

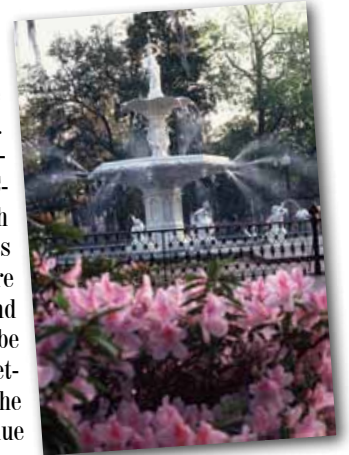


## Successful Annual Meeting sees record attendance

By Carie M. Twichell AA-C

The 34th Annual AAAA Conference was held at the Hyatt Regency in Savannah, Georgia, April 10-13, 2010. The conference was a huge success and boasted the largest number of attendees in AAAA history. With just over 420 in attendance, the greatest increase came from the fellow/physician member category.

A large effort was made to identify the needs of our growing organization and numerous events were implemented to increase the services available to meeting participants. Among these included an ACLS course, the Town Hall Meeting and Wellness Day. The Town Hall Meeting was enlightening and many issues were covered. This was an open forum and panel discussion for members, non-members and students to ask questions from AAAA leaders and NC-CAA representatives. April 11th was designated Wellness Day with most lectures pertaining to aspects of physical and mental health as well as substance abuse disorders. A wellness resource brochure made its debut at the conference and was specifically researched and developed for the AA community. Both of these new venues will be continued and integrated into the workings of future annual meetings. Currently, work is being done to make the information from the Town Hall Meeting available on the AAAA website. Please continue to watch the website for these updates in the members-only section.



The speakers at this year's annual conference were exceptional, and topics ranged from geriatric patients, creating a positive perioperative environment and pharmacogenomics to blood transfusion issues. The AAAA was pleased to designate the 2010 Gravenstein Memorial Lecture as Dr. Mark Warner's ASA Update on Saturday afternoon. Dr. Warner, the ASA President-Elect, focused on recent initiatives of the American Society of Anesthesiologists with regard to the quality of patient care and the education of anesthesia providers. His lecture was both insightful and motivating.

The 2010 annual conference was pleased to host an impressive awards ceremony as well. Five outstanding individuals were honored for their contributions to various aspects of the AA profession. The awards were as follows:

Dr. Roger Moore, ASA Past President.....	Meritorious Commitment by a Physician
Dr. Jeffrey Plagenhoef, Chair, ASA Committee on Anesthesia Care Team.....	Distinguished Service by a Physician
Richard Brouillard, AA-C .....	Excellence in Education
Joseph Rifici, AA-C, MEd.....	Distinguished Service by a AAAA Member
Rhea Sumter, AA-C.....	Emeritus Membership

Planning for the 2011 meeting is well underway with every intention to make it even better than the last. Please mark your calendars for the 35th Annual AAAA Conference. It will be held April 2-5, 2011, at the Hilton Sandestin Beach Golf resort & Spa in Sandestin, FL. Use the AAAA website to stay informed ([www.anesthetist.org](http://www.anesthetist.org)).

### In This Issue

President's Message.....	2
Editor's Column.....	3
Report from APSF medication safety consensus conference.....	3

#### Inside AAAA

Golf Scramble raises \$2,000 for charity.....	4
Bylaws revision passes.....	4

#### My Journey

Finding ways to contribute in Uganda.....	5
---	---

#### Professional News

International Affairs Committee off and running.....	6
National issues affecting AA practice.....	7
National Affairs Update.....	8
ASA's Legislative Conference.....	9
Wisconsin's legislative efforts.....	10

#### The Students' Page

South student talks to peers at UNM.....	6
--	---

Calendar of Events.....	11
Jobline.....	11

**AMERICAN ACADEMY OF  
ANESTHESIOLOGIST  
ASSISTANTS**

**OFFICERS**

**PRESIDENT**

(expires 4/2011)  
Robert Wagner MMSc., AA-C  
rwagner@nova.edu

**PRESIDENT ELECT**

(expires 4/2011)  
Soren A. Campbell AA-C, MMSc  
sorenacampbell@me.com

**SECRETARY**

(expires 4/2012)  
Saral Patel AA-C  
saralvpatel@yahoo.com

**TREASURER**

(expires 4/2011)  
Barry Hunt AA-C, RRT, MBA  
bhunt1616@netzero.net

**IMMEDIATE PAST PRESIDENT**

(expires 4/2011)  
Pete Kaluszyk AA-C, M.Ed  
pkalus@aol.com

**DIRECTOR #1**  
(expires 4/2013)  
Katherine Swint Monroe AA-C  
katherine.monroe@emoryhealthcare.org

**DIRECTOR #2**

(expires 4/2013)  
Dan Thomas Hladky AA-C  
dhladky@earthlink.net

**DIRECTOR #3**

(expires 4/2013)  
Ty Townsend AA-C  
tytownsend@mac.com

**DIRECTOR #4**

(expires 4/2011)  
D. Lance Franklin AA-C  
franklin4@me.com

**DIRECTOR #5**

(expires 4/2011)  
Megan Varellas AA-C, MMSc  
meganvarellas@hotmail.com

**DIRECTOR #6**

(expires 4/2012)  
Michael Scott Nichols AA-C  
pledgeacc@yahoo.com

**DIRECTOR #7**

(expires 4/2012)  
Carie M. Twichell AA-C  
ctwichell@roadrunner.com

**NEWSLETTER CO-EDITORS**

Tiffany Lewis-Roberts, AA-C  
tiffany131@hotmail.com

Alyson Finamore, AA-C  
afinamore@metrohealth.org

**The Anesthesia Record**

Published four times a year by the American Academy of Anesthesiologist Assistants. Please direct all general inquiries to the AAAA's management at the mailing address below, fax number or e-mail address. Opinions expressed in this newsletter are those of the individual authors and do not necessarily represent AAAA policy.

**AAAA Executive Offices**

2209 Dickens Road  
Richmond, VA 23230-2005  
PH: 888-443-6353 FAX: 804-282-0090  
[www.anesthetist.org](http://www.anesthetist.org)

President's Message

# Looking forward to coming changes and challenges

Dear Colleagues,

It is with great enthusiasm and honor that I take over the presidency of the AAAA from April 2010 – April 2011. When I was the AAAA president from 2000 – 2004, I gained a vast amount of knowledge that I feel will benefit the AAAA today and in the future. I have seen numerous ideas come to fruition and change the landscape of the AA profession today. I have also seen over the last decade how the AAAA membership and leadership have worked an enormous number of labor intensive hours to promote and secure the AA profession.

This next year will bring many changes that will directly impact our profession. The majority of these changes will be extremely positive, but there will also be many challenges that will call for total membership participation.

Below are my goals over the next year that I outlined at the largest attended annual meeting in AAAA history. It is through these aspirations that I intend to lead you and the AAAA leadership into the next decade.

- To ensure that the AAAA members are informed about what the AAAA is doing for you, I will be sending out a monthly email informing you of what the AAAA Executive Committee and Board of Directors have been doing to advance and secure our profession.
- To advance the relationship with the American Society of Anesthesiologists.
- To begin the process of gaining more recognition at the Federal level by forming a Federal Communications Committee.
- To increase the involvement of the members in the national advancement of AAs.
- To ensure that funds are available for state and federal legislative issues, I will be forming a Legislative Fund Committee that will seek contributions from the membership.
- To engage the AAAA leadership with AAAA member via emails, telephones, and possibly live webinars.

In order to initiate the process of engagement, we have listed in this newsletter the contact information for the AAAA leadership. I have encouraged the leadership of the AAAA to become more engaged with our members. I am going to ask the same of you. I encourage you to contact any AAAA leader or the AAAA office with any practice, educational, or legislative issues with which you may be concerned.

I look forward to a very productive year and please do not hesitate to contact the AAAA for any of your professional needs.

Rob Wagner, AA-C  
President, American Academy of Anesthesiologist Assistants  
rwagner@nova.edu



**Robert Wagner, MMSc, AA-C**  
*AAAA President*

The Editor's Column

# Be the change you want to see in the AAAA

The AAAA is changing with or without you, I can assure you of that. It was never so apparent to me than at the last conference in Savannah.

The first AAAA conference I attended in 2005 only had graduates from Emory and CWRU; and since that time, the profession has grown larger with each passing year. I signed on as a student at a pretty incredible time in the summer of 2004. By 2006 South was graduating their first class: 2007 – Nova, 2008 – UMKC, 2009 – Nova (Tampa), 2010 – Case (Houston).

Have I caught you up to speed? All this growth in new members brings more dollars, more talent, and definitely more power to our Academy. It's important that we utilize it properly. The excitement, intellect, and energy I saw from the students firsthand left me with a very good feeling that there are some quality people stepping into our profession. It also made me realize that soon our fellow members will have a mean 'work experience' age of less than ten years (just a guess). I fall into this category myself, and I don't see this as a negative trait.

Our seasoned anesthetists have been setting the foundation of the AAAA for years and have faced many unique challenges to get us to this pivotal point where we exponentially grow. The AAAA is changing primarily because it is growing in size, but it also continues to expand as we form new relationships with other quality organizations sharing our mission.

You will see in this edition what some of our youngest graduates and students are doing: teaching, working with global outreach projects, talking to universities at career days, just to name a few. There



Alyson Finamore, AA-C

are also some new names in the executive committee that we haven't seen before.

It is my hope that the 'My Journey' segment of the newsletter continues to be an interesting read, as there are so many unique experiences we share as anesthesiologist assistants. We are all pioneers in one way or another. Anyone in this profession is able to have a voice in the AAAA, so I thought the Gandhi quote was appropriate.

I still think that it is so cool that I get to be an active constituent on our newsletter and voice my thoughts to all of you members out there! I have accepted the duty as a privilege. But the newsletter is changing too. Keisha Ashley has expressed interest in the AAAA from the time

she was a student at NOVA. She worked on NOVA's AA program newsletter and now is stepping up to the task of co-editor for *The Anesthesia Record* with Tiffany Lewis-Roberts.

She is featured in the 'My Journey' segment in the 2nd edition for 2009. I am confident she will be a positive refreshing change to the AAAA and our newsletter.

As always, as an editor of the newsletter, I encourage members to submit any article of interest about our profession or organization to us (tiffy131@hotmail.com or keisha.ashley@live.com) especially if you know of an AA who should be featured in the 'My Journey' segment. One final shout out to Case Western Reserve University's MSA Program for celebrating their 40th anniversary this year!

## Report from APSF medication safety consensus conference

Shane Angus AA-C

The APSF organized an invitation-only conference to improve medication safety in the OR. Dr. Stoelting invited specialists in all fields who are stakeholders in OR patient safety – including from industry, federal agencies, academic, pharmacy, and anesthesia providers. The goal is to create consensus recommendations, beyond what is currently considered best practice. Several reports published by APSF have illustrated that, even with an emphasis on medication safety in the profession, little has changed in relation to



Shane Angus, AA-C

outcome. By some reports, up to 1000 people in the US die each year from anesthesia OR medication errors.

A new paradigm was promoted to reduce medication errors focusing on standardization, technology, pharmacy and culture. Speakers discussed medication error issues directly related to their fields. Then small breakout sessions for each focus were conducted. After vigorous discussion the groups came to a consensus and discussed each with the entire invited group as a whole.

These recommendations (at the time of this writing) are still being refined, however, they are going to change how we provide care. They will aid us in make every effort possible to insure our patients are not harmed by medication errors. Look for recommendations from APSF in the coming months and consider adopting them in your practice and involving your facilities and administrators in the process.

Inside AAAA

## Annual Meeting Golf Scramble raises \$2,000

The 3rd Annual AAAA Charity Golf Outing was held at the Crosswinds Golf Club outside beautiful Savannah, Georgia, on Monday, April 12, 2010.

The weather was perfect as 72 golfers helped raise over \$2,000 for the Anesthesia Patient Safety Foundation (APSF). The golf scramble was won with a score of 17 below par by the impressive foursome of Brian Heighington, Austin Howard, Chad Marchand, and their secret weapon, Mark Northy.

There were three other competitions at the event this year. Mark Northy and Jeb Benson both won for longest drives and Will Hooghuis won for closest to the pin. This closest to the pin contest included wearing a big pair of bright red oven mitts while teeing off. Congratulations Will, you'll make a fine golfing chef!

A very special (and unexpected) kudos goes out to Adam Fernandez, Andrew Pott, Lee Clintsman and Daniel Smaltz. This golf foursome represented Nova well dressed head to toe in their Scottish golf outfits. This may be the start of a new tradition for future outings. The bar has been set very high and we all eagerly await to see if these kilt-clad lads can be topped.

This year was not lacking in sponsorship. There were two standouts that deserve special recognition for their extreme generosity; Lauren Hojdila was a gold sponsor and The Anesthesia Associates of Cincinnati sponsored at the silver level. We congratulate all those students who found their own sponsors. The remaining students were placed in the first-ever sponsorship lottery. We are pleased to announce that all those students needing sponsors were lottery winners this year. Thank you to the following people who helped our AA students at this year's golf charity event:

STUDENT SPONSORS: Ellen Allinger, B. Donald Biggs, Richard Brouillard, Dave Biel, Patrick Bolger, Claire Chandler, Dr. Jim Gibbons, Aaron Grabovich, Lauren Hojdila, Pete Kaluszyk, Mike Lilly, NOVA Uni-



Adam Fernandez, Andrew Pott, Lee Clintsman and Daniel Smaltz in their Scottish finery at the 3rd Annual AAAA Charity Golf Outing in Savannah on April 12.

versity, James Lunsford, William Marbury, Ruggles Service Corp., Gina Scarboro, Rhea Sumpter, Carie Twichell and Dave Zagorski.

Brad Oakley and Brian Heighington spent a lot of time and effort making this the largest golf outing yet. The AAAA is very fortunate that both of these gentlemen have agreed to organize the 4th Annual AAAA golf outing in Sandestin, FL. Please keep your eyes open for coming announcements and sign up early.



Katie Drew, Morgan Knudsen and Adam Petersen of the winning University of Missouri – Kansas City Jeopardy team after the competition at the Annual Meeting in April.

## Bylaws Revision Passes

Saral Patel, AAAA Secretary

In April 2010, the AAAA held its first ever online bylaws vote. It is with great pleasure that I announce the passage of Bylaws Article IV: Directors revision. The revision can be found in the bylaws under About AAAA on the AAAA website ([anesthetist.org](http://anesthetist.org)). The online voting process was a success and will be utilized in the future. Thank you to all members who participated.



## My Journey

## Finding ways to contribute in Uganda

Kathleen Kneblsberger, AA-C

I am not really much of a camper. I am inherently against the concept of 'roughing it'; I'm not fond of bugs, and I enjoy having an entire cabinet of toiletries available to me at all times.

Unfortunately, I also have this rather nagging conscience that is constantly bothering me about things like inadequate anesthesia and surgical coverage abroad. I am troubled and embarrassed by a sense of injustice when I hear statistics about anesthesia provision in other countries.

For example, Togo, Africa has anesthesia mortality rates as high as 1/133 (Ouro-Bang'na Maman, Tomta, Ahouangbevi, and Chobli, 2005). Uganda has a population of 30 million and has only 13 physician anesthesiologists and approximately 350 anesthesia officers. Furthermore, fewer than half of the anesthesiologists there own a textbook (Hodges et al., 2007).

Comparatively, the United States has approximately 80,000 providers (approximately half of them physician anesthesiologists) for our population of 300 million. The providers who do work in developing countries do so under grueling conditions with little pay and even less professional respect. Availability of medications and supplies is no better. Morphine in Uganda is consistently available to only 45% of anesthesiologists (Hodges et al.).

Bottom line: in the name of anesthetic equality I felt impelled to travel to Africa to see the situation first hand. Two trips to REL, one week of packing, five shots to the deltoid and two oral vaccines later I was off to Kampala, Uganda.

I can't claim the first few days were particularly grueling. Day one involved recuperating from the flight by lounging around the guesthouse, then drinking Ugandan tea in the morning and Nile's Special in the evening on the porch with the residents.

Day two we ventured out to the Nile for some white water rafting. My ten straight years of devout sunscreen wearing was a bit negated by the second-degree burn that day, but I can't say the fun wasn't worth it. After that, we were honored to celebrate Easter Ugandan style with one of the resident's families and enjoyed dinner with the Ugandan ambassador and his wife the next evening.

After all the playing, we were becoming overdue for some work and headed over to the operating theatres for teaching. When I arrived in the ORs, I was pleasantly surprised to see some machines that looked relatively familiar. I also noticed that succinylcholine, atropine, epinephrine, and some of my other favorite concoctions were there. There were a few little hang-ups, such as remembering paracetamol meant Tylenol, but overall I felt relatively comfortable with what we had to work with.

Finding my place there was a little trickier. Although I teach students in the ORs at home, there I understand the pecking order and can therefore jump in, yell, kick, scream, or push students out of the way if need be (those who have worked with me know how violent I really am).

I also have the home court advantage back in Saint Louis of actually knowing where things are and how to get them done. In Kampala, however, teaching is not really so much a one-way street (not that it ever really is), but even more of a mutual learning experience. The practitioners over there run their own cases and are accustomed to challenges that I've only read about. Their incredible sense of ingenuity and their resilience to challenging circumstances was absolutely inspiring.

Whenever I was having an urge to press the imaginary code button or call the pretend back up staff, they were calmly adapting to and han-



Kathleen Kneblsberger, AA-C giving a lecture to the anesthesia officers at Mulago Hospital in Kampala.

dling the situation. They somehow managed successful pediatric inductions with just Isoflurane and without capnography. They intubated a cystic hygroma infant with no emergency airway equipment and an improperly sized blade. When the power went out three times during the case, they just held a light over the field and kept on going.

To be honest, I was beginning to feel that my presence there was a bit futile. I mean, who was I to give advice on Isoflurane inductions or pain management if local anesthetics and narcotics couldn't be found? But as we continued, I began to see more opportunities where I did have knowledge to offer. Some of this occurred in the OR, but most of it occurred when I decided to put together a lecture. I realized one of the greatest assets we have to share as AAs is the strong didactic background with which we have been endowed.

The officers and residents do not have the access to books and reliable internet resources that we take for granted, and they were extremely grateful for the power point lectures we shared and books we donated (thank you here to my alma mater NSU for providing some additional power points for us!).

Although I feel I made a small impact by visiting Mulago Hospital this April and giving a lecture on pediatric anesthesia, I think the most important take away point from this journey to Kampala is to know that it is not over. The anesthesia providers in Uganda need solid partnerships from dedicated individuals and organizations. They need more consistent and reliable didactic and clinical teaching. They need advocacy. But most of all, they need the underrated intangibles that come with only the strongest and best kinds of partner relationships: encouragement, respect, and support.

Hodges, S. C., Mijumbi, C., Okello, M., McCormick, B. A., Walker, I. A., & Wilson, I. H. (2007). Anaesthesia services in developing countries: defining the problems [electronic version]. *Anaesthesia*, 62, 4–11.

Ouro-Bang'na Maman AF, Tomta K, Ahouangbevi S, & Chobli M. (2005) Deaths associated with anaesthesia in Togo, West Africa [electronic version]. *Tropical Doctor*; 35, 220–2.

## Professional News

Update of International Affairs Subcommittee

# International Affairs Committee gets off to a good start

By Kathleen Knebelberger, AA-C  
*Chair, International Affairs Subcommittee*  
kknebel@slu.edu

The International Affairs Subcommittee has had a busy year! For one thing, we got started! Besides getting our feet off the ground with our first official meeting, we have made some invaluable personal and organizational connections and have put an action plan together. Tackling AAs' relationship to the rest of the world is unsurprisingly no small task. Our main focuses are developing reciprocity and equivalency where possible and addressing the need for anesthesia in low-income countries.

AAs have already begun to make small strides toward these goals through involvement with ASAP TODAY (Alliance for Surgical and Anesthesia Presence... formerly known as the Burden of Surgical Disease Working Group). This April, I had the opportunity to attend the annual conference of this multi-disciplinary working group, and I was beyond impressed with the absolute brilliance with which I was surrounded. I encourage all AA members with any sort of interest in global health to sign up for the listserv and, if possible, attend the annual meeting (visit <http://asaptoday.org/blog/> or email [bosdworkinggroup@gmail.com](mailto:bosdworkinggroup@gmail.com) to join the listserv). Although the meeting had many phenomenal lectures, this is not a conference that involves solely sitting back and

absorbing information. Rather, there are dedicated times set aside for specialized breakout sessions: participants of a given specialty or interest work together to come up with an action plan. The group is also very open to task shifting (utilizing non-physician providers) as a means of addressing the need for surgical and anesthesia services. Plans are already underway to have a special breakout session for non-physician providers next year.

ASAP TODAY is just one of several upcoming conferences that International Affairs will be involved with this year. In June, Kevin Hall (AA-C) will be attending the annual meeting of the Canadian Anesthesiologists' Society. The ASA's new Global Humanitarian Outreach (GHO) Committee has also graciously invited us to join their meeting this October. Furthermore, we have just begun to open communication with the UK's Association of Physicians' Assistants (Anaesthesia) and



Kathleen Knebelberger, AA-C

*Continued on page 7*

## Student News

# Student talks to interested peers at UNM about the AA profession

By Ian Hester, AA-S  
South University

During my senior rotation at the University of New Mexico in April, Kevin Hall approached me with the option of talking with UNM students about the AA profession and I was enthralled.

Standing in front of twenty or so UNM students eager to learn about our profession was a great chance to learn about the concerns of future applicants. And there are plenty.

Surprisingly, although each person has unique questions regarding their "fitness" as AA candidates/students, they all appeared to have very similar concerns about the future of the profession. Among the most apparent concerns is the interest in new state AA licensure and overall market-ability of the AA as a practitioner.

It was entertaining to hear these concerns as it reminded me of attending the AAAA last year in Clearwater and listening to the concerns of my peers. Fielding these questions at UNM has solidified by position that maintaining AAAA membership, attending the conferences, supporting the ASA, and continuing the education about the

AA profession is part of what it means to be an Anesthesiologist Assistant.

I've adopted Shane Angus' advice about educating patients and introducing myself as an AA-S despite the extra time it takes during a preoperative interview. This is integral to our success.

Another realization I've come to is the importance of illustrating AAs as patient safety advocates and as practitioners ONLY dedicated to the anesthesia care team model is enormous. However minute this seems, people remember the statement that "the ACT has been proven to be the safest way to practice anesthesia and that's why AAs support it". I love telling people that.

In summation, the opportunity to share my profession with a small group of prospective AA students from UNM has widened my interest in educating people why AAs are different from CRNAs. These differences, I believe, make us extremely appealing.

Professional News

Federal Affairs Update

# National issues affecting AA practice

By Michael S. Nichols, AA-C  
*Vice-Chairman, National Affairs Committee*

final House vote was 220 to 207, and the Senate vote was 56 to 43, with the Republicans unanimously opposed in both chambers.

It has been an honor and privilege to watch the AAAA grow into a nationally recognized organization representing the fantastic AA profession. Part of that journey has brought us past looking just at what state we may ‘tackle’ next for practice rights, but gazing into the world of national and federal politics. Realizing that what happens in the greater world of the anesthesiology specialty and the house of medicine affects each of our members in innumerable ways.

A small snippet of the issues at the federal level affecting each of us, whether as anesthesia professionals or citizens of the United States, include:

1. Healthcare Reform – We were undoubtedly all witness to the political upheaval over the past 18 months that culminated in the historical passage of the Affordable Care Act on March 23rd. The measure will require most Americans to have health insurance coverage; would add 16 million people to the Medicaid rolls; and would subsidize private coverage for low- and middle-income people. It will regulate private insurers more closely, banning practices such as denial of care for pre-existing conditions. The law will cost the government about \$938 billion over 10 years, according to the nonpartisan Congressional Budget Office, which has also estimated that it will reduce the federal deficit by \$138 billion over a decade. The



Michael S. Nichols, AA-C

Though the legislative process played out on media outlets throughout the nation and in town hall meetings across the country, the real work of health care reform began with passage of the bill, not finished. The true implications of the 2,000+ measure will be decided more in regulatory implementation by CMS and HHS than in the halls of Congress. It is here that the AAAA must remain active and vigilant to ensure that the AA profession is protected.

2. Healthcare Truth & Transparency - The “Healthcare Truth and Transparency Act,” to be introduced by Rep. John Sullivan (R-OK) and David Scott (D-GA) would improve transparency in the identification of health care providers and in health care provider-related advertisements and marketing. For patients undergoing surgical/ medical /diagnostic procedures, the sheer number of medical, administrative, nursing, and ancillary staff that they may encounter can easily lead to confusion in understanding who is providing specific types of care. As medical practices evolve, it is not uncommon for patients to receive care from advanced practice nurses, physician’s assistants, residents, students, and medical therapists, among many others, in addition to the primary care provider.

*Continued on page 8*

## International Affairs, from page 6

Royal College of Anaesthetists and hope to attend the former’s annual conference in the future. Finally, we hope to attend the World Congress of Anaesthesiologists in Buenos Aires in 2012.

One of the most important issues the International Affairs Subcommittee is addressing is the challenge of matching up interested AAs to appropriate overseas opportunities. Regarding the certified AAs, we are currently in communication with the outreach arm of the College of Surgeons, Operation Giving Back ([www.operationgivingback.facs.org/](http://www.operationgivingback.facs.org/)), regarding a website expansion that will include us and make the matching process much easier. As for the student AAs, setting up clinical sites abroad will be invaluable for both students and anesthesia programs on both sides of the equation. Given AAs’ extremely specialized,

focused, and accelerated training background, we are uniquely equipped to partner with anesthesia officer programs abroad, which have similar, though slightly shorter, length of training to our own. We hope to begin implementing such academic partnerships as soon as possible.

Last but not least, we are working to increase involvement in our own committee. At our annual meeting in Savannah this year, I had the opportunity to meet with many individuals with an interest in global affairs who I hope will continue to stay in communication with our committee. We would love to have any interested AAs join us or send ideas as we try to meet the goals of our newly set action plan. Anyone interested should please feel free to contact me directly at [kknebel@slu.edu](mailto:kknebel@slu.edu). As is probably evident, there is a lot of work to be done!

Professional News

National Affairs Update

# State legislation and a response from CMS

By Ellen Allinger, AA-C  
*Chairman, National Affairs Committee*

With the expanding role of the AAAA's National Affairs Committee, the usual update is being broken out into separate reports in order to adequately highlight all items and areas covered by this committee.

## State AA Legislation - 2010

### Wisconsin

In what hopes to be the future trend in state AA legislative efforts, the Wisconsin Academy of Anesthesiologist Assistants (WAAA) led the support for a licensing bill. Congruent licensing bills, AB 671 and SB 535, were introduced in the same legislative session. Despite earlier passage of SB 535 by a Senate standing committee, AB 671 was assigned to the Senate Health Committee after it was passed by the House instead of being heard on the Senate floor as expected. The bill died in this committee when the Wisconsin legislative session ended on April 22nd. A copy of this bill can be found at <http://www.legis.state.wi.us/2009/data/AB-671.pdf>.

If passed, the WI bill would have created licensing requirements and practice standards for anesthesiologist assistants. Currently, AAs practice in Wisconsin under physician delegatory authority. This ability for AAs to practice has not been altered.



Ellen Allinger, AA-C

More information on the Wisconsin AA licensing bill can be found in a separate article from the WAAA within this newsletter.

### Utah

As previously reported, despite a strong effort by leadership in both the Utah Society of Anesthesiologists (USA) and the Utah Medical Society, the "Anesthesiologist Assistant Licensing Act" (H.B. 101) died in committee. This was the second consecutive year that a strong effort has been made to pass AA licensing legislation in Utah against heavy nurse anesthetist opposition. A copy of this bill can be found at <http://le.utah.gov/~2010/htmldoc/hbillhtm/HB0101.htm>.

Because anesthesiologists practice in pocketed areas in Utah while a large number of nurse anesthetists practice without anesthesiologist supervision, particularly in rural areas, many legislators were swayed against AA licensing by their CRNA constituents. One legislator wrote in an email, "Anesthesiologists can pay AA's less than CRNA's and still charge a flat fee for their services. CRNA's are paid by the hospital or surgical center and the doctors do not make money off of them." This statement is completely erroneous, but it is a snapshot of the types of falsehoods that legislators are led to believe by the nurse anesthetists

*Continued on page 9*

## Federal Affairs, from page 7

tion to attending physicians. The formal titles of these health care providers and the manner of patient introduction may lead to increased levels of patient confusion concerning their medical care.

Healthcare Truth & Transparency legislation would significantly reduce patient confusion and safeguard the public by prohibiting the dangerous practice of some health care providers who are not medical doctors using misleading terminology to misrepresent themselves or their qualifications. Patients should be confident in their healthcare decisions without having to second-guess their providers' credentials. This is particularly important with the forthcoming shift of nurse anesthetist education to the doctoral level in 2025.

3. Rural Pass Through - In the 1980s, Congress approved a provision – a rural provider incentive - that would allow certain rural hospitals to use a more generous Medicare Part A "pass-through" arrangement to pay for the services of anesthesiologist assistants

and nurse anesthetists only. Current law does not permit rural hospitals to use "pass-through" funds to employ or contract with anesthesiologists. Though the initial legislation rightfully included AAs in the enhanced reimbursement structure, without expanding that same benefit to anesthesiologists, the anesthesia care team cannot extend into rural areas.

H.R. 2204, "Medicare Access to Rural Anesthesiology Act of 2009," introduced by Reps. Henry Cuellar (D-TX) and Todd Akin (R-MO), and S. 1157, the "Craig Thomas Rural Hospital and Provider Equity Act of 2009," introduced by Sens. Kent Conrad (D-ND) and Pat Roberts (R-KS), would broaden the policy and allow rural hospitals to use "pass-through" funds to employ or contract with anesthesiologists, as well as AAs.

The AAAA continues active involvement in each of these measures, and many more. I encourage each member to routinely log on to the website ([www.anesthetist.org](http://www.anesthetist.org)) to track the progress of federal affairs that affect your practice and your profession.



## Professional News

## The ASA's Legislative Conference: It's Not Just for AAAA Leaders

By Ellen Allinger, AA-C  
Chairman, National Affairs Committee

April 26 through 28 was a busy time for AAAA members and leaders attending the American Society of Anesthesiologists' 2010 Legislative Conference, held annually in Washington, D.C. This year, seven participants sponsored by the AAAA not only participated in the learning sessions and making visits to legislators at the Capitol, they also spent a great deal of time meeting with anesthesiologist leaders from various states to discuss setting up new rotation sites for AA students, the hurdles for AAs to work in new states, and any current issues with AA employment or reimbursement in states where AAs are currently employed.

This combined approach to broadening the exposure of the AA profession to both the national as well as state level has worked well in the few years that the AAAA leaders have been attending this event. However, the experience participating in the ASA's Legislative Conference is not confined to AAAA leaders. Any AA can participate in this event as long as the following conditions are met:

- You must be a member of the American Society of Anesthesiologists.
- You must be a member of an ASA State Component Society.

AAs can become Educational Members of the ASA as well as AA students can be Student Educational Members of the ASA. Membership forms can be found on the ASA's website at [www.asahq.org](http://www.asahq.org). Currently, the following state component societies allow for AA membership:

1. Georgia Society of Anesthesiologists
2. Florida Society of Anesthesiologists
3. New Mexico Society of Anesthesiologists
4. North Carolina Society of Anesthesiologists
5. Missouri Society of Anesthesiologists
6. District of Columbia Society of Anesthesiologists
7. Wisconsin Society of Anesthesiologists.

The District of Columbia Society of Anesthesiologists (DCSA) has no residency requirement, so any AA can become a member of the DCSA.

Advocacy is the primary means to ensure that the Anesthesiologist Assistant profession remains viable. Participation in the ASA's Legislative Conference not only increases one's knowledge about advocacy but also puts you at the forefront of this activity. Learn more about this annual event at <http://www.asahq.org/government.htm> and make plans to attend the 2011 conference.

### National Affairs, from page 8

despite information to the contrary by AA supporters.

A sound relationship continues between the USA, AAAA, and ASA and discussion continues pertaining to the future of AAs in the state of Utah.

#### Louisiana

Without prior knowledge by the AAAA, the ASA, or the Louisiana Society of Anesthesiologists, SB 140 was introduced in late March. This bill strikes language that currently prohibits AAs from practicing in Louisiana and would allow AAs certified by the NCCAA to work by delegation and under direct supervision of an anesthesiologist. Support for the bill is sparse within Louisiana and the Louisiana legislative session ends in June.

#### Reply from CMS

The Centers for Medicare and Medicaid Services responded to the concerns raised by AAAA leadership on updated Interpretive Guidelines for the Medicare Hospital Conditions of Participation that were released in December. Director Thomas E. Hamilton addressed three primary issues set forth in the AAAA's letter: Use of titles other than Anesthesiologist Assistant when referring to the profession, differences in supervision by an anesthesiologist between AAs and nurse anesthetists, and compromise of the Anesthesia Care Team (ACT) concept were the topics presented in the AAAA's letter.

The following summarizes the director's response:

- I. Nomenclature: Terminology used in the Guidelines is exactly as it is set forth in the Code of Federal Register (CFR), which uses the term anesthesiologist's assistant. Although there is no barrier to using other terms, the complaint of the term "anesthesiology assistant" will be considered in future Guidances.
- II. Direct Supervision: Although differences do exist between who may supervise CRNAs and who may supervise AAs that are inherent to the professions, the disparity between using "direct" in the level of supervision when referring to AAs but not for CRNAs was noted and the wording in the on-line State Operations Manual will be corrected.
- III. Immediately Available: This is the most critical part of the response and has been copied below.

Although not all of the items were addressed to the AAAA's full satisfaction, the further clarifications and corrections will be very helpful to AAs, the departments of anesthesiology where they are utilized and the anesthesiologists that supervise them.

This letter can be read in its entirety on the AAAA's website under "In the News" on the site's homepage.

## Professional News

# Wisconsin's legislative efforts

By Jake Peterson, AA-C  
Secretary - WAAA

Over the past several months, the Wisconsin Academy of Anesthesiologist Assistants (WAAA), in collaboration with the Wisconsin Society of Anesthesiologists (WSA), the American Academy of Anesthesiologist Assistants (AAAA), and the American Society of Anesthesiologists (ASA), has been busy working toward gaining licensure in Wisconsin. Our efforts began by forming the WAAA and nominating a board. The WAAA board then contacted the WSA to inform them about our profession and the possibility of attempting to gain licensure. Once the support of the WSA was solidified, we went through the process of hiring a lobbyist. After our lobbyist was hired, the bill was drafted. The wording of the bill was crafted after AA licensure bills that were successful in other states. We were also able to find a language compromise for the bill that was modeled after existing PA statutes in the state, assuming that legislators would be familiar with this language.

Next, a sponsor for the bill was obtained. Representative Jennifer Shilling, a legislator for the La Crosse area in which some of the state's AAs are employed, was approached with the idea of becoming a sponsor for the bill. Representative Shilling was fully educated on what an AA

is and what our role is within healthcare, more specifically our critical role in the perioperative setting. Once Representative Shilling agreed to become the sponsor and was well versed about the AA profession, the bill was introduced and numerous co-sponsors were obtained.

After introduction, the bill was referred to the Assembly committee on Health and Healthcare Reform. The bill passed the Assembly committee on Health and Healthcare Reform after testimony that consisted of both support for the bill and opposition of the bill. Next, the bill was referred to the Senate committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue, in which the bill was passed by the committee. Subsequently, the bill was referred to the Assembly floor for a vote. The bill was passed by the Assembly floor and sent to the Senate floor for a vote. Instead of voting on the bill, the Senate referred the bill back to the Senate committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue, ultimately killing the bill.

Although this was not the outcome for which we were hoping, the lessons that have been learned as a result of this process are without comparison. In addition, we formed solid relationships and gained valuable experience about the legislative process. The WAAA would like to thank everyone who supported us throughout this process.



**AMERICAN ACADEMY OF ANESTHESIOLOGIST ASSISTANTS**

**35<sup>th</sup> Annual Conference**

**April 2 - 5, 2011 • Hilton Sandestin Beach Golf Resort & Spa • Destin, FL**

**Save the dates!**

And watch [www.anesthetist.org](http://www.anesthetist.org) for current program and registration details!

## Calendar of Events

If you know of an educational event that would be of interest to AAAA members, please contact the newsletter editor for inclusion in this calendar.

### June 24 – 27 – Palm Beach, FL

Florida Society of Anesthesiologists (FSA) 2010 Annual Meeting. "In Celebration of Patient Safety". More information available at [www.fsahq.org](http://www.fsahq.org).

### June 26 – Various Sites

National Commission for Certification of Anesthesiologist Assistants (NCCAA) June Certifying Exam and Continued Demonstration of Qualification (CDQ) Exam.

### July 16 – 18 – Greensboro, GA

Georgia Society of Anesthesiologists' 2010 Summer Meeting. Information available at [www.gsahq.org](http://www.gsahq.org).

### Sept. 9 – 12 – San Antonio, TX

Texas Society of Anesthesiologists (TSA) 2010 Annual Meeting. Check [www.tsa.org](http://www.tsa.org) for updates.

### Sept. 22- 23 – Chicago, IL

Allied Health Workforce Summit: Building the Allied Health Workforce of the 21st Century. SPACE IS LIMITED TO 75 PARTICIPANTS. REGISTER EARLY TO ENSURE YOUR SPOT! Register online at [www.healthpronet.org](http://www.healthpronet.org).

### Sept. 24 – 26 – Pinehurst, NC

NC/SC Societies of Anesthesiologists' 30th Annual Fall Session. Additional information upcoming at [www.ncsoa.com](http://www.ncsoa.com).

### Oct. 15 – San Diego, CA

(SAMBA) Society for Ambulatory Anesthesia's 2010 Mid Year Meeting. Get details online at <http://www.sambahq.org/meetings>.

### Oct. 16 – San Diego, CA

Accreditation Review Committee for the Anesthesiologist Assistant meeting. Membership required. For more info, go to [www.caahep.org](http://www.caahep.org).

### October 16 – 20 – San Diego, CA

ASA Annual Meeting. More information to come at [www.asahq.org](http://www.asahq.org).

### Dec. 10 – 14 – New York, NY

The New York State Society of Anesthesiologists' 64th Annual Post Graduate Assembly in Anesthesiology. Up to 40 Category 1 Credits to be offered. Online registration available at [www.nyssa-pga.org](http://www.nyssa-pga.org).

No Time to Travel? Earn continuing medical education credits online at [www.csahq.org](http://www.csahq.org).

Are you an ASA member? Find continuing education products and events at reduced rates at [www.asahq.org/continuinged.htm](http://www.asahq.org/continuinged.htm).

## Jobline

### Missouri

Western Anesthesiology Associates, Inc. at St. John's Mercy Medical Center, St. Louis, MO

Contact: Sue Chrismer [schrismer@waai.net](mailto:schrismer@waai.net) or 636-386-9224 ext. 193