



AAAA 36th Annual Conference - Record Attendance!

By Joy Rusmisl, AA-C

The lively city of San Antonio, Texas was the host of the 36th AAAA Annual Conference. The town was alive and welcoming as the conference correlated with the week of Fiesta; a celebration paying tribute to historical, cultural, and Texas traditions dating back to 1891. Among the parades, festivals, and delicious foods, the AAAA set yet another record breaking year for attendance. Along with certified AAs, students were present in large numbers, and the AAAA was excited to welcome the newest program location of Case Western Reserve University – Houston campus.

The theme of this year was advocacy and education. We heard from speakers such as David Paragus, JD, Ronald Szabat, and Jeffrey Mueller, JD as they addressed strategies of advocacy for the profession and effective tactics when addressing legislators. These supporters of our profession offered information on the practical ways of getting involved in local legislation, such as participating in community affairs in order to foster relationships that can enhance our presence with legislators. Educational lectures included topics ranging from reducing human error in our practice, postoperative nausea and vomiting, liver transplants, anesthesia and neurological impact of pediatric patients, and the vast impact of drug shortages. In addition, published anesthesiologists, Dr. Jessica Lovich and Dr. Michelle Au, discussed the importance of preoperative evaluations, burn anesthesia, managing obesity in a critical care environment, and the effects of social networking and medical practice in this modern age. New this year, a problem based learning discussion led by fellow John Ng, AA-C, focused on complete anesthetic management of challenging pediatric case. The lecture series offered a fresh look at hot topics in the practice of anesthesia, and scholarly review of case management applicable to everyday practice.

The Lone Star meeting rooms were buzzing with excitement as colleagues and students socialized over coffee, swapping updates and news of all things anesthesia. The exhibitor hall was full of supporting sponsors, who showed their dedication to our profession by presenting their new products, participating in the job fair, and gathering to share



AAs take it all in during one of the didactic lectures at the 36th Annual Conference in San Antonio.

a cocktail and hors d'oeuvres. In tradition, the Student Component offered unique Texas-style commemorative t-shirts, a Lifebox Global Oximetry fundraiser, Charity 5K, and the Annual Charity Golf Scramble. This year the proceeds from the Charity Golf Scramble were donated to support It's My Heart; an organization that has been instrumental in a fellow member's life. In addition, the proceeds from the Annual 5K were donated to support the South Texas Blood & Tissue Center.

The Annual Membership Luncheon was full of exciting news and updates. First, the leadership acknowledged the dedication of Michael Nichols, AA-C for his work as President for 2011-2012, and welcomed Claire Chandler, AA-C as the President for 2012-2013. The growth of our profession was recognized by the AAAA welcoming two additional state components, Ohio and Wisconsin. In addition, the honor awards for 2012 included Carie Twichell, AA-C who received the award for Distinguished Service by an AAAA member, Joseph Rifici AA-C received

Continued on page 2

INSIDE THIS EDITION

The Editor's Column.....	2
Presiednt's Club Donors.....	2
President's Message	3
AAs Now on Wikipedia.....	3

Annual Conference

South Students Make News with Lifebox..	4
---	---

Practice Update

News From Around the Country.....	5
Join AAAA's Team to Support the Troops..	5
KY Becomes 17th State to Opt Out	6
Will Medicine Be Taken Over by Nurses? ..	6

Membership Update

AAAA Responds to Member Comments....	8
--------------------------------------	---

National Affairs

State Legislation Wrap-up.....	9
--------------------------------	---

Meet The AAAA Leadership

Officer Profiles	10
------------------------	----

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Newsletter Co-Editors

Keisha Ashley
keisha.ashley@live.com

Sandra Bargerón
longoargirl@gmail.com

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AAAA Executive Offices

2209 Dickens Road
Richmond, VA 23230-2005
PH: 866-328-5858 TOLL FREE: 888-443-6353
FAX: 804-282-0090
www.anesthetist.org

THE EDITOR'S COLUMN

Sandra Bargerón, AA-C
longoargirl@gmail.com



The water is choppy, but we're still paddling!

When the water is as smooth as ice and there is no one else out to disturb the calm, my Aero moves effortlessly through the water. With barely the light of the rising sun, warm up is easy as my oars dance and glide, propelling my boat forward. I can enjoy the quiet, the rhythmic sound of my rigging and the gentle splash of water with each stroke.

Life is good on quiet uninterrupted water. There is a sacrifice that must be made to be able to enjoy such a morning on the water - getting there before everyone else and being prepared.

These last few months in our profession have not turned out to be all smooth water. There is a lot of traffic, loads of big boats tossing up huge wakes that are fighting to capsize, or at least stall, us dead in the water.

We are paddling with all our hearts and making progress, but that progress seems small when we view the length and breadth of the river. As you will see, we have made terrific legislative strides in some states, giving us

reason to celebrate. At the same time, we have seen a renewed effort by multiple agencies to stunt our growth.

The AAAA leadership understands the principle of being prepared; they work with dedication, fighting our legislative battles, establishing valuable relationships and staying vigilant to the changing tides.

I hope that this quarter's newsletter will educate, motivate, and most importantly, inspire you to be active in promoting and protecting this profession that we all love. I encourage you to pick your oar, jump in the boat and row with me. Speak proudly of your profession; donate your time, money, or effort in support of the AAAA. We need "all hands on deck," so encourage fellow AAs to join the AAAA. Hopefully with enough preparation, constant vigilance, and continued dedication, we will all be able to enjoy some smooth sailing.

Please notice the membership special on page 8 of the newsletter. Enjoy!

Annual Conference, from page 1

the Excellence in Education Award, Dr. Helmut Cascorbi was presented with the award for Distinguished Service by a Physician, and Dr. John Dombrowski received recognition for Meritorious Commitment by a Physician.

In usual fashion, the annual conference concluded with an exciting round of student jeopardy, with Case-Cleveland and Emory

neck to neck until the end, finishing with Case Cleveland prevailing. The San Antonio meeting was a great success and fulfilled the mission of providing cutting edge information addressing the topics of advocacy and education. Look forward to making the 37th Annual Conference in Orlando, FL another record-breaking attendance year!

AAAA President's Club Donors

Thank you to all who have made contributions to AAAA's Legislative Fund. For an entire listing of contributors, visit the Legislative Section in the Members Only on www.anesthetist.org.

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Healthcare – The Next Frontier

Healthcare is at a crossroads. It is the wild, wild, west: rough, tough, unpredictable, and everyone is fighting for their survival. Just like the pioneers on the frontier, we are moving forward into uncharted territory. Despite what you might think, the future of our profession is in no way certain.

These are unprecedented times. Economic pressure is putting new demands on both employers and employees. Everyone is being expected to do more for less. The role of various providers within the healthcare market continues to evolve. Valid concerns exist over scope of practice claims made by some non-physician providers. Strong debates continue about the future of healthcare in this country but one thing is certain, healthcare as we know it is changing, and changing quickly.

Our profession is officially at a tipping point. Malcom Gladwell, writer for The New Yorker magazine and author of "The Tipping Point", defined this moment as a dramatic instant when everything can change all at once. It is the place where the unexpected becomes the expected, a place where radical changes become more than a possibility- they become a certainty. There is a renewed interest in our profession from individual anesthesiologists, physician-only practice groups, and state anesthesiologist societies. The number of AA education programs continues to grow resulting in the development of hundreds of new and competent AA care team providers. These graduates are spreading out across the coun-

try and leading the national expansion of our profession.

This April, we held our annual meeting in San Antonio, Texas, just two blocks away from the Alamo. This former mission played a critical role in the Texas Revolution and is a national symbol of a heroic struggle against impossible odds to this day.

I am not asking for you to give your lives, or even change your lifestyle, but simply to support our organization and our profession. This is our moment. This is our Alamo.

Commander Travis' Texan volunteers were surrounded and outnumbered by Santa Anna's Mexican Army. He sent a plea out for reinforcements from local and distant communities. Although his letter is renowned as a "declaration of defiance" and a "masterpiece of American patriotism", unfortunately few reinforcements arrived.

Legend has it that when he realized that no help was coming, Travis drew a line on the ground and asked any man willing to stay and fight to step over. All but one did. The defenders of the Alamo were willing to give their lives rather than surrender their position.

I am not asking for you to give your lives, or even change your lifestyle, but simply to

support our organization and our profession. This is our moment. This is our Alamo. We are surrounded and out-numbered. I am drawing a line on the ground and asking every one of you to step over and fight with us. Fight for the viability of our profession and for an anesthesiologist led care team. Fight for the right of every patient to have an anesthesiologist and an AA involved in his or her peri-operative care.

Frontier history tells the story of the creation and defense of communities. It is a tale of conquest, but also one of survival and persistence. We find ourselves on yet another frontier for our profession. How this uncharted territory will be mapped depends on us. Our future depends on each individual contributor and our collective approach.

This is a call to arms for AAs. Don't squander your talent or waste this opportunity. The AAAA needs your time, talent, and tribute. We need your fresh perspective and participation. We must build this organization now so we might have the resources to protect ourselves against improbable odds in years to come. We must once again be pioneers and face our challenges head on, persist in our dedication, and continue to share our passion for the profession we hold so dear.

Go out, carry this message, and call for reinforcements at your hospital. Get actively involved. Contribute. Recruit. We cannot afford to lose this battle. The AAAA needs your help now. Not tomorrow, not two weeks from now, not two years from now, but today.

Anesthesiologist Assistants now on Wikipedia

By Jay Osborne, AA-S

As a premed student hearing about anesthesiologist assistants for the first time less than two years ago, I discovered that there are very few reliable online sources discussing the AA profession. I imagine legislators, anesthesiologists, and patients hearing about AAs for the first time often encounter the same problem.

To help resolve this problem and spread awareness of our growing and often misunderstood profession, AA students from Nova Southeastern University have created an encyclopedia entry for Anesthesiologist Assistants on Wikipedia, the world's largest and most popular online encyclopedia.

The Wikipedia page was edited by Jay Osborne, Robert Coste, and Megan Varellas. Individual sections were written by Mark Thiel,

Debisha McKenzie, Justin Sabates, Caitlin Burley, Patrick Frank, Jana Angel, Carl May, Faber David Lozano, and Sandy Hrdlicka.

The page became viewable to the public on May 2, 2012 and it has already received over 500 visits in its first week online. Be sure to check it out for yourself!

South University Students Make News with Their Support of Lifebox

By Claire Wainwright, AA-S
Lifebox Africa Project Leader
South University, Class of 2013

As Anesthesiologist Assistant (AA) students, we are taught the importance of becoming true patient advocates. We learn to focus our scope of practice around a patient-centric approach and to always strive for excellence in patient surgical safety. The notion of delivering less than the highest standard of anesthesia care seems almost incomprehensible, especially when the source of disparity is due to limited access to basic surgical safety training and equipment.

Despite the life-saving equipment being an integral part of our daily practice, there are over 77,000 operating rooms in under-developed countries worldwide operating without a pulse oximeter. At South University, we decided to help.

Partnering with Lifebox, the Class of 2013 at South University designed “Lifebox Africa”, an initiative focused on raising money and awareness about the need for safer surgical conditions in Africa. Currently, over 70% of Sub-Saharan African hospitals do not have pulse oximeters and three out of four patients are having surgery in these regions without access to one, including neonates and patients undergoing high-risk surgical procedures. Lifebox is a not-for-profit organization dedicated to saving lives by improving the safety and quality of surgical care in low-resource countries; specifically, Lifebox delivers low-cost (\$250) portable pulse oximeters to hospitals in need along with pulse oximetry training and surgical safety training. The importance of this global public-health concern was further reinforced during a video lecture by Dr. Atul Gawande at the 2012 American Academy of Anesthesiologist Assistant (AAAA) Conference in San Antonio.



Dr. Gawande demonstrated the very real ability of decreasing global perioperative surgical mortality to <1% through access to the right equipment and surgical safety education.

As part of the “Lifebox Africa” project, the students in our class organized a booth at the AAAA Conference and sold handmade retractable badge clips made from discarded medicine-bottle caps collected during clinical rotations in Savannah, Georgia. We also sold custom designed “Lifebox Africa” beverage koozies, distributed Lifebox informational leaflets and accepted donations from AAs, AA students and MDs at the conference.

During the four-day event, we raised over \$1,200 toward the purchase of pulse oximeters for operating rooms in Sub-Saharan African hospitals. “Studies by Lifebox indicate that surgical death rates can be cut in half if we close the pulse oximeter gap,” said Stacie Wong, MD, an anesthesiologist and professor in the AA program at South University. “The fact that our students have chosen to devote their limited time to this project shows a strong commitment to patient safety worldwide.”

Since arriving home from the conference, *Savannah Morning News*, *Inside South University* (our online newsletter), the Lifebox Website (www.lifebox.org), Facebook and Twitter pages have already featured articles of this initiative. In addition, the CEO of Lifebox, Pauline Philip, stated that “Lifebox is very thankful for the dedication and generous support from the Anesthesiologist Assistant students at South University. Their recognition of oximeters as a critical piece in surgical practice, combined with hard work and fundraising efforts, fits into our recently launched ‘Make it Zero’ campaign to improve surgical safety around the world.”

Although the conference is over, our quest to raise awareness about Lifebox continues.

The response to this project has been amazing and we are extremely grateful to those that were able to donate. What is even more exciting is the response from fellow AA students at the other AA schools who were inspired to learn about Lifebox and are eager to get involved.

AA Practice Update: News From Around the Country

By David Biel, AA-C

Practice issues are a continuous topic that AAAA must face to support our members and strengthen the security of our profession. Employers do not want to hire providers who have difficulty obtaining reimbursement. As you will see, the AAAA Practice Committee has been busy! The Practice Committee does the work of making sure that challenges to AA reimbursement do not go unaddressed, among other things. Many practicing AAs have no idea of the relentless reimbursement challenges our profession faces that are continuously addressed by their professional organization. All practicing AAs should support AAAA with membership dues so that AAAA can continue to work on this very important issue that ultimately affects every AA.

Texas BCBS reimbursement

Gary Jones, AA-C and Tim Goodrich, AA-C have protected AA reimbursement in TX. They compiled a complete summary of how AAs are reimbursed and diligently delivered it to the regional BCBS representative for that area. There are still some issues, but AAAA is addressing it continuously.

Council for Affordable Quality Healthcare (CAQH)

The CAQH Universal Provider Datasource (UPD) service is the industry standard for collecting provider data used in credentialing, claims processing, quality assurance, emergency response, member services such as directories and referrals, and more. By streamlining data collection electronically, UPD is

reducing duplicative paperwork and millions of dollars of annual administrative costs for more than 960,000 physicians and other health professionals, as well as over 600 participating health plans, hospitals and healthcare organizations.

AAs were not listed as a provider, so if your hospital/group used their services, they were most likely listing you as a CRNA! Soren Campbell, AA-C has given them all the information they need to add us to their database. CAQH has promised that it will get the job done.

Workers Compensation Ohio

This specifically deals with the Ohio Bureau of Workers Compensation; AAs were not a recognized provider. If an anesthesia practice or hospital billed incorrectly for AA services, they would not get reimbursed. Ohio BWC recommended that groups bill 100% MD. This was interpreted as fraudulent by most practitioners, but OBWC did not seem concerned. Dave Biel, AA-C diligently pursued a correction and AAs are now recognized. Every state needs their component society to check their state's BWC office to see if AAs are recognized, but expect discouragement at the slow pace of working with a government agency.

Ohio Medical Board

The OMB still had the restrictions on AA practice listed on their website, despite an Ohio Supreme Court Ruling five years ago that AAs may perform all of the tasks they are trained to do. This was used against AAs by CRNAs in a group looking to hire AAs. After persistent communication and a focused effort

by the Practice Committee they are finally in the process of updating their website.

Georgia Medicaid

There are still reports of Georgia Medicaid not reimbursing for AA services. Yes, a state where the AA profession has been represented for more than 40 years is having reimbursement issues. This occurs due to a specific set of circumstances that are infrequent and therefore difficult to identify. The Practice Committee is working on this, but could use someone local to take up the charge. Georgia has 241 AAAA members out of 710 practicing AAs. If you know an AA that isn't supporting AAAA, then educate them about this and explain that as a member, you are paying the insurance premium to keep their job secure. AAAA, not the GSA or the ASA, is the only organization fighting for your reimbursement.

Fed Blue

Blue Cross Blue Shield's Federal Employee Program, also known as the Federal Employee Health Benefits (FEHB) Program or simply Fed Blue, still does not recognize AA services. AAAA has been working on this for years.

Soren Campbell, AA-C has done a lot to fight this, but we are currently at an impasse. With an estimate of over 5.5 million civilian and military employees of the federal government using Fed Blue, this affects AAs. If your services aren't reimbursable, you may not have job security. With 46% of the federal work force being over 50 years of age, compared to 31% of the private work force, more patients than ever before will use Federal Blue Insurance for their anesthesia services.

Interested in supporting our troops?

The AAAA is recruiting AA fellows and students to join our team for the third annual ASA 5K Run For The Warriors®, October 14, 2012 in Washington, DC.

The Run For The Warriors® is a unique event dedicated to the men and women wounded in the global war on terror and

their families. It is a celebration of their strength and resolve. This event embraces wounded warriors and their families in the shared belief that there is hope beyond recovery.

If you are interested, please contact Rich Bassi at richbassi@yahoo.com.



We are honored to bring Hope to the lives of our nation's heroes and their families;
"Restoring: Self, Family, Hope".

Kentucky Becomes the 17th State to Opt Out

By Megan Varellas, AA-C

Kentucky joins a growing list of states that are taking advantage of a Medicare opt-out provision that allows NAs to administer anesthesia without the supervision of a physician. The anesthesia care rule, published by CME November 13, 2001, allows state governors to notify CMS in writing of the state's desire to opt out of the Federal supervision requirement after consulting with the state board of medicine and state board of nursing. The governor

must also imply that it is in the best interests of the state's citizens to opt out, and must determine that opting out does not contradict state law.

CMS does not require a waiting period or a public written notice of an opt-out request. The request for an opt-out is effective upon submission. Likewise, a governor may at any time request the opt-out be withdrawn which would again be effective upon submission. Most opt outs are an effort to increase access to anesthesia care providers while cutting

costs. The AANA supports opt-out as do state nursing boards.

Even though a state may opt out, facilities still have the option to require physician supervision. This is where AAs can make their voices heard. AAs can educate surgeons and hospital staff about opt-out and emphasize that it is in the interest of patient safety that facilities should require physician supervision of NAs.

Continued on page 7

Will Medicine Continue to be Taken Over By Nurses?

The head of CMS is now a nurse.

Why should it matter to you? Your employability is dependent on reimbursement by CMS, now determined by a nurse. A CMS press release in March (see below) makes it clear that one of the ways government intends to keep Medicare solvent is to increase the number of lower cost providers and shift to a model of nurse-centric medicine. CRNA programs already enjoy immense government funding for expansion, technology investment, and tuition reimbursement and now they can also seek ad-

ditional funding through this new initiative. Through the Advanced Nursing Education Grants (Section 5308), a hospital could have financial incentive (\$375k grants) to ask anesthesia departments to train one type of midlevel anesthesia provider over another. Through the Nurse Faculty Loan Program (Section 5311), there is a tremendous incentive to get a DNP, use the title "nurse anesthesiologist" and train other NAs. Combined with the individual Student Loan Repayment (section 847), it could be completely free to get a DNP.

Since when are nurse anesthetists primary care providers? How does the financial support of their training get included in an initiative to support primary care? If you think your job as an AA is secure, then you need only look at the level of government support to nursing specialties to reconsider that view and recruit your colleagues to support AAAA.

See the CMS press release below (from the original).

PRESS RELEASE

CMS Announces New Initiative To Bolster Primary Care Workforce

Demonstration Will Assist With Training Of Advanced Practice Registered Nurses

The Centers for Medicare & Medicaid Services (CMS) today announced a call for applications for a new Affordable Care Act initiative designed to strengthen primary care in the United States. Under the Graduate Nurse Education Demonstration, CMS will provide hospitals working with nursing schools to train advanced practice registered nurses (APRNs) with payments of up to \$200 million over four years to cover the costs of APRNs' clinical training.

"Thanks to the Affordable Care Act, we're taking steps to put more advanced practice registered nurses at the forefront of our health care system," said Marilyn Tavenner, Acting Administrator of CMS, and a nurse. "Better training and support for advanced practice registered nurses will mean higher quality care."

APRNs—whether they are nurse practitioners, clinical nurse specialists, nurse anesthetists, or nurse midwives—play a pivotal role in primary care. This new initiative will provide funds to eligible hospitals to increase the availability of clinical training settings that will bolster the skills and supply of APRNs. Payments to the participating hospitals will be linked directly to the number of additional APRNs that the hospitals and their partnering entities are able to train as a result of

their participation in the demonstration.

The demonstration requires that half of clinical training occur in non-hospital settings in the community. Most clinical training in large hospitals already includes some rotations in settings that treat minority and underserved populations; however, this demonstration sets a higher requirement for training in non-hospital community-based settings. Students receiving training funded by the demonstration will be encouraged to practice in non-hospital community-based settings, including in underserved areas.

CMS will select up to five eligible hospitals to participate in the demonstration. The demonstration is expected to run for four years.

The demonstration was authorized by the Affordable Care Act, and will be operated by the Center for Medicare & Medicaid Innovation. It is part of the Administration's overall effort to strengthen the health care workforce.

For more information including how to apply, visit the Graduate Nurse Education Demonstration website at: innovation.cms.gov/initiatives/gne.

Opt Out, continued from page 6

Listed below are the opt out states in chronological order:

1. Iowa — December 2001 Less than one month after CMS published its anesthesia care rule, Iowa Governor Thomas Vilsack sent a letter to CMS on Dec. 12 informing the government agency of his decision to opt out. In 2001, 91 of 118 Iowa hospitals relied solely on CRNAs to provide anesthesia care.

2. Nebraska — February 2002 Nebraska Governor Mike Johanns opted out three months after CMS granted states the option. Approximately 69 of the state's 85 acute care hospitals relied solely on CRNAs to provide anesthesia care at the time.

3. Idaho — March 2002 In March 2002, Idaho Governor Dirk Kempthorne informed CMS that Idaho would opt out of the physician requirement to benefit "Idaho's citizens, rural communities and hospitals." The majority of Idaho's hospitals relied solely on CRNAs to provide anesthesia care to patients in 2002.

4. Minnesota — April 2002 Governor Jesse Ventura informed CMS in April 2002 that Minnesota would opt out of the federal physician supervision requirement, saying his office consulted with medical and nursing boards, the attorney general and various other parties.

5. New Hampshire — June 2002 New Hampshire Governor Jeanne Shaheen opted out of the federal requirement in June 2002, saying that failure to do so "may severely limit the ability of rural hospitals to treat emergencies and provide other services that require anesthesia care."

6. New Mexico — November 2002 New Mexico Governor Gary Johnson opted out of the rule in November 2002, making New Mexico the sixth state to exercise the option.

7. Kansas — April 2003 Kansas Governor Kathleen Sebelius, a politician currently serving as the 21st Secretary of Health and Human Services, informed CMS that her state would follow Iowa, Nebraska, Idaho, Minnesota, New Hampshire and New Mexico in opting out of the supervision rule.

8. North Dakota — October 2003 North Dakota Governor John Hoeven informed CMS of his decision to opt out of the physician supervision rule within a week of a similar decision by Washington state governor Gary Locke.

9. Washington — October 2003 Washington Governor Gary Locke opted out of the supervision rule in October 2003, within a week of the same decision by North Dakota.

10. Alaska — October 2003 Alaska became the third state in three weeks to opt out of the federal physician supervision requirement for CRNAs in Oct. 2003. Alaska's decision meant that one-fifth of the nation's states had chosen to opt out of the rule.

11. Oregon — December 2003 Oregon Governor Theodore Kulongoski informed CMS that Oregon would opt out of the supervision rule in December 2003, citing the reason that "in many of Oregon's small rural hospitals, CRNAs are the only, or primary, anesthesia providers."

12. Montana — January 2004 Governor Judy Martz elected to opt out of the supervision rule in 2004, a decision that was later reversed by Governor Brian Schweitzer in May 2005. Governor Schweitzer restored the opt-out in June 2005.

13. South Dakota — March 2005 Governor M. Michael Rounds informed CMS that South Dakota would opt out in March 2005, citing limited anesthesia care in rural communities as a reason for the decision.

14. Wisconsin — June 2005 Governor Jim Doyle made Wisconsin the 14th state to opt out of physician supervision of anesthesia in 2005.

15. California — June 2009 California Governor Arnold Schwarzenegger sent a letter to CMS exercising his option to exempt the state from physician supervision of CRNAs. Following the governor's decision, the California Society of Anesthesiologists and California Medical Association filed a motion aimed at requiring the governor to withdraw his letter. The motion was denied in Oct. 2010, and the CSA and CMA are currently considering other actions to appeal the ruling. On October 8, a California Superior Court judge ruled in favor of "independent nurse anesthesiologists" on the grounds that there is no state statute that requires physician supervision. The ruling came after a landmark report from the Institute of Medicine that urged policymakers to remove barriers that hinder nurses from practicing to the full extent of their education and training. "Transforming the nursing profession is a crucial element to achieving the nation's vision

of an effective, affordable health care system that is accessible and responsive to all," Linda Burnes Bolten, PhD, RN, vice chair of the IOM's committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, said in a statement.

16. Colorado — September 2010 Colorado Governor Bill Ritter announced that Colorado would opt out of the physician supervision requirement. The decision followed two controversial studies. The first, published in the August 2010 issue of *Health Affairs*, claimed patients were not harmed when CRNAs provided anesthesia without physician supervision. The second, published in the May/June issue of *The Journal of Nursing Economics* indicated that having a NA as the sole anesthesia provider is more cost effective than either an anesthesiologist providing anesthesia without an anesthetist or when supervising a group of one to six NAs. The Colorado Medical Society and Colorado Society of Anesthesiologists filed a lawsuit against Governor Ritter on Sept 28, 2011.

17. Kentucky — April 2012 Kentucky Governor Steve Beshear wrote to the Centers for Medicare and Medicaid Services (CMS) on April 25, 2012, stating "it is in the best interest of Kentucky's citizens to opt out of the current federal physician supervision requirement in order to improve access to critical services." Governor Beshear noted in his letter that opting out was recommended by the Kentucky Cabinet for Health and Family Services and requested by the Kentucky Hospital Association and Kentucky Association of Nurse Anesthetists.

Quick Facts

- 40 states do not have a requirement for CRNAs to be under physician supervision in their medical laws or regulations.
- 32 states do not have a requirement for CRNAs to be under the direction of a physician in their medical laws or regulations.
- 33 states do not require physician supervision under hospital licensing laws or regulations.
- 24 states do not require physician supervision or direction.

AAAA Responds to Member Comments

Compiled by AAAA Leadership

“Get current reviews like the CRNAs have for AAs.”

The membership committee pursued Current Reviews for AAs in 2009 with Dr. Frank Moya, the owner and founder. After initial strong interest by Dr. Moya, the board of CR decided not to develop this product. Interestingly, two NAs were on the CR board at that time. No explanation was offered but AAs were offered a 10% discount on a subscription.

“Make the website more easily accessible. Provide members with information about their membership. I paid my dues and never got a receipt.”

In 2012, look for changes on the website that allow you to manage your account in one location with AAAA including: pay dues, donate to the legislative fund, select which version of the newsletter you prefer, join committees, change your contact information and view confirmation of your dues payment with printable receipt. The membership committee is working to create an informational packet for all members so they are more familiar with AAAA member benefits.

“The newsletter needs to have educational articles in it from certified AAs or even the students from the various programs.”

The newsletter does have a student section that all programs and students are encouraged to contribute to and typically features student contributions. AAAA welcomes articles by practitioners and has never rejected educational submissions by any AA. The guidelines for article submission can be obtained online and the newsletter editors are enthusiastic to correspond with any AA interested in publishing editorials or educational material.

“Include a subscription to one of the anesthesia journals”

AAAA would love to offer this benefit to members. At present, we are able to keep our dues to almost half of other organizational dues specifically because we don't have this type of benefit. This is a suggestion that could be revisited in the future if a large majority of members request it and are willing to pay increased dues for such a benefit. Below is the current subscription rate to a few popular anesthesia publications. Even with a group

discount this would likely increase dues significantly.

Anesthesiology, LWW \$645/year

Anesthesia & Analgesia \$140/year

Journal of Clinical Anesthesia \$371/year

Anaesthesia \$302/year

“I wish there was a way for AAAA and ARC-AA to work together to ensure better training quality. I fear that we are diluting our profession with a large number of new graduates who aren't as skilled.”

The AAAA and ARC-AA do work together. The ARC-AA committee members are appointed through the AAAA Education Committee and approved by the Board of Directors. In addition, every year AAAA hosts a cross organizational summit that includes all stakeholders. The ARC-AA works diligently to ensure programs are of high quality and their graduates are well trained. This is also a topic that the Education Committee of AAAA takes seriously and works on continuously.

“Provide a moderated message board”

AAAA currently has a web forum under members only. AAAA leaders and Ruggles Service Corporation, our management company, regularly view the web forum for topics that require input or response from the organization.

“Starting a media campaign to heighten awareness of AAs is long past due.”

This has been a dominant topic of early 2012 in executive committee meetings. AAAA leaders are eager to have professional consultants assist our growing organization with strategic planning and media campaigns to accomplish our goals. The AAAA recently approved hiring a consultant from Stakeholder Strategies, a marketing firm, to organize our effort at public relations and media projects. Stakeholder Strategies comes highly recommended by ASA and was involved in the recent ASA rebranding campaign.

“Continue to stress the importance of AAs to the ASA and get them more in the fight!”

AAAA receives more support than ever from the ASA. AAs are currently represented in 10 committees of ASA. Several of these committees have current projects specifically targeting the promotion of the AA profession and hiring AAs. In 2011, the ASA House of Delegates endorsed incorporation of AAs into their strategic

plan which will make one of the missions of every ASA committee to support AA practice. More ASA state component academies are interested in AA legislation than ever before. AAs can further the alliance with ASA by joining ASA, encouraging their coworkers to do the same, and contributing to the ASAPAC fund.

RECRUIT! RECRUIT! RECRUIT!

Enjoy a \$50 discount on your next renewal for any TWO individuals you refer who join AAAA by the next Quarter.

AAAA membership numbers:

555 fellows

377 students

AAs participating in ASA membership:

454 ASA AA educational members

279 ASA AA student educational members

Welcome New Members

Physician Affiliate Members

Gregory Applegate, DO

Student Members

Kirran Ali, AA-S

Jessica Davis, AA-S

Ryan Dosestareh, AA-S

Zachary Gillum, AA-S

Cassandra Headley, REEGT, CNIM

Marshall Johnson, AA-S

Nadia Meah, AA-S

Robin Moore, AA-S

Denis Pendrick, AA-S

Andrew Slama, AA-S

Joseph Tauk, AA-S

2012 State Legislation Wrap-Up: A Good Year for the AA Profession

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



As the legislative sessions for most states are ending, it is a pleasure to report that this year, two out of the three state AA bills passed into law! Both bills move two states from

AA practice under physician delegatory authority to licensing overseen by a state regulatory agency.

The importance of this comes from the fact that, as licensed practitioners, the ability for AAs to practice is now codified and becomes extremely difficult to challenge. Under physician delegatory authority, the ability of an unlicensed provider to administer anesthesia can be, and has been, successfully challenged to the point of AAs losing their jobs.

Wisconsin

Introduced on January 18, 2012, SB 383 was strongly contested from the beginning by the Wisconsin Association of Nurse Anesthetists. Using the repetitive arguments of “such a small number”, “no demonstrated need to license” and “no shortage of anesthesia providers in Wisconsin”, WANA members requested that legislators not co-sponsor the AA licensing bill.

During the February 17th Senate Committee on Health, WANA president Jim Albrecht, CRNA, in opposition to SB 383 stated, “There hasn’t been a safety issue with AA practice,” and others argued that licensing would not enhance patient safety.

Ultimately, the crux of the argument was that AAs have been successfully practicing in Wisconsin for 31 years, therefore it was not necessary for us to become licensed. Despite over two hours of total testimony, the bill was passed out of committee with a 3 to 2 vote. The bill then passed quickly through the Senate, was concurred by the Assembly on March 2nd and signed into law as 2011 Wisconsin Act 160 by Governor Scott Walker.

Members of the Wisconsin Academy of Anesthesiologist Assistants attended the bill signing which concluded a long and hard fight for AA licensing in Wisconsin.

Colorado

Introduced well into the legislative session on March 29th, HB12-1332 moved through the House Committee on Health and Environment



NAC members attending the 2012 ASA Legislative Conference (from left to right): Shane Angus, AA-C, Gregg Mastropolo, AA-C, Claire Chandler, AA-C, Saral Patel, AA-C, Dave Biel, AA-C, Ellen Allinger, AA-C, and Megan Varellas, AA-C. Not pictured are Mike Nichols, AA-C and Caitlin Burley, AA-S.

on April 3rd as amended with a vote of 11 to 1.

The bill passed the House and was referred to the Senate Committee on Health and Human Services. Receiving a tie vote, the bill stalled briefly until the bill sponsor’s vote was recorded, allowing the further amended bill to move out of committee with the legislative session closing in one week.

On May 9th, the last day of the session, HB12-1332 with amendments was passed by the Senate and received concurrence by the House. The bill must be signed by the Governor of Colorado before officially becoming law, an action that is expected to occur in the next few weeks and will most likely be attended by the bill’s primary supporters, the Colorado Academy of Anesthesiologist Assistants.

This law will enable AAs to become licensed starting in 2013.

Kentucky

The failure of HB 435 to pass successfully through the state legislature is truly a story of frustration. Although licensing for AAs currently exists in Kentucky, most AAs do not meet the current statutory requirements, as dual training as both a physician assistant and as an anesthesiologist assistant is required.

Interestingly, the two AAs that do currently practice in Kentucky were “grandfathered” into practice by the statutes and neither AA meets the current statutory requirement of

dual PA/AA education.

Seeking to remove this unnecessary and unique education requirement, the Kentucky Academy of Anesthesiologist Assistants supported HB 435 as most of the KAAA’s members live in Kentucky but must work in Ohio.

Introduced on February 21st, the bill was assigned to the House Licensing & Occupations Committee. The hearing on February 29th went smoothly with the committee passing the bill as amended with a favorable report.

Expected to pass the House, a floor amendment, supported by the opposition, was filed on March 8th that created a Board of Anesthesiologist Assistants. This board placed two nurse anesthetists as part of the five-member board.

Known as a “poison pill”, this amendment made the bill unacceptable to its supporters. Despite attempts to marry the bill’s language to another bill already in the Senate, the tactic did not work and HB 435 died with the end of the Kentucky state legislative session on April 15th.

The common theme this year is that the lead supporter of each state’s bill was that state’s AA academy. All state academies are component academies of the AAAAA.

The success of these state academies to pass these bills demonstrates the goal of the AAAAA leadership: To allow states to handle legislation within their respective states, while providing support, expertise and backing during the challenge.

AAAA Officer Profiles

Claire Chandler, AA-C President



Professional Appointments

Anesthesiologist Assistant and clinical instructor, Emory University Hospital. Guest Lecturer, Emory Master of Medical Science Program in Anesthesiology.

AAAA Involvement

President (2012-2013), President-Elect (2011-2012), National Affairs Committee member (2010-present), National Affairs Subcommittee chair of international affairs (2008-2010)

Education and Practice Committee member (2008-present), Subcommittee chair of Quality Improvement and Patient Safety (2008-2010), Bylaws and Ethics committee member (2007-present) vice chair (2009-2011), Secretary (2005-2008), Director Council on Leadership Development (2006-2008), Deputy Director External Communications (2006-2007), Board of Directors Student Representative (2002-2004), President's Club member (2005-present)

ASA Involvement

Educational member (2005-present), AA student member (2003-2004), Committee on Communications ad hoc member (2009-2011), AA Education and Practice Committee ad hoc member (2012-2013), ASAPAC contributor (2004-present)

Affiliations

Commission on Accreditation of Allied Health Educational Programs (CAAHEP) AAAA Commissioner (2010-present) and Board of Directors (2010-present), Anesthesiologist Assistant Accreditation Review Committee member (ARC-AA) (2006-2011), Chair (2009-2011) and Educational Program Evaluator (2009-present). District of Columbia Academy of Anesthesiologist Assistants Vice-President and co-founder (2006-2007) District of Columbia Society of Anesthesiologists member (2006-2007), Georgia Society of Anesthesiolo-

gist (GSA) Member (2009-present), GSAPAC contributor (2009-present)

Education and Honors

Bachelor of Science in Biochemistry and Bachelor of Arts in Chemistry, College of Charleston, South Carolina. Master of Science in Anesthesia (MSA), Case Western Reserve University (2002-2004), Chief MSA student (2002-2004)

Coalition for Allied Health Leadership, AAAA representative (2004)

Recognition of Service Award Chief Anesthesiology Assistant Student (2004)

Outstanding Achievement Award, National Oceanic and Atmospheric Administration (2000)

Personal Notes

Claire Chandler and her fiancée, Joel Zivot, currently live in Atlanta, Georgia. Before their relocation two years ago they lived in Winnipeg, Manitoba, Canada where Claire helped develop the first graduate level Physician Assistant program in the country as a faculty member of the University of Manitoba. In their spare time, they like to scuba dive and enjoy spending time with their families and pets.

Saral Patel, MMSc, AA-C President-Elect



Professional Appointments

Anesthesiologist Assistant and Clinical Instructor, Providence Hospital, Washington, DC.

AAAA Involvement

President Elect (2012-2013); Secretary (2010-2012); Bylaws and Ethics Committee Vice Chair (2010-present); Director (2007-2010); Bylaws and Ethics Committee Chairperson (2006-2010); Bylaws and Ethics Committee Member (2004-present); Co-chair Task Force on Component Academies (2006); AAAA Representative for FDA Safe Use Initiatives (2009); Member of Organizational Transition Team (2007-2008); AAAA Fellow Member (2000-present).

ASA Involvement

Quality Management and Departmental Administration Committee Member (2010-present); Educational Member (2000-present).

Affiliations

District of Columbia Academy of Anesthesiologist Assistants (DCAAA) Secretary and Founding Member (2006-2010); DCAAA Member (2006-present); District of Columbia Society of Anesthesiologists Educational Member (2008-present).

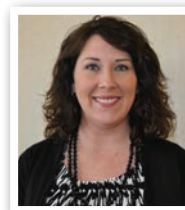
Education and Honors

Masters of Medical Sciences in Anesthesiology and Patient Monitoring, Emory University, Atlanta, Georgia (2000); Bachelors of Science, Major Biochemistry Minor American Literature, Union College, Schenectady, NY (1998); American Society of Anesthesia Technicians and Technologist Annual Meeting Speaker (2009).

Personal Notes

Saral lives in Ellicott City, Maryland with her husband, Manish, and their four young boys. Saral enjoys working part time and volunteering at her children's school events and neighborhood activities.

Lauren Hojdila, MSA, AA-C Secretary



Professional Appointments

Anesthesiologist Assistant, Brandon Anesthesia Associates a division of Greater Florida Anesthesiology

AAAA Involvement

Secretary (2012-2014), Education Committee member (2007-present), Annual Meeting Committee member (2011 to present), Bylaws and Ethics Committee member (2011-present), Director of Communications (2008-2009), Deputy Director Internal Communications (2006-2008), Vice Chair of Membership Committee (2006-2009), Membership Committee member (2004-2009), Student Representative to Board of Directors (2001-2003), President's Club member (2005-present), AAAA member (2001-present)

AAAA Officer Profiles

ASA Involvement

Educational member (2003-present), AA student member (2002-2003), ASAPAC contributor (2003-present)

Affiliations

President of the Florida Academy of Anesthesiologist Assistants (2012) and member (2011-present), Florida Society of Anesthesiologists educational member (2007-present), Assistant Professor for Nova Southeastern University in Fort Lauderdale, Florida (2006-2009), Assistant Program Director and Assistant Professor for Nova Southeastern University in Tampa, Florida (2009-2011), Academy of Anesthesiologist Assistant Program Directors member (2008-2011), Society for Airway Management educational member (2006-2008), Society for Simulation in Healthcare member (2007-2011)

Education and Honors

Bachelor of Arts in Biology, Case Western Reserve University, Cleveland, Ohio (2001) Master of Science in Anesthesia, Case Western Reserve University, Cleveland, Ohio (2003)

Personal Notes.

Lauren lives in Tampa, Florida.

Barry Hunt, AA-C Treasurer



Professional Appointments

Chief Anesthetist – Physician Specialists in Anesthesia @ St. Joseph’s Hospital – Atlanta (2005- present)

Staff Anesthetist – Physician Specialists in Anesthesia @ St. Joseph’s Hospital – Atlanta (1996-2005)

AAAA Involvement

Treasurer (2006 – present), Chair Finance Committee (2003 – present)

ASA Involvement

Educational member (2005 – present)

Affiliations

Georgia Society of Anesthesiologists (2008-present)

Education and Honors

Master of Medical Science in Anesthesiology/Patient Monitoring Systems – Emory University School of Medicine (1996), Master of Business Administration in Finance – Kennesaw State University (1991), Bachelor of Science (Respiratory Care) – Georgia State University (1982), Anesthesiologist Assistant Class President (1994 – 1996), President (1995) Allied Health Council – Emory University

Personal Notes

Barry and his wife live in Atlanta, Georgia.

Michael Scott Nichols, AA-C Immediate Past President



Professional Appointments

Director of Program Development – Case Western Reserve University Master of Science in Anesthesia Program

Staff Anesthetist – Physician Specialists in Anesthesia @ St. Joseph’s Hospital - Atlanta

AAAA Involvement

Immediate Past President (2012-2013, 2008-2009), President (2011-2012, 2007-2008), President-Elect (2011-2012, 2006-2007), Board of Directors (2009-2011), Finance Committee (2007-present, Co-Chair 2008-present), Director & Founding Member - Quality Improvement & Patient Safety Committee (2008), Director - Organizational Management Transition Team (2007-2008), Education & Practice Committee (2006-2011, Chair 2008-2011), Chair - Committee on Community Initiatives (2006-2008), Co-Director - President’s Leadership Development Council (2005-2008), Vice President (2001-2004), Task Force on Regional Anesthesia & Invasive Line Placement (2003), Annual Meeting Committee (1999-2004, Chair 2001-2003), National Affairs Committee (2000-present, Vice Chair 2008-present), Director - Legisla-

tive Fund (2002-2005), Chair - Media & Public Relations Committee (2003-2005), Chair - Restructuring Task Force (2002-2003), Student Representative (1998-2000)

ASA Involvement

ASA Political Action Committee – Executive Board (2009-present), AAAA Representative to the ASA Board of Directors (2010-present), Committee on Governmental Affairs (2009-present), Committee on AA Education & Practice (2006-present)

Affiliations

Board of Directors – National Commission for the Certification of Anesthesiologist Assistants (2008-present), Instructor of Anesthesiology – Case Western Reserve University School of Medicine (2011-present), Assistant Professor – Nova Southeastern University College of Allied Health & Nursing (2006-2010), Assistant Program Director – Nova Southeastern University Anesthesiologist Assistant Program (2006-2008), Association of Anesthesiologist Assistant Program Directors (2008-present), Georgia Association of Physician Assistants (2000-present), Georgia Society of Anesthesiologists (2008-present), Georgia Academy of Anesthesiologist Assistants, Peer Reviewer – Journal of Allied Health (2007-present), Peer Reviewer – Internet Journal of Allied Health Sciences & Practice (2006-2010)

Education and Honors

Master of Science in Anesthesia – Case Western Reserve University School of Medicine (2000), Master of Business Administration – Case Western University, Weatherhead School of Management (pursuing currently) Bachelor of Science in Biology and Chemistry – University of Dayton (1998)

AAAA Distinguished Service by an Anesthesiologist Assistant Honor Award (2010), Coalition for Allied Health Leadership (2002)

Personal Notes

Mike lives in Atlanta, Georgia with his son, Aidyn.



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AA Employment Task Force (AAETF) Established

By Kevin M. Hall, MHSc., AA-C, PA-C
*Chair, Anesthesiology Assistant
Employment Task Force*

Have you ever thought about the states that currently allow practice as an Anesthesiology Assistant (AA), then you realize that there are fewer than ten AAs currently residing within the state of your choice (New Hampshire or West Virginia come to mind)? Or, have you experienced difficulty obtaining work in your ideal location because of strong resistance from our nursing colleagues?

Well I want you to know that the leadership of the AAAA has heard your concerns, and decided to form the AA Employment Task Force (AAETF).

The mission of the AAETF is simply to provide AAs with a platform for seeking future employment in states that currently allow AAs to practice via licensure or delegatory authority.

The vision of the AAETF will be to improve hiring within the states of New Hampshire, Vermont, Ohio, North Carolina, South Carolina, Washington D.C., Michigan, Wisconsin, Alabama, Texas, New Mexico, Missouri and Colorado by providing accurate information about AA scopes of practice. We hope to form foundational guidelines that translate into consistent hiring of AAs within local, regional, county, community and/or academic hospitals and medical centers.

The AAETF will consist of one task force member from each aforementioned state and will also include a student representative from each AA program. We will start an AAETF blog for the AAAA general membership body to relay questions and/or provide input for the AAETF to consider. We promise to take your questions and concerns seriously.

Next, the AAETF will improve upon strategic alliances with ASA state chapters, to better understand the challenges of bringing aboard new mid-level allied health anesthesia

providers within various health networks throughout each state. We will build upon this by initiating dialogue with national hospital organizations to help educate them about our profession, with hopes of expanding our employment opportunities.

At the conclusion, the AAETF will compile a list of recommendations and guidelines that will be presented to the National Affairs Committee and submitted to the AAAA Executive Committee. Once approved, the AAAA leadership can create a working template, which in turn will yield visible results in the form of JOBS.

Lastly, I cannot think of a more influential time within the AAAA than right now. Your suggestions and ideas are critical; we rely on them. You are the lifeblood of the AAAA and I personally look forward to serving you with positive and visible results in the near future.