org), is a great resource for those interested in learning more about opportunities here.

Students and fellows interested in rotating or practicing in North Carolina are encouraged to contact us at [president.ncaaa@gmail.com](mailto:president.ncaaa@gmail.com).

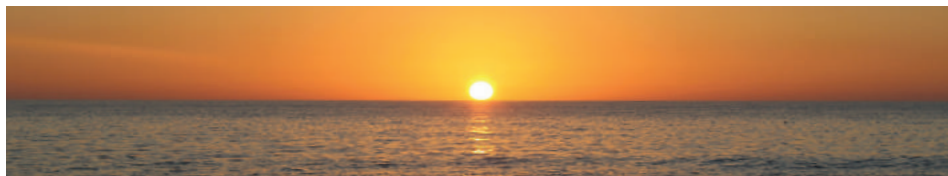
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John Adams, CAA, President-Elect  
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Communication member and Board

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David Dunipace- President  
Laura Knoblauch-VP  
Kayla Imbrogno-Secretary  
Sam Lee- Treasurer

# Sun Shines on FL Persistence



Written by  
**Edward Bolanos, CAA**  
FLAAA Immediate Past-President

It wasn't until 2004 in the sunshine state that the sun began shining on our profession. The first bill for AA licensure in Florida was originally submitted in 2000 but required two efforts for its successful admittance into law. Fast-forward 14 years and here we are today, one of the top three states for the highest number of practicing CAAs, along with two educational programs, and practice in every large metropolitan area.

*"This increase in educational production incited growth of new employment"*

While it is satisfying seeing the practice of CAAs so well accepted and flourishing in our state, all must realize if it weren't for the great work of many before, we in Florida could be experiencing a vastly different reality. Therefore, in order to continue our success, we all need to understand our past and what steps the support organizations made to move us where we are today.

Initial licensure was passed in 2004, and the first CAA in Florida was Rob Wagner. Following licensure, Rob went on to open the first AA school in the state in 2005, Nova Southeastern University in Ft. Lauderdale, FL. The first class began in 2006 and graduated in 2008. The supervision ratio was also increased in 2008 from 1:2 to 1:4. In 2009, Nova Southeastern University opened its second AA program in Tampa, FL.

Florida now has two AA education programs which help expand market exposure for the profession. In 2011, AAs were graduating at a rate of approximately 65 per year. This increase in educational production incited growth of new employment positions and eventually drew CAAs from other states. Additionally, Florida residents began returning to Florida after training out of state. This growth contributed to the creation of the Florida state AAAA academy charter, and thus the Florida Academy of Anesthesiologist Assistants was formed.

Of particular note, in 2011 a large group practice in Tallahassee opened its doors to the profession and went from zero to more than 20 CAAs in two years. A similar event in Miami occurred in 2015 when another large group practice introduced CAAs into its department, which then snowballed to more than 30 CAAs in less than three years.



**Jermaine Leclerc, CAA**  
President-Elect

Practices in Tampa and surrounding areas began including CAAs with some groups utilizing them as the sole non-physician anesthesia provider such as the group in New Port Richey, FL. The University of Florida also had a very large increase in demand for CAAs in its practice and has played a large role in clinical AA education.

Over the next few years, the number of markets in which CAAs practiced continued to rise, beginning with Fort Lauderdale and eventually reaching Palm Beaches, Gainesville, Tampa, Tallahassee, Melbourne, Orlando, Fort Myers, Jacksonville and Miami. In 2018, new cities came on board with CAA inclusion, such as Vero Beach and Jupiter.

## FLAAA Officers and Directors

Jeff Carroll, CAA, President  
Jermaine Leclerc, CAA, President-Elect  
Manuel Bermudez, CAA, Treasurer  
Heather Berman, CAA, Secretary  
Eddie Bolanos, CAA  
Immediate-Past President

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Shane McDonald, CAA  
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CAA practice locations have been able to expand within the state over time and so has CAA physical practice. It is key to note that CAAs are practicing now in ambulatory surgery centers, community hospitals, tertiary care hospitals and academic medical institutions. CAAs in Florida are also experiencing a wide anesthetic case diversity, such as same-day surgery, obstetrics, transplant and trauma, pediatrics, neurology, cardiac, and pediatric cardiac.

*"CAAs in Florida are also experiencing a wide anesthetic case diversity"*

The profession did have several hiccups along the way, beginning with the practice of anesthesia in ambulatory surgery centers. The remedy to challenges was not too difficult in some instances, but other times it was complex. As for being able to practice in an ambulatory surgery center, we were not originally written in the bylaws for AHCA but were able to have it corrected in 2014. Also, in 2014, CAAs were faced with an issue involving controlled medications in which a hospital organization was not allowing CAA access to the medication cart. CAAs were also restricted on their ability to order any medications due to an interpretation of a line of our state statute.

In 2016, four CAAs were forced to leave their jobs and relocate in West Palm Beach, FL. The issue was that their hospital was being acquired by another healthcare organization, and that new organization's bylaws

Continued on Page 16

## Florida - From Page 15

was not inclusive of CAAs. Unfortunately, due to the rapid acquisition, the FLAAA was not able to help them keep their positions. All the CAAs did remain employed with the same anesthesia company, but they had to relocate to other facilities.

In 2015 we faced our largest issue to date, a hospital organization had revoked CAA privileges to perform neuraxial anesthesia. In an attempt to remedy the situation, along with the FSA, we submitted a petition for declaratory statement regarding the interpretation of the statute language dealing with spinal and epidural anesthesia. Unfortunately, the board of medicine was not in full understanding of the situation, which led to withdrawal of the petition.

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dealing with spinal and epidural anesthesia. Unfortunately, the board of medicine was not in full understanding of the situation, which led to withdrawal of the petition.

Two years later in 2017, and with improved planning and involvement from the AAAA, ASA, FSA and FLAAA, we were able to submit another petition for declaratory statement and have the FL Board of Medicine vote unanimously in our favor, providing a precedent for CAAs to perform spinal and epidural anesthesia.

The visits to the board of medicine along with legal counsel were difficult and costly, but with planning efforts from key AAAA members and gaining ASA support made the scenario much improved. The rapid support from the CAA community in Florida was also a major factor. During the discussion with the board of medicine, CAA education, quality, and safety were identified as areas of concern. But the record of CAA practice in Florida revealed that there had been no complaints filed against a CAA and no CAA had been called before the medical board for disciplinary reasons.

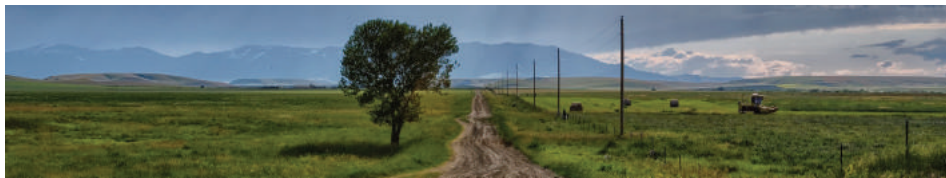
Moving forward is the only direction our state academy can visualize for our profession. Earlier this year, the FLAAA made its first appearance at the Florida Capitol to advocate and educate state legislators about the Anesthesiologist Assistant profession. In order to aid the visual learners and increase engagement, we partnered with a state-run patient simulator company and had a full mock operating room set up in the lobby of the Florida Capitol.

**“The rapid support from the CAA community in Florida was also a major factor.”**

In conclusion, we as AAs have to grow our base community and let our practice echo our qualities. However, that alone will be insufficient. We must learn what our previous leaders have done for us and what current leaders are doing now so we can know how to contribute and prepare for future endeavors.

To learn more about the history of FLAAA or to be involved, please visit [www.flacadaa.com](http://www.flacadaa.com)

## OK's cautionary tale brightens



**Michael Morykwas**  
OKAAA De Facto President

The humble beginnings of the Oklahoma Anesthesiologist Assistants (AA) began in 2006, when members of the Oklahoma Society of Anesthesiologists (OSA) started to prioritize AA legislative efforts. The OSA's interest in AA licensure was a byproduct of broad discussions within the American Society of Anesthesiologists (ASA). The creation took root during a simple lunch meeting with Oklahoma Representative David Derby and his father Dale Derby, DO,

an anesthesiologist. That meeting would transform a generalized interest into a legislative movement. As a result, Representative Derby would sponsor a bill modeled largely from Florida called the Oklahoma Anesthesiologist Assistant Act.

**“That meeting would transform a generalized interest into a legislative movement.”**

In 2008, the bill was introduced in the House of Representatives as part of a well-planned process. Giving the opposition little time to react, the bill unanimously passed the House. As Senate Bill 1577, the battle would become much fiercer. OSA Executive Director Pam Dunlap skillfully coordinated the OSA's efforts with the assistance of the American Academy of Anesthesiologist Assistants (AAAA) and ASA. Several AAs traveled to Oklahoma to offer testimony and educate legislators on AA practice, and the ASA provided financial assistance to hire

additional lobbyists. After much effort, Senate Bill 1577 would receive a victorious result of 27 Yeas and 18 Nays (3 Excused). On November 1st, 2008, Governor Henry signed the AA licensure bill into law, opening the door for the inclusion of AA practitioners in the state of Oklahoma.

**“Despite these recent gains, there still exists a devastating barrier to future progress.”**

The first Oklahoma AA was licensed in early 2009. Based on the licensure success and OSA's interest, the future for AAs in Oklahoma was promising. Unfortunately, growth within the state would not come easily. Over the next five years, the initial establishment of five AAs would dwindle to one. During this time, not only was the AA profession in Oklahoma inconsequential, it was on the verge of extinction. From 2009-2017, only nine AAs were ever licensed, two of whom never practiced. This dismal statistic was especially concerning since an AA training institution (UMKC) was located a mere 160 miles from from the Oklahoma border. Obviously, Oklahoma's growth was not hindered by a geographical barrier or lack of interest in relocating to Oklahoma, but rather a hiring dilemma secondary to the numerous issues that occurred after the licensure battle was won.



The growth stifling issues ranged from denial of practice privileges by credentialing committees unfamiliar with Oklahoma's new profession to limited or nonexistent health care plan reimbursements. In some cases, anesthesia groups were held hostage and forced to accept lower rates for AAs at the risk of losing more favorable rates for physicians. In addition, a practice group where an AA was employed would be acquired by another non-AA friendly management group and subsequently dismissed. All of these issues, in conjunction with the Centers for Medicare and Medicaid Services' (CMS) more restrictive guidelines for AAs versus Nurse Anesthetists (NAs), would be too prohibitive for anesthesia groups to adopt the physician anesthesiologist-led, AA-team model. Eight years after the passage of the AA licensure bill, there would be one solitary AA (me) keeping the profession active within the state.

In 2016, after much effort, many of the challenges would be addressed and resolved. Four additional AAs would claim Oklahoma as home. By 2017, one AA hiring anesthesia group would expand to three, and a clinical site affiliation would be established for an AA training facility. In addition, the OSA would amend its bylaws to include AA membership. As of this article, the

Oklahoma Academy of Anesthesiologist Assistants (OKAAA) is in the process of being established.

Despite these recent gains, there still exists a devastating barrier to future progress - a discriminatory reimbursement policy by the largest private healthcare insurer in Oklahoma, Blue Cross Blue Shield of Oklahoma (BCBSOK). With this one exception, every insurance group within the state has enrolled AAs as eligible and fully reimbursable anesthesia providers. And despite all other Oklahoma payers (both government and private) recognizing AAs as high quality anesthesia providers, BCBSOK continues a policy of reimbursing AAs significantly less than NAs for the same services. Compounding matters, BCBSOK controls over 50% of the state's market share and has essentially monopolized the private insurance sector. This intentional and systematic limitation on reimbursement has been and still is the single greatest barrier to AA growth within the state.

Where AAs were utilized, anesthesia groups would need to isolate them from BCBSOK cases in order to avoid payment penalties. Excluding AAs from such a large patient population would prove too burdensome and impractical for anesthesia

groups. As a result, no amount of interest in employing AAs could prevail if the inclusion resulted in lost revenue. In an industry with ever-growing expenses and reduced payments, this put Oklahoma AAs at a serious disadvantage. In order to stay viable as members of the Anesthesia Care Team, AAs need to be reimbursed with financial parity to other non-physician anesthesia providers. If the AA profession in Oklahoma is to survive another ten years, the payer reimbursement issue must be resolved.

**"The payer reimbursement issue must be resolved."**

If ever there was a cautionary tale for advocacy in our profession, Oklahoma is a perfect illustration that licensure is only the beginning of our battles. AAAA measures success based on the number of new AA programs or recently licensed states. Simply recall the AAAA 2018 Annual Meeting's 2025 Vision Plan that prioritizes a nearly double state licensure expansion by 2025. Another measure of success is the resolution of practice issues in states where CAAs practice. In Oklahoma we have worked hard to resolve payment and personnel issues and will continue to do so to help grow CAA practice here.

## 'Show Me' state showed us



**Regina Phillips, CAA**  
MOAAA President

As has been experienced with many CAA state licensures, it takes the input, support, and effort of many to make the bill successful. The process is often filled with many roadblocks and challenges on a typically slow timeline.

In Missouri, the experience for those involved in the licensure of CAAs was much different thanks to the overwhelming support of the Missouri Society of Anesthesiologists (MSA). This support helped the bill to proceed quickly and efficiently through both houses of the legislature.

**"It takes the input, support, and effort of many to make the bill successful."**

Two concurrent bills were formally introduced into both the Missouri House of Representatives (HB 390) and Missouri Senate (SB 300) in 2003 in hopes of expediting the legislative process. The strategy proved successful as the final version of the bill, HB 390, passed with a 145-6 vote in February and a 28-2 vote in April of the same year. By June of 2003, the official bill to license CAAs was signed by the Governor of Missouri. This marked a quick and decisive four-and-a-half-month process from introduction to signature.

Passage of the bill marked the beginning of an active period for CAAs in the state. Shortly after the bill was signed, the first 2 CAAs were hired in Missouri in 2005. This marked the beginning of a steadily growing CAA presence in the state.

By 2007, Missouri would become a training site for future SAAs with the opening of the UMKC Masters of Science in Anesthesia Program with the first class matriculating two years later. As the footprint of CAAs in the state was quickly evolving, the Missouri Academy of Anesthesiologists Assistants was organized in 2010.

For any additional information, or to get involved with the Missouri Academy of Anesthesiologist Assistants, please contact [www.missouriaaaa.com](http://www.missouriaaaa.com)

### Officers

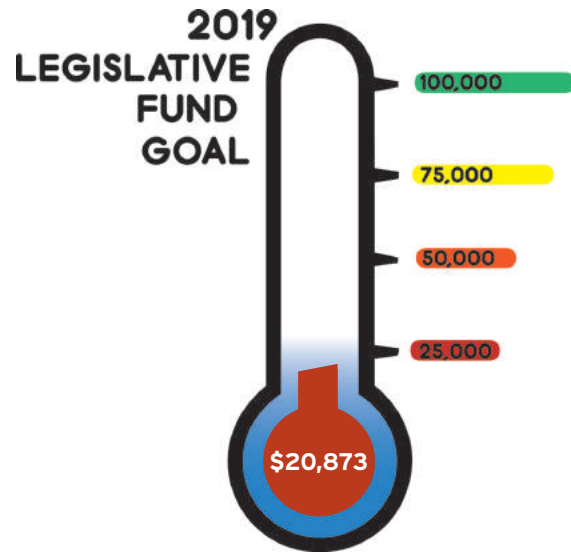
- Gina Phillips, CAA, President
- Maggie Riffel, CAA, Vice President
- Matt Vlach, CAA, Secretary
- Stephen Whitesides, CAA, Treasurer
- Katie Drew, CAA, Director
- Megg McCue, CAA, Director
- Adam Petersen, CAA, Director

## Leg Fund, professional citizenship fuel state advocacy



Las Vega, NV - January 19, 2018: AAAA Director of State Affairs Jeremy Betts, JD, explains how AA state licensure is passed to physicians attending the American Society of Anesthesiologists Practice Management Conference. AAAA officers and other leaders spoke with physicians from all over the country.

The professional citizenship of AAAA members across the country and their contributions to the Legislative Fund help underwrite the Academy's nationwide advocacy initiatives. In 2018, members broke the record for total Leg Fund contributions in a single year at \$95,778.



### 2019 AAAA Legislative Fund Contributors (January 1 - March 12, 2019)

#### President's Club

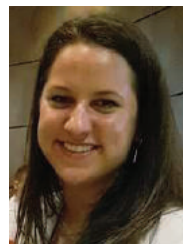
Arizona Society of Anesthesiologists	\$1,000
Layne DiLoreto, Fellow	\$1,000
Laura Knoblauch, Fellow	\$1,000
Michael Schneider, Fellow	\$525
Richard Bassi, Fellow	\$500
Jeff Carroll, Fellow	\$500
Roxana Crivineanu, Fellow	\$500
Courtney Degner, Fellow	\$500
Pete Kaluszyk, Emeritus	\$500
John Kimbell, Fellow	\$500
Kenneth Maloney, Fellow	\$500
Vinny Masella, Fellow	\$500
Emily Mycyk, Student	\$500
Juveria Nayeem, Fellow	\$500
Sean O'Donnell, Fellow	\$500
Jennifer Stever, Fellow	\$500
Nathan Weirich, Fellow	\$500

President's Club Members	17 Contributors	\$10,025
Fellow	148 Contributors	\$7147
First Year Fellow	22 Contributors	\$495
Physician Affiliate	7 Contributors	\$452
Student	91 Contributors	\$2380
Non-member	6 Contributors	\$374
<b>Total</b>	<b>290 Contributors</b>	<b>\$20,873</b>

Such unselfish investment in the future of the AA profession assures that volunteer leaders and Director of State Affairs Jeremy Betts, JD, are equipped to travel to state capitols across the country to promote licensure expansion and fight practice and payment challenges. Already this year Betts, who also serves as the Academy's General Counsel, has invested in participation in seven state and national anesthesiology conferences and three trips to states to promote pending or proposed legislation.

See page three of this newsletter to appreciate the miles President Laura Knoblauch has flown and driven to meet with elected officials, anesthesiologists, other health care leaders, and other AAs to generate dialogue towards expansion of career pathways for CAAs.

To invest in the future of the AA profession and to assure practice options nationwide, donate at [www.anesthetist.org/advocacy](http://www.anesthetist.org/advocacy).



**Emily Mycyk, SAA**  
President's Club Contributor



**Trine Vik, CAA**  
Legislative Fund Chair

# Indianapolis: From Mass Ave to Indy, a cool place to visit (and live)



Written by  
**Stephen Evankovich, CAA**

Why are we having the American Academy of Anesthesiologist Assistants' annual meeting in Indianapolis? That is a question I have been hearing from just about everyone. While we may not have mountains or tropical beaches, the city is home to the world's largest children's museum, world class hospitals, and international sporting events. Most importantly, Indiana is the most recent state to gain licensure for certified anesthesiologist assistant practice and Indianapolis is home to the newest AA training program in the country.

My wife Samantha (Sami, AAAA2019® Activity Director) and I are both practicing CAAs and have been working in Indianapolis for over a year. Neither of us had any ties to the state, but now cannot imagine leaving.

**“Indiana is the most recent state to gain licensure.”**

The first CAAs in Indiana started in 2016. We currently practice in Indianapolis at University Hospital, Sidney & Lois Eskenazi Hospital, and Riley Children's Hospital. There are also CAAs practicing in Fort Wayne two hours northeast of Indianapolis and New Albany, across the Ohio River from Louisville, Kentucky.

The state of Indiana sits surrounded by Illinois, Kentucky, Michigan, and Ohio and the city of Indianapolis is within 230 miles of St. Louis, Columbus, Chicago, Louisville, and Cincinnati. You can take a weekend trip to Chicago for a baseball game or head south to the bourbon trail of Kentucky.



The city of Indianapolis is host to a strong craft brewery scene as well as great steak houses, including the famous St. Elmo Steak House. It is currently the 13th largest city in the United States and recently ranked by Forbes as one of the best downtowns in the country largely due to the museums, art galleries, parks, and entertainment. The White River Park covers 250 acres downtown and is home to the Canal Walk, Indianapolis Zoo, the Indiana State Museum, minor league baseball team Indianapolis Indians, and the NCAA Hall of Champions.



**Samantha Evankovich, CAA**  
2019 Annual Meeting Activity Director

The nightlife has entertainment for everyone. Massachusetts Avenue, “Mass Ave”, is a street filled with restaurants like the Eagle, Union 50 and Kreuger's Tavern to help with late night cravings. I would suggest taking a ride on the Indy Brew Bus which has various brewery tours around the

city. There are more than eight breweries within walking distance, scooter ride, or short Uber drive from the JW Marriott, including Cannon Ball Brewing, a personal favorite.

For the avid college sports fan, Indiana is home to Purdue, Notre Dame, and Indiana University. Indianapolis has over four colleges and universities within the city limits. Downtown has a wide variety of sports including the Indiana Pacers and Indianapolis Colts. There are also top tier golf courses such as Crooked Stick Golf Club and Brickyard Crossing which has three holes in the famed Indianapolis Motor Speedway. Last but not least, the largest single-day sporting event in the world, the Indianapolis 500, draws Formula One racers and fans from around the world.

**“Indianapolis is home to the newest AA training program.”**

Perhaps the biggest draw to Indianapolis is the cost of living with below national averages in the city as well as in the suburbs. Downtown and neighboring fountain square have new homes built every day, and if suburban life is more your speed, Zionsville, Carmel, and Fishers are known for some of the top schools in the state.



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### 2019 AAAA ANNUAL MEETING & CAREER EXPO