

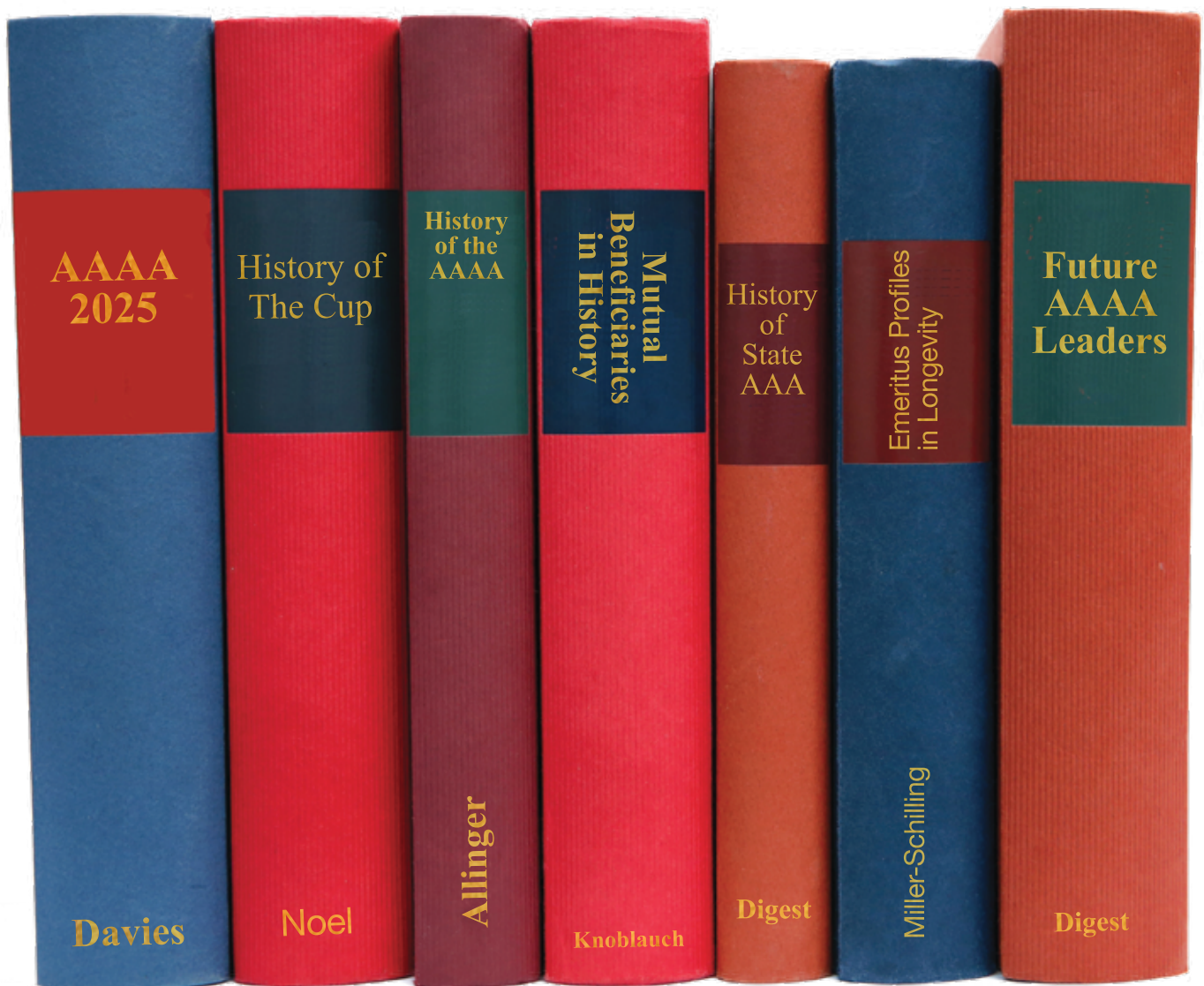


the **AnesthesiaRecord**

AAAA® American Academy of Anesthesiologist Assistants®

Summer 2018

Good reads for the discerning practitioner





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The Anesthesia Record

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Calendar of Events

October 18

ASA Annual Meeting, San Francisco, CA

October 13-17

AAAA Board of Directors Q4, San Francisco, CA

October 14

April 19

2019 AAAA Annual Conference

April 13-16

JW Marriott Indianapolis

Indianapolis, IN

AAAA Advocacy Touches

The Academy conducted on-site advocacy, education, and marketing initiatives in the following locations recently:

- Federation of State Medical Boards Conference, Charlotte, NC (April)
- ASA Legislative Conference, Washington, DC (May)
- Florida Society of Anesthesiologists, Palm Beach, FL, (June)
- Wyoming Society of Anesthesiologist, Casper, WY (June/July)
- Georgia Society of Anesthesiologist, Greensboro, GA (July)
- AAAA Strategic Planning Meeting, Atlanta, GA (July)
- National Conference of State Legislatures Conference, Los Angeles, CA (July/August)
- ASA Board of Directors Meeting, Rosemont, IL (August)

Slated:

- Kansas Credentialing Committee, Topeka, KS (August)
- Maine Society of Anesthesiologist, Bar Harbor, ME (September)
- Texas Society of Anesthesiologist, Lost Pines, TX (September)
- North Carolina/South Carolina societies of anesthesiologists, Charleston, SC (September)

Style notes: Going forward, AAAA will adopt the following convention to denote the name of state academies of anesthesiologist assistants - (two-letter USPS abbreviation) (-) (AAA). This publication style is intended to help differentiate the names of academies in states with common first letters (e.g. Virginia, VA-AAA; Vermont, VT-AAA). This adoption in no manner suggests a corporate name change or similar style adoption by any existing or future state academy.



South Padre Island, TX - AAAA leaders pose during the 2002 annual conference. By the perseverance and sacrifice of these and other volunteers, AAAA membership has blossomed and annual meetings now attract several hundred learners and more than two dozen exhibitors. Help the editor identify these subjects. If you know the names of at least nine people in the picture, email the information to Communication Chair Katie Noel at communications@anesthetist.org.



Nick Davies, CAA

President, AAAA
nickadav@gmail.com

This past April, AAAA enjoyed its most attended annual meeting ever. Our incredible program for both students and fellows and an exhibit hall that featured more than a dozen employers attracted attendees from across the country. With guests and speakers from Europe and Africa, the conference is reflecting the contributions and potential of AAs globally. Our annual meeting keeps growing year after year in quality, scope, and prestige and is becoming the can't-miss event of the year for CAAs and the broader care team focused anesthesia community.

AAAA leaders offer special thanks to Samantha Evankovich, our meeting committee chair, her entire team of volunteers, and our headquarters staff, including Felicia, Stephanie, LeAnn, and Jet, who worked tirelessly to make sure the event went smoothly.

History lessons

History provides the lessons we need to address the opportunities of the future. When we consider ancient military history, tactics, and formations used by the Greeks and Romans, we are reminded of the importance of a cohesive unit. In the Greek phalanx, soldiers stood closely side-by-side, their shields protecting themselves and their neighbor. Their long spears projected forward from not only the front line, but several ranks deep. Later, the Roman legion used its larger, rounded shields to protect soldiers from the front, the sides, and above, creating what we now call the tortoise formation. In both military formations, unity and cohesiveness were key. Everyone had to act in lock step with the group or the formation would falter, leaving soldiers vulnerable.

We learn a lot from these lessons in history as we consider how to make the AAAA bigger and stronger. We must act as a cohesive unit, with every member remaining close to the work of the organization. AAAA protects its members from attacks from all sides -- legislative, practice, and payment issues common to the practice. When we remain close, with our members taking active roles in the success of our Academy, we defeat challenges and go on the offensive to expand AA practice across the country. But when our members splinter off and don't support the Academy we are weaker, one way or another.

AAAA 2025 roadmap to revolution



The AAAA is so much more than its leaders. Every member holds a vested interest in the Academy. So how can members help assure the organization thrives?

- Maintaining AAAA membership
- Attending the annual meeting every year
- Joining and participating in AAAA committees
- Supporting your local state academy
- Donating an appropriate amount, such as one day's wage, to the Legislative Fund

"When we remain close, we defeat challenges and go on the offensive."

AAAA 2025

At the annual meeting, I presented an ambitious plan called AAAA 2025. In that plan are five goals to accomplish within seven years. If our membership pulls together and performs as outlined above, we make the following goals a reality:

- Attain practice and/or licensure in 25 total jurisdictions
- Surpass 70% fellow membership among all CAAs
- Achieve 100% participation in the AAAA Legislative Fund
- Improve CAA involvement in hospital administration or state/local government
- Create the AAAA General Assembly

We can make all these things happen. If AAAA 2025 is realized, CAA practice in the United States is revolutionized. We would no longer feel like a minority player, but rather a major force in healthcare delivery. The future is bright, and these goals doable. There's only one key to success, and that key is you. So close ranks, stay in formation, and fight with us.

History of The AAAA Cup



Katie Noel, SAA
Chair, AAAA Student Committee

The AAAA Cup is a friendly annual competition between students in the 12 AA training programs. There is only one winner each year, but students truly all “win” through this activity. The winning school earns a trophy and ultimate bragging rights. But the AAAA receives increased donations to the Legislative Fund, increased attendance at the AAAA conference, and increased donations to the Lifebox® Foundation and other health care philanthropy. Most important, The Cup jumpstarts students on a lifetime path of professional citizenship.

“The Cup jumpstarts students on a lifetime path of professional citizenship.”

Student anesthesiologist assistants compete each year in six categories: percentage of student body attending the AAAA conference, percentage of most recent graduates renewing with the AAAA as First Year Fellows, amount donated to the Legislative fund averaged over program size, amount donated to Lifebox® or other medically-related charities averaged over the program size, submission of a program highlight slideshow, and, of course, Jeopardy. The scores of programs which have not yet graduated students are averaged for five categories, not six.



2018 AAAA Cup Champions
Case Western -- District of Columbia

Student Competition: Path to Professional Citizenship



Medical College of Wisconsin SAAs on clinical rotation.



Emory University SAAs at ANESTHESIOLOGY2017® in Boston, MA.

Though it’s hard to imagine a time before the AAAA cup, the competition was, in fact, started just five years ago by Koty Price and Kristen Dell, then co-chairs of the Student Subcommittee. It was created to highlight strengths of different programs and to ultimately award The Cup to the most well-rounded school. Before the AAAA Cup, Jeopardy was the only event promoting student involvement and friendly competition. Program directors strived to create something that generates the same excitement as Jeopardy but is not limited to the conference. Because categories like donations to the Legislative Fund and philanthropy are continuing efforts, the newer format effectively keeps students engaged year-round. One result is compelling: student donations to the legislative fund rose \$18,000 in just the first year of the AAAA cup and have continued to rise each subsequent year!

“Last year 100% of UMKC graduates renewed with the AAAA as First Year Fellows.”

Philanthropy in motion

AAAA congratulates and recognizes all students who participated in raising \$13,413 for the Legislative Fund and \$16,121 towards Lifebox®. There are now 484 students enrolled in 12 AA programs across the country; all deserve thanks. The impact they are making on the AA profession, the AAAA, and in their communities cannot be overstated.



AAs advocate at the Texas State Capitol.

The primary charitable focus is Lifebox®, a world-impacting entity also supported by the ASA. Giving to this initiative is a great way to show that we, as AAs, support ASA both inside and beyond the operating room.

“Not enough time is merely a euphemism for not high enough priority.”

Schools raised money to help others in many creative and impactful ways. The University of Colorado program hosted an annual golf tournament for Lifebox® and the Ronald McDonald House®. South University organizes an annual chili cook-off. Other schools travel far and wide for medical mission trips!

This year was special because it was the first time every school participated in Jeopardy! Though participation is not a mandatory, it has long been regarded as a beloved event by the students. 100% of MCW's and IU's students attended the conference, but many schools were only missing one or two students. Overall 415 out of 484 students attended the conference, meaning 85.7% of all students were in attendance. Retaining graduate members as First Year Fellows in the AAAA is extremely important. UMKC reflects that it can be done -- last year 100% of UMKC graduates renewed with the AAAA as First Year Fellows.

“Case DC also won the Jeopardy competition to complete the competitive hat trick.”

Case DC reigns

Congratulations to Case Western Reserve University, DC campus, which won the AAAA Cup for 2018. Case DC had the highest Legislative Fund donation per student at an average of \$75 and achieved the highest philanthropic donation per student at an average of \$125. Case DC also won the Jeopardy competition to complete the competitive hat trick.



South University SAAs enjoy competition at annual Chili-Cookoff.

All schools made incredible efforts, but the winner of the 2018 AAAA Cup is Case DC (for the second year in a row). This trophy liked its home in Washington, D.C. so much that its owners forgot to take the hardware to the conference and had to ship it to St. Pete Beach, FL only to receive it again.

“Professional involvement is a part of every student's life.”

On their school winning the AAAA cup two years in a row, Program Director Shane Angus, CAA, said he is very excited for the students and the faculty, but wants to stress that it was predominately the work of the students.

“Professional involvement is a part of every student's life,” Angus said. “We weave it into the fabric of our culture. It is part of who are and who we aspire to be.”



University of Colorado-Denver SAAs flipping over clinical opportunities.

Continued on Page 13



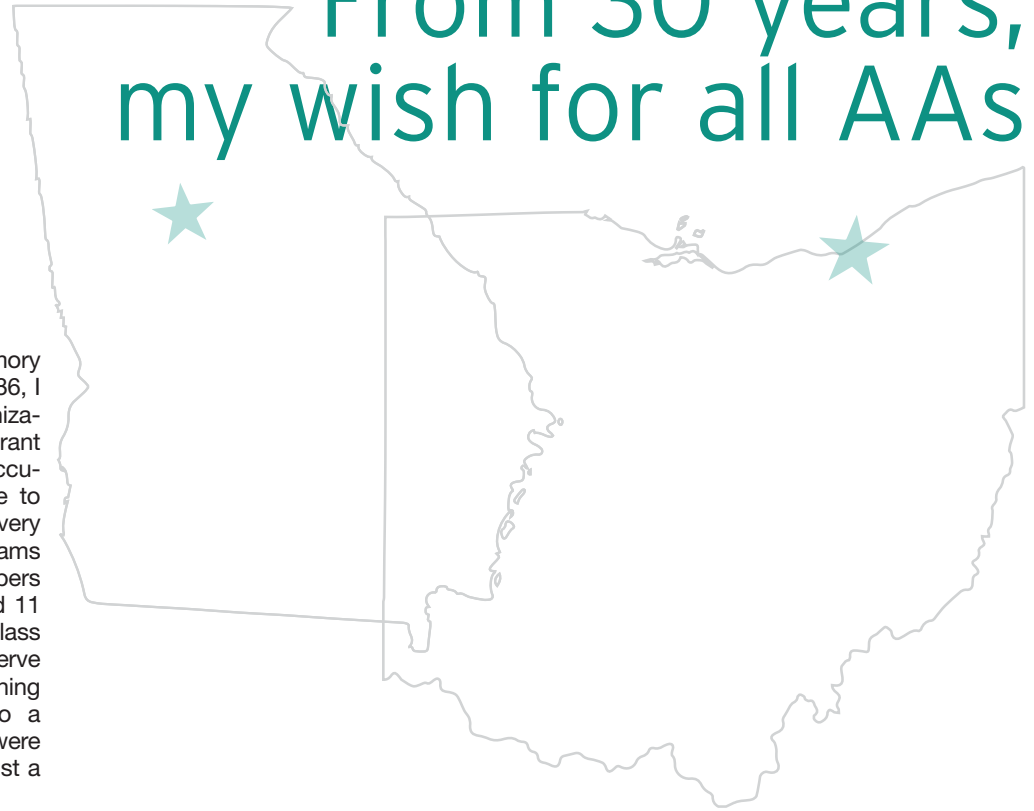
Ellen Allinger, CAA
Emeritus Member

As a newly graduated AA from Emory University's program in the spring of 1986, I was woefully ignorant of the AAAA organization and its function as well as being ignorant of what opportunities my brand-new occupation would allow (and not allow) me to experience. The AA population was very small in those days; only two AA programs existed and each graduated small numbers of AAs. The Emory program graduated 11 AAs that year, which was a fairly typical class size at that time. The Case Western Reserve University AA program was transitioning from a bachelor's degree program to a master's degree program, so there were either no graduates or a maximum of just a couple of AAs that year.

With such small numbers of AAs graduating on a yearly basis, the majority of AAs not only worked primarily in Georgia and Ohio, but they were highly concentrated in the cities of Atlanta and Cleveland where the two programs were located. Branching out beyond these locations was not common and even discouraged by some.

However, the year that I graduated, four of my classmates and I were hired together by the private anesthesiology group that provided the anesthesia services at Memorial Medical Center (now known as Memorial University Health Center) in Savannah, GA. A handful of AAs were already working in Savannah, but the influx of five new graduates at one facility outside of the AA program system was extraordinary. It did cause a bit of a staffing problem one Friday in October the year we five graduated because we all had to be in Atlanta to take a written examination given by the Georgia State Board of Medical Examiners before we were given our permanent certificates (AAs were not licensed at that time in GA) to practice. This was before the NCCAA organization existed and it would be six years before the first NCCAA AA certification exam would be offered in 1992.

From 30 years, my wish for all AAs



As a new AA graduate, I had no idea what the AAAA organization fully did. I did know that it sponsor a yearly continuing education meeting and I attended meetings held in Charleston, SC, in Asheville, NC, and in Destin, FL. The AAAA organization was largely run out of the Emory AA program's office at that time and information on political or regulatory issues were rarely openly shared with the general membership. Remember, this was the late 1980s and early 1990s, when the Internet as we know it today did not exist and AAAA information came in newsletters delivered by the United States Postal Service!! Because I did not understand the value of the AAAA as a national membership organization, I eventually dropped my membership.

"The influx of five new graduates at one facility outside of the AA program system was extraordinary."

Time has an interesting way of making us pay for our mistakes. There came a day when I needed the information, experience and guidance of the AAAA. In 1999, I took a job in a state where AAs could practice under physician delegatory authority. All was good and fine until the state's association of nurse anesthetists got wind of me and

filed a formal complaint that an "untrained" individual was providing anesthesia in the state. Although the state medical board came to the conclusion that I was actually trained for my job, they did feel that they had no disciplinary control over me if something untoward should occur. Thus, nine months after I started my new job, I received a Cease and Desist order from the state medical board. It was delivered to me at work and it was a very sobering experience. It stated that if I did not immediately stop practicing medicine I would be punished to fines up to \$10,000 for each violation and receive criminal penalties "which may include fines or imprisonment".

With information and guidance from the AAAA leadership and hard work by the state's society of anesthesiologists, laws were passed that gave AAs the ability to work in the state under a medical license issued by the state medical board. I was able to return to the same job after 16 months, during which time I had commuted to my former job in another state.

"This was before the NCCAA organization existed."

I learned from this awful experience the great value of the AAAA organization. Within it, I had access to knowledgeable and helpful leadership as well as the ability to tap into the AAAA's connections to other organizations. I was so incensed by the ordeal that I had to endure – being told that I was not qualified to practice as an AA despite my excellent training and education as well as an impeccable 14-year career. I vowed that I would actively strive to assist other AAs so that, hopefully one day, no other AA would have to undergo the same experience that I had.

“Time has an interesting way of making us pay for our mistakes.”

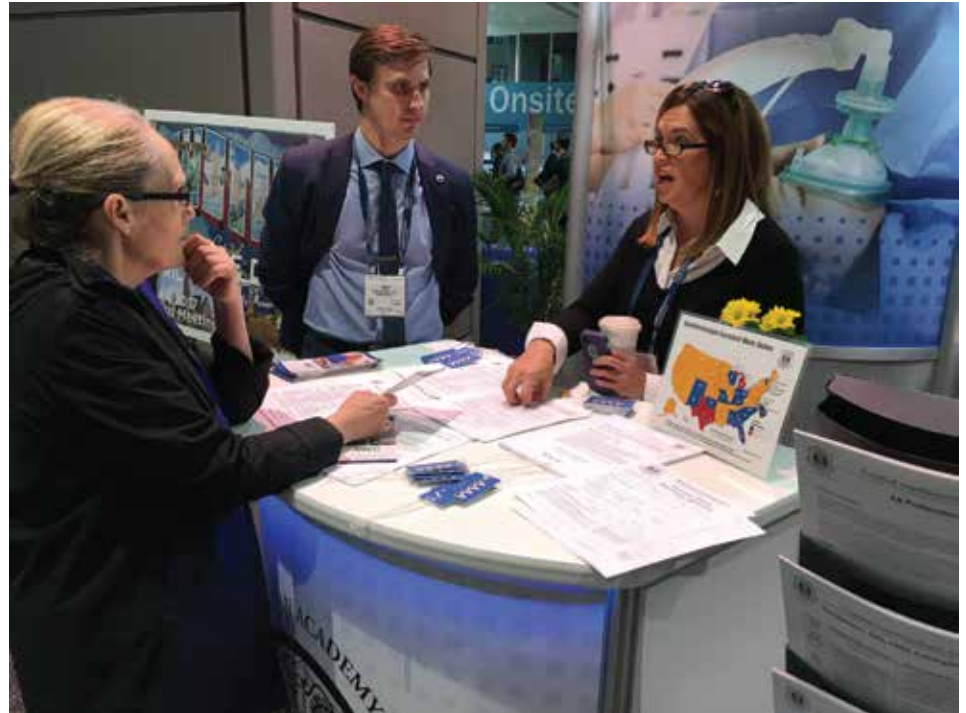
I had rejoined the AAAA organization during this difficult period of my career, and in 2000 I ran for and was elected to the office of AAAA Secretary starting in 2001. From this position I then successfully ran for the office of President-elect and ascended to the office of President for the 2006 calendar year. I remained a member of the AAAA Board through 2010, being elected as AAAA Secretary after serving as Immediate Past President, and I remained highly involved in AAAA affairs as the National Affairs Chairman from 2008 into 2014.

“I learned from this awful experience the great value of the AAAA organization.”

While active in AAAA leadership, I saw great strides made in the AA profession. A major goal of the organization became the expansion of the AA profession's ability to work in other states. During my 13 years of activism I witnessed the number of states nearly double from ten to eighteen, with some of the same states going from practice through physician delegatory authority to licensure by state AA practice act (laws). Additionally, the AAAA supported the increase in the number of AA programs during that same timeframe from two to nine. Today, there are twelve accredited AA programs in the nation. The increase in the number of practicing AAs has allowed the AAAA to greatly grow its membership.

“For 30 years I never lacked for challenge and reward in what I did.”

The AAAA also solidified a strong bond with the American Society of Anesthesiologists (ASA) during this period. Not only did the ASA allow for the membership of AAs in its organization but AAs also became



AAAA's presence and profile at local, state and national anesthesia conferences has increased exponentially in recent years. Such activities are made possible through the generous donations of members who invest in the Legislative Fund and leaders who contribute personal time.

active participants in various ASA committees. Two ASA committees were formed to support the AA community – the Committee on AA Education and Practice and the Committee on Anesthesia Care Team. AAs are members of these as well as other ASA committees.

“My wish for all AAs is that each and every one can say the same.”

However, it hasn't been all roses for the AAAA or the AA community. Strong opposition to the AA profession and licensure expansion has increased over the years. This has resulted in a near halt to the expansion of the AA workforce into new states. Even in the states where AAs can work, the profession has found it difficult to gain employment into new practices and hospital systems. Additionally, the transition of medicine from professional practice to big business with a high level of government involvement means that the driving factor is no longer patient care but profit. This hurts the AA profession as the Anesthesia Care Team model and medical direction criteria, under which the AA profession works, is perceived by some as not as cost-efficient as nurse anesthetist supervision or, as allowed in a few states,

nurse anesthetist independent practice. These are enormous roadblocks to the continued success of the AA profession and big changes will need to occur in order to keep the profession viable for its long-term success.

This being said, I am so proud and feel so lucky to have been a career Anesthesiologist Assistant. For 30 years I never lacked for challenge and reward in what I did. I worked with (mostly) wonderful and intelligent people. I was given the opportunity to do things that I never dreamed that I would or even could do, like travel the country in support of my profession, meet lawmakers on both the state and federal level, and experience both the highs of success and the lows of failures pertaining to the AA profession. Most of all, when I retired in 2015, I could look back and feel good about my part in the continuance of this noble profession. My wish for all AAs is that each and every one can say the same.

Inter-society relations



Laura Knoblauch, CAA
President-Elect, AAAA

Leaders of the American Society of Anesthesiologists (ASA) have been advocates for the AA profession at increasing levels of support over the years. Dr. John Neeld, 1997 president, prompted ASA to support anesthesiologist assistants. Dr. Neeld was one of the first anesthesia practice chairs to hire AAs outside of the Emory system in Atlanta, GA.

In 1998, ASA began educating its members about AA practice in a published newsletter article. ASA leaders also started committee work to incorporate AA language in the Anesthesia Care Team Statement. Pete Kaluszyk, CAA, and Ellen Allinger, CAA, who are now emeritus members of the AAAA, were the first two AA representatives on the ASA Anesthesia Care Team Committee. This was the first ASA committee AAs were invited to join. The statement on anesthesiologist assistants, on the anesthesia care team and on AA training and education have been revised multiple times, and the most up to date versions are available at www.asahq.org.

ASA educational membership was offered to AAs around 2006 as were memberships to other scientists and interested professionals within the anesthesia community. In 2008, AAAA officers started attending meetings of the ASA board of directors and the house of delegates. Soon after, AAAA leadership started meeting annually with ASA officers at the ASA Legislative Conference in Washington, DC, and the ASA Annual Meeting. Over the years, ASA has increased AA representation to 15 ASA committees where AAs serve as AA adjunct representatives of the AAAA.

Prior to 2015, the AAAA annual meeting offered continuing medical education (CME) credits approved by the American Academy of Physician Assistants (AAPA). Going forward AAAA worked with ASA to jointly offer CME by the Accreditation Council for Continuing Medication Education (ACCME) at the American Medical Association (AMA) Category One level. This allowed the AAAA to expand the quality and content of the annual meeting while also encouraging physician participation as physicians seek AMA Category One credits.

ASA: creating mutually beneficial relationships, opportunities



John Neeld, MD

In 2015 ASA worked with AAAA to create an AA membership category distinct from the existing educational membership. ASA determined that AAs must be a member in good standing with the AAAA to qualify for the AA membership category. Currently, there are 358 members in the ASA AA membership category.

“AAA and individual AAs are advocates for physician led anesthesia and perioperative care.”

AA members in the ASA have opportunities to attend the ASA Annual Meeting, be active in and elected to committees, and utilize the treasure trove of research and educational material on the ASA website. The ASA also contributes support of our profession on a state society level as well as on a national level and is involved with our legislative efforts to expand licensure. To learn more about the ASA membership for AAs, please visit www.asahq.org.

It is fitting that the ASA and AAAA have grown the relationship over recent years because AAAA and individual AAs are advocates for physician-led anesthesia and perioperative care and a supporter of the anesthesia care team. Membership within the AAAA provides many benefits including legislative activities to expand and protect the practice of anesthesiologist assistants, promotion of our profession, CDQ/CME discounts with the NCCAA, and the opportunity to join the ASA AA Membership category.



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Pioneer spirit lives in New Mexico



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PART I—THE INITIAL CRUX

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

It was a fortuitous effort because the traditional opposition was fighting a battle of its own to practice independently. The nurse anesthetists (CRNAs) in New Mexico had allocated the majority of their funds and lobbying efforts to pass a bill to expand scope of practice, thereby allowing the bill for AA licensure to be nearly unopposed. With deep pockets and a strong lobby, the NAs of the state would not stand for a clean AA bill to be passed. Amendments to SB 370 were proposed in the very first committee hearing. The bill was formally amended on the senate floor.

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

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

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

PART II—LEARNING FROM FAILURES

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

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

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

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

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

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

This argument was sound and logical to those on the Health & Government Affairs Committee as evident by their majority vote in favor of the bill. With this small victory we were on to the next committee in the House, Business & Industry. This is where the opposition really exhibited its influence. Our bill may not have been on the radar before.

Deciding to forego any further short session attempts, the next bill for statewide practice was HB 99 in 2011. After becoming a little savvier to legislative ways, we realized that even year attempts are futile. Due to the nature of our bill (relating to medical profession) the committee assignment were the same as HB 536. Unfortunately, so was the fate of our bill. HB 99 was voted on and passed in Health & Government Affairs Committee but tabled in the Business & Industry Committee.

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

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

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

Part III and Part IV of the New Mexico story will be featured in the Fall 2018 Anesthesia Record.

Doctors fought for South Carolina practice



Koty Price, CAA
SC-AAA President



Ellen Allinger, CAA
Emeritus Member

AA practice in South Carolina began unofficially in 1999 when two AAs were hired under physician delegatory authority or through other prior arrangements. Once the nurse anesthetists discovered this was taking place, the South Carolina Association of Nurse Anesthetists (SCANA) filed a complaint with the South Carolina State Medical Board in early 2000 stating that it was illegal for CAAs to practice in the state.

In June 2000, the South Carolina State Medical Board (SCMB) decided that the AAs were practicing outside of state statute and immediately issued a cease and desist order to the practicing CAAs. This was done despite a SCMB legal advisor's verbal statement in 1999 that hiring an AA would not be in violation of any state statutes or medical board policies.

Following this incident, the South Carolina Society of Anesthesiologists (SCSA) began drafting an AA Practice Act that would allow AAs to practice with licensure and under the approval and oversight of the state medical board. On January 17, 2001, Senate Bill 343 sponsored by Senator Wes Hayes (R), was introduced. Although vehemently opposed by SCANA, SB 343 passed with only two amendments to the bill: the removal of language specific to AA student training and the reduction of the allowed supervision ratio of anesthesiologists to AAs from 1:4 to 1:2.

Passage of the bill was due to the unwavering support and testimony from CAA Ellen Allinger and colleagues and the SCSA leadership, specifically Dr. Terry Dodge MD, Dr. Gus Allinger MD, then president-elect Dr. Hector Villa, Jr. MD, and SCSA Executive Director Dr. Margarita Pate, PhD. On May 29, 2001, former Governor Jim Hodges signed Senate Bill 343 into law, officially known as the "South Carolina Anesthesiologist's Assistants Practice Act".

The first CAA to be licensed in the State was Ellen Allinger, who is now an Emeritus Member of the AAAA for her immeasurable efforts to continue to promote, expand and protect our profession. She was re-hired by the Rock Hill, South Carolina anesthesia practice group that originally employed her.

Other AAs were soon hired and worked in Anderson, Clemson, and Greenville. CAAs currently practice in Rock Hill (6 individuals), Myrtle Beach (9 individuals), Hilton Head (4 individuals), and Charleston (1 individual).

The SCAAA was created in 2014 to advocate for the profession of CAAs throughout the state and provide an organized front to support legislative efforts, such as increasing the supervisory ratio.



Columbia, SC (May 29, 2001) – Governor Jim Hodges signs into law Senate Bill 343, the "South Carolina Anesthesiologist's Assistants Practice Act". South Carolina Society of Anesthesiologists leader Dr. Terry Hodge (left), Dr. Gus Allinger, and SCSA Executive Director Margarita Pate, PHD, witness the signature.

Despite three legislative attempts to revise the supervision ratio of anesthesiologists to AAs from 1:2 to 1:4, efforts have fallen short due to the opposition of the SCANA and its many supporters. For more information regarding SCAAA, please contact Koty Price at kotyprice@gmail.com.

AA footprint in Michigan has long history



Jeffrey Hall, CAA
President, MI-AAA
Grand Rapids, MI

Ina Stashonsky, CAA
Secretary, MI-AAA
Grand Rapids, MI

Michigan AAs practice under delegatory authority. Though we are relatively low in numbers, CAAs have been providing anesthesia in Michigan for more than 35 years.

Dr. Robert Friedhoff was a graduate of Emory University's AA program in 1980, and it is believed that he was Michigan's first AA. He later went on to medical school. James Sharp started at St. John Hospital and Medical Center in 1985 and still practices there today.

Meanwhile, on the other side of the state in Grand Rapids, an anesthesia group was looking to hire additional anesthesiologists. An anesthesiologist suggested they consider AAs, having worked with AAs in Madison, Wisconsin, earlier. In 1991 William Chizmar, CAA, was hired and in 1995 James Green, CAA. Both are graduates of Emory University and both still practice in Michigan.

There are currently 18 CAAs in Michigan, working in Grand Rapids, Traverse City, Canton, and Detroit. The Michigan Academy of Anesthesiologist Assistants (MIAAA) is in its early stages of being formed, with current officers President Jeffrey Hall, CAA, Secretary Ina Stashonsky, CAA, and Treasurer Jimmy Valanty, CAA.

Efforts to gain licensure have been unsuccessful so far but we continue to push and are optimistic that one day anesthesiologist assistants will be a licensed provider within the state.

If you are interested in hearing more about our efforts in Michigan, please contact us at Michiganaaa.info@gmail.com

Cup - From Page 5

Students often take part in the political culture in D.C. and have advocated on legislation in Maryland and Virginia, always working hard to further the profession. Angus encourages students to go to states of interest to lobby for AA licensure and to honor the profession by participating early in one's career. To get people involved, a school needs a community. For the DC program, this begins at the interview process where directors hand pick students based, in part, on their vigor for professional citizenship. Angus personally tends to this community by regularly inviting students for coffee and conversation to build relationships.

A culture of citizenship

One of the students from Case DC, Kyle Smay, is on the student committee. According to Kyle, being involved is just simply the culture there. Everyone takes pride, he said, being professional and staying involved in legislative efforts. He credits Angus for advocating for this in an anesthesia non-technical skills class as part of the curriculum. Smay said faculty who are involved are great role models for professional citizenship.

“Participating in our professional organization is paramount to our success so we make the time.”

At first Kyle was very humble about all the things they did, but the list of philanthropic activities shows DC students are constantly on the go. From volunteering at Washington Redskins games, raising up to \$10,000 per year to go to the Philippines through the Medical Mission of Mercy, to running several 5Ks per year, DC students are clearly on the move. One can see why they won The Cup. Smay says the motivation is to show people, through action, how deeply students care about expanding and protecting the profession.

At times, participate in anything outside of schoolwork and clinical can be hard. But as Dr. A. William Paulsen, PhD, the program director at Quinnipiac University, so aptly says, “Not enough time is merely a euphemism for not high enough priority.”

We Student Anesthesiologist Assistants (SAAs) believe that participating in our professional organization is paramount to our success so we make the time. I am confident that the future of our profession is bright, because of the actions and commitment of students with whom I am privileged to serve on the Student Committee.



South's Chili Cook-off is a charitable event.



Nova Southeast SAAs marketing the airway workshop.



Nova Tampa SAA on clinical rotation.



University of Missouri/Kansas City promote the Anesthesia Care Team on 2018 Physicians Day.



B. Donald Biggs, MMSc

Editor's note: Earlier this year, the Board of Directors voted to award Biggs and Brouillard Emeritus Member distinction. The following articles equip the reader with a glimpse of the long history of participation by these AA pioneers and activists.

Whether he likes it or not, Don Biggs has an aura of celebrity status within the AA community. In fact, there was a time when practically no AA was unfamiliar with Don Biggs. As he concedes, he was taught by them, was taught alongside them, or taught them as either a preceptor or a professor.

"For a long time, there were only two programs -- Case Western and Emory," Biggs, a 1980 graduate of the AA Program at Emory University, said. "There were about 500 to 700 AAs in the entire country; the AAAA seemed more family-like...than it did a professional organization. There were very few names within [the organization] that I did not know."

"Biggs insists that our key to future progress is present participation."

Biggs served that family avidly for many years, first as secretary-treasurer, then chair, and finally as president, while also maintaining his position as a board member when not an officer. His presidency in particular -- from 2004 to 2005 -- was defined by exciting legislation and marked expansion in the profession. In

Biggs: AAAA 'captain' of ship



Madison Miller, SAA, Emory

"If everyone who could join the AAAA would join... imagine the immense progress..."

2004, more than three decades after the establishments of educational programs at Emory University and Case Western University, the third AA program in the nation was founded at South University in Savannah, Georgia.

"We were all, of course, very happy that another program was opening because it solidified our mission of growth within this profession. We had our concerns, too, but Bill Paulson did a tremendous job getting the program up and running, and it has proven to be very successful."

"That sinking ship needed its captain."

The AAAA also celebrated the expansion of AA licensure into Washington, D.C. during his year as president, though the juxtaposition of failed legislative efforts in North Carolina highlighted a still-present struggle that Biggs said exemplifies the importance of the AAAA as a professional entity. He believes that the biggest challenges AAAA faces today are the same challenges it faced decades ago: membership and support.

"The ship depends on the captain. If the AA profession is the ship, the AAAA is its captain...I cannot stress [the importance] of that relationship enough," Biggs said, reflecting upon an instance when new Ohio legislation prevented AAs from performing regional anesthesia, jeopardizing their professional status in the state. He notes that AAAA membership in Ohio skyrocketed during that period because "that sinking ship needed its captain."

Biggs urges all AAs to not reserve participation in AAAA for times of crisis. Instead, he holds the opinion that AAs should take a continuous and active role in the advancement of the profession, and he quickly recognized people along the way who he believes have done just that: Howard Odom, MD, Art Boudreaux, MD, Pete Kaluszyk, CAA, Rick Brouillard, CAA, Katie Monroe, CAA, and Bill Paulson, CAA, PhD... "among so, so many more names."

As far as what the AAAA must do to serve its members, Biggs encourages the AAAA and its leaders to stay the course: grow interest in membership, multiply the legislative fund, and continue to bolster relationships with allies within the American Society of Anesthesiologists. In regards to increasing membership numbers, Biggs surmises that recent graduates are the AAAA's largest assets, and he has continued to reinforce to his own students the importance of allegiance to the AAAA after graduation throughout his time as a professor at Emory University.

Overall, Biggs insists that our key to future progress is present participation. "[What] began primarily as an educational entity...as a collection of Emory program professors advocating for the recognition of AAs to Georgia anesthesiologists...has become a powerful, national professional organization [with] tremendous potential. If everyone who could join the AAAA would join— I can only imagine the immense progress this profession would experience as a result."

Make this callout read "If everyone who could join the AAAA would join...imagine the immense progress..."

Brouillard: Growth key to advocacy



Richard G. Brouillard, ScD, MMSc

As an AA, making important decisions is what you do and your opportunities to exercise these critical skills expand constantly. But few realize the market hasn't always been as broad as it is today.

“Today, membership growth remains key.”

According to Richard Brouillard, ScD, Academic Program Director Emeritus for Emory Medical School's AA Program, the AAAA was founded in 1975 to focus on insurance issues, alumni networking, and information sharing. Today it has emerged as the most dynamic organization for advancing the AA profession. AA students and practitioners alike benefit from the association's advocacy on topics including accreditation, practice expansion, insurance reimbursement, nurse anesthetist association challenges, delegatory to licensure issues, and legal challenges to AA practice in states such as Ohio.

In a recent interview, Dr. Brouillard recalled the growing pains of the AAAA, describing how he typed up the first newsletter, copied it, and mailed it, via snail mail, to those whose addresses were on file. Growing AAAA membership has been key to expanding into education advocacy. As each AA program is established, the profession gets a foothold in states where the AAAA's communication with legislators has been key to acceptance.



Raili L. Schilling, SAA, Emory

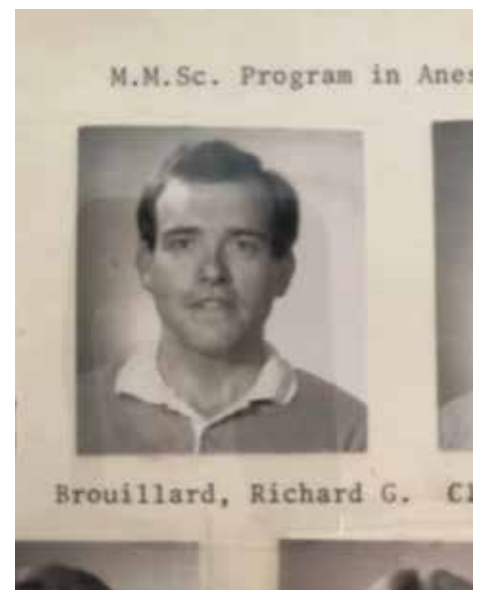
“One cannot review the information without feeling immense gratitude for those who paved the way.”

In the early days of the AAAA, the efforts to establish a voice for the profession involved a small group, and members numbered about 100 across two AA programs. Brouillard even used his own personal funds to support AAAA needs and activities. Today, membership growth remains key to expanding and protecting AA opportunities.

Brouillard credits unsung heroes like Bill Paulsen, Nancy Cunningham, Jim Gibbons, Rob Wagner, and Wes Frazier for the great strides AAAA has made. Brouillard himself has served the association in nearly every capacity, including as president, vice president, secretary, and founding chair of the Accreditation Review Committee. He hopes that as word continues to get out about how directly AAs are affected by the strength and resilience of the AAAA, everyone will become a member. Opportunities for involvement exist for those who would lend their talents to this important group, especially as it expands its communication across all forms of social media.

An archived history of the AAAA is available at the ASA's Wood Library. Brouillard, working with Dr. Frazier, who was awarded a fellowship from the library, collected early letters and corporate papers to document AAAA growth and achievements. One cannot review the information without feeling immense gratitude for those who paved the way for all who follow. Perhaps the best way to express this appreciation and to ensure AA career options remain outstanding is

to add your voice to an ever-growing chorus of advocates in the AAAA. Make membership one of your important decisions and join now! It's the key to realizing where this profession can go and how the AAAA can help with getting there.



Rick Brouillard as an Emory University AA student, circa 1982

Emeritus Members

Ellen Allinger
Don Biggs
Rick Brouillard
Nancy Cunningham
Robert Cooper
Wes Frazier
Pete Kaluszyk
Rhea Sumter



Caitlin Burley, CAA
President, DC-AAA
MedStar Washington Hospital Center

Certified Anesthesiologist Assistants (CAAs) emerged in Washington, DC in 2002. At that time, CAAs worked in two local hospitals -- MedStar Washington Hospital Center and Providence Hospital. Within the year, there were a handful of CAAs practicing under delegatory authority in the District. For the next four years, these CAAs navigated through harsh and aggressive practice environments. However, with perseverance, diligence, and volunteering for the most challenging and undesirable cases, these individuals quickly earned the respect of the physician anesthesiologists. It was the collaborative efforts of these physician anesthesiologists and CAAs that championed the effort for CAA licensure in 2005.

“These CAAs navigated through harsh and aggressive practice environments.”

After extensive meetings with the DC Department of Health to discuss CAA regulations, a proposed rule was released for public hearing. It was at this hearing in which our CAA and Physician Anesthesiologists team demonstrated positivity and sophistication in the testimonies, enforcing the strength of the bond between our professions. Shortly after the hearing, DC licenses were issued to CAAs in February 2006. That same year, the District of Columbia Academy of Anesthesiologist Assistants (DC-AAA) was created under President Heather Parkhurst, Treasurer Claire Chandler, and Secretary Saral Patel. Since 2006, the DC-AAA has grown to more than 100 members.

Undesirable case work leads to DC licensure



Washington, DC – DC-AAA leaders (l to r) Olutosin Okusaga, CAA, past treasurer, Victoria Wompierski, CAA, past secretary, Caitlin Burley, CAA, 2018 president, and Priya Neti, past president.

We strive to promote the advancement of our profession in DC and to further enhance the relationship with physician anesthesiologists. The DC-AAA holds biannual meetings open to CAAs, SAAs, and physicians. Additionally, we participate in joint events with the District of Columbia Society of Anesthesiologists (DCSA) including, but not limited to, the following: the ASA Legislative Conference, Resident Jeopardy, AA Week happy hour, and annual DCSA dinners. Together, our organizations have been effective in battling several challenges directly related to CAAs in the DC area.

Case Western Reserve University opened the doors of its DC training program to first-year student in 2012. In 2016, the DC-AAA and DCSA celebrated success when the D.C. Department of Health released a ruling that increased the CAA supervision ratio from 1:3 to 1:4. Alongside the DCSA, DC-AAA leaders worked with the Department of Health to promote this

regulatory rule, gaining supporting comments from our respective national organizations, local physicians, and CAAs. The new rule gives DC residents increased access to high-quality and safe anesthesia care within the Anesthesia Care Team model.

In 2017, after ongoing discussions with the DC Department of Healthcare Finance, the DC-AAA successfully clarified Medicaid reimbursement issues related to CAAs. The official transmittal provided by the Senior Deputy Director and District Director helped allay fears of many local institutions that employ, or want to employ, CAAs in the District. Certified Anesthesiologist Assistants have made significant local advances since 2002, increasing our constituency from a small handful of fearless CAAs practicing under delegatory authority to more than 100 members with licensure. We have proudly doubled our practice sites and had CAAs serve on Boards and Advisory Committees in the District.



Washington, DC, 2018 AA Week Celebration – Members of the DC-AAA enjoy the annual joint networking opportunity with members of the DC Society of Anesthesiologists (not pictured).

The DC-AAA has also assisted our partnering states in creating local chapters, and our CAAs often hold memberships in multiple local societies. Given that many of our members live in either Virginia or Maryland and commute into DC for work, our goal is to support those states in advocacy and licensure efforts.

“We have proudly doubled our practice sites and had CAAs serve on Boards and Advisory Committees in the District.”

In this manner, we have been able to create a unique bond with the Virginia Academy of Anesthesiologist Assistants (VA-AAA) and the Maryland Academy of Anesthesiologist Assistants (MD-AAA). In July 2017, the VA-AAA pursued licensure which included testimony in front of the Virginia Department of Healthcare Professionals. At this hearing, more than a dozen CAAs from the DC-AAA, MD-AAA, and VA-AAA drove to Richmond, VA, to testify or be a supporting presence in the audience. The entire class of D.C. Case Western Reserve University AA Program attended. Additionally, more than five physician anesthesiologists from VA, MD, and DC attended in order to testify in support of CAA licensure. The intricate relationship of these three societies allows for a vast and unique support system for CAAs in our area.

“The intricate relationship of these three societies allows for a vast and unique support system for CAAs in our area.”

We hope that increased advocacy efforts and participation in DC-AAA continue to promote our profession in the future. For further information related to the DC-AAA, please contact aa.dcaaa@gmail.com. Additionally, questions for VA-AAA and MD-AAA can be directed to vaaamembership@gmail.com and marylandaaa@gmail.com, respectively.



St. Pete Beach, FL (April 22, 2018) – Case Western DC’s Jeopardy team submits a correct question.



Trine Vik, CAA
Legislative Fund Chair



Maggie Riffel, CAA
Immediate-Past LF Chair

The Anesthesiologist Assistant profession has seen tremendous growth since its inception, largely due to volunteer efforts from individuals passionate about expanding the AA footprint nationwide.

In 2009, Mike Nichols, Dan Bates and Soren Campbell -- early champions of AA legislation -- decided that giving time isn't enough. From them: "It's simple: money talks." They envisioned finances specifically reserved for legislative efforts throughout the nation; thus, the Legislative Fund was born.

Spring 2010 saw the first fundraising push. In its infancy, fundraising was concentrated at the Annual Meeting, but as the need for funds evolved, so did the Fund itself. The Presidents Club tier -- a distinction honoring a gift of \$500 or more -- was added.

"What is my money doing?"

In the fall of 2017 a mid-year drive was implemented, encouraging maximum participation by state. With each year of fundraising, the total raised grows, parallel to the growth of the profession.

Leg fund 'why' compels action, equips advocacy

Some AAs wonder "Why should I donate? What is my money doing?" Read the list below and reevaluate "Why?" Instead I challenge you to ask yourself not why, but "how much?"

"As we look to the past to appreciate how far we have come, we must also look to the future and continue forging ahead for the greater good."

Recent Legislative Fund Investment

- Texas AAA: assist with lobbyist salary, intent to gain licensure in TX (2016)
- Indiana Society of Anesthesiologists Annual Meeting: travel expenses to provide presence and aid in integration of AAs (2016)
- Montana licensure bill: Financial support of Montana Society of Anesthesiologist efforts to pass HB235 granting AA licensure (2017)
- Nevada licensure effort in 2017 was supported by student testimony. Travel and lodging were underwritten by the Leg Fund.
- Louisiana Society of Anesthesiologists Annual Meeting: travel expenses to present/perform a pro & con debate regarding AA licensure/practice (2018)
- Kansas licensure: travel expenses to meet with KS legislators—KS hearing of AA licensure bill (2018)
- Federation of State Medical Boards National Convention: travel expenses to meet with several state Boards of Medicine members and staff(2018)
- Arizona Society of Anesthesiologists Annual Meeting: travel and exhibition of AAAA booth for education and networking (2018)

Every dollar of the Legislative Fund that is spent is well-invested on ensuring security and your job and expansion of opportunity. You may not want to live/work in Alaska, Iowa, or Arizona, but future generations of AAs just might. As we look to the past to appreciate how far we have come, we must also look to the future and continue forging ahead for the greater good. If you are giving, keep giving! If you are not, start.

How much to contribute?

According to the 2017 AAAA member survey, more than 50% of members believe it is important to donate at least 50% of one day's wage to the legislative fund. 50% of a day's wage is \$300 for the lower end salaries. 26% of members claimed it should be 100% of a day's wage, and six percent claimed the proper donation should be at least 200% of a day's wage.

"A realistic expansion of our profession cannot be done without your generous financial support."

If you are interested in donating to the legislative fund, please log onto the AAAA website, and on the main page you will see a link that will direct you to the donor form. We encourage enrolling in Sustainable Membership, which include monthly recurring contributions of \$10 or more for a free car decal or \$42 a month to be a Presidents Club member.

Legislative Fund Honor Roll

(2018 annual contributions \$101 and above)

\$1,000 and above

Todd Bowden, CAA
Nick Davies, CAA
Michael Provost, CAA
Joseph Rifici, CAA

\$500-\$999 annual donation

Ellen Allinger, Emeritus CAA
Lindsey Amerson, CAA
Nicholas Beaström, CAA
Donald Biggs, CAA
Edward Bolanos, CAA
William Buntin III, CAA
Courtney Degner, CAA
Layne DiLoreto, CAA
David Dunipace, CAA
Seth Ehrlich, CAA
Stephen Evankovich, CAA
Samantha Evankovich, CAA
Melanie Guthrie, CAA
Stephen Hammond, CAA
Kyle Harlan, CAA
Kaley Hisghman, CAA
Lauren Hojdila Randall, CAA
Kayla Imbrogno, CAA
LPete Kaluszyk, CAA
Kaitlin Kamm, CAA
Kristl Kamm, CAA
aura Knoblauch, CAA
Vinny Masella, CAA

Continued on Page 20

Legend:

SAA, student AA
FYF CAA, First-year Fellow
CAA, AAAA Fellow
Emeritus AA, Emeritus member
Physician affiliate, doctor member
no title - not an AAAA member

Texans Testify to Fund Support

The TX-AAA would like to provide the following statement in recognition of the great assistance AAAA and the AAAA Legislative Fund has provided to Texas advocacy:

For over a decade the TX-AAA has advocated for the CAA profession in state. The TX-AAA have made great strides in expanding Texas CAA practice sites and continues the effort to create a state license for every CAA in Texas. The AAAA Legislative Fund has provided critical financial support, allowing the TX-AAA to make realistic legislative efforts against incredibly well-funded opposition. While the TX-AAA has yet to realize successful legislative efforts, intent for long-term success are undeterred. Despite legislative set-backs, the number of CAA clinicians working in the state increases year after year. This can be directly attributed to the support of the AAAA and the Legislative Fund. TX-AAA would like to thank every contributor to the AAAA Legislative Fund and implores every AAAA member that a realistic expansion of our profession cannot be done without your generous financial support.

Sustainable Membership for a Sustainable Future

The AAAA never stops working for Anesthesiologist Assistants



Sustainable memberships make it *quick and easy* to support the AA profession by making automatic monthly contributions to the Legislative Fund.

Sustainable members are gifted a FREE car decal for contributions of \$10 or more per month. President's Club donations are as easy as \$42 per month.



Go to anesthetist.org and sign up today!

Honor Roll - From Page 19

Gregg Mastropolo, CAA
Shane McDonald, CAA
Adam Petersen, CAA
Regina Phillips, CAA
Scott Plunkett, CAA
Koty Price, CAA
Margaret Riffel, CAA
Gina Scarboro, CAA
Michael Schneider, CAA
Ashley Shupienis, CAA
Ina Stashonsky, CAA
Sarah Stephens, CAA
Kris Tindol, CAA
Ty Townsend, CAA
Bich Kim Vuong, CAA
Robert Wagner, CAA
Nathan Weirich, CAA
Brian White, CAA

\$250-\$499 annual donation

Matthew Ciotti, CAA
Roy Haber, CAA
Stephen Barone
Melanie Diaz, CAA
Melodie Dunbar, CAA, MMSc
Eric Heil, CAA
Dr. Richard Henry, Physician Affiliate
Gregory Jarvis, CAA
Sabena Kachwalla, CAA
Joseph Mader, RN, CAA
Paul McHorse, CAA, MMSc
Dr. William McNiece, Physician Affiliate

Daniel Mesaros, CAA
Mishana Mogelnicki, CAA
Katie Monroe, CAA
Dr. Sam Page, Physician Affiliate
Sarah Ross, CAA
Dr. Deborah Rusy, Physician Affiliate
Jennifer Stever, CAA
Darel Thomas, FYF CAA
Tyler Werth, CAA

\$101-\$249 annual donation

Amy Armstrong, CAA
Justin Auch, CAA
Mansour Dagher, CAA
Amanda Dattoli, CAA
Randall DeGreef, CAA
Amanda Esposito, CAA
William Filbey, CAA
Julia Fitzer, CAA
James Gavacs, CAA
Erin Grevey, CAA
Dr. Fay Horng, Physician Affiliate
Dr. Ryan Hulver, Physician Affiliate
Stephen Hunt, CAA
Jamie Hunter, CAA
Jana McAlister, CAA
Joseph Navratil, FYF CAA
John Ng, CAA, MMSc
Marcus Ortiz, FYF CAA
Ashish Patel, CAA
Nitheen Toom, SAA
Karla Viapiana, CAA

Editor's note: Members who believe the list is erroneous should inquire with Stephanie Bowen at stephanie.bowen@politics.org. The list of contributors of \$100 or less and contributors after August 31, 2018 will be published in the Fall issue of The Anesthesia Record.



Austin Anesthesiology Group

Austin Anesthesiology Group, an affiliate of Mednax, is accepting names of anesthesiologist assistants interested in full-time employment for its group practice in Austin, TX. This large practice provides anesthesia services in the St. David's hospital system throughout the city.

Our diverse group of Anesthesiologists, CAAs, and CRNAs provide anesthesia services in a care team model and are exposed to a wide variety of complex cases.

Enjoy a competitive compensation package with relocation and tuition reimbursement, health (various options), life, vision, dental and disability insurance, 401(k) with annual matching program, CME fund, an employee stock purchase plan at a 15% discount, professional liability insurance, support and payment for mandatory license(s), hospital credentialing, and advancement opportunities.

To add your name to the wait list, contact dg_aag_jobs@mednax.com or thao_nguyen1@mednax.com.

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AAAA leader elections

Officer, director voting through Sept. 7

AAAA members in good standing have begun voting for two officer positions and three seats on the Board of Directors. To vote, please [click here](#). To assure you are receiving the online newsletters via email, update your preferred email in your personal profile at www.anesthetist.org. The election concludes September 7 at 5:00 pm. Results will be published on September 14.

For detailed position statements and more information about the candidates, go to www.anesthetist.org and click the link to candidate profiles.

Candidate for President-Elect



Gregg Mastropolo, CAA, MMSc
Quinnipiac University and Washington Hospital Center
AAAA Member: 20 Years

Candidates for Treasurer



Luke Eaton, CAA
Staff Anesthetist, University of Vermont
AAAA Member: 8 years



Kayla Imbrogno, CAA
USAP Colorado
AAAA Member: 6 years

Candidates for Directors



Ralph Dapaah, CAA
Anesthesia Associates of Gainesville
AAAA Member:
9 years



David Dunipace, CAA
University of Colorado/Anesthesiologist Assistant
and Associate Program Director
AAAA Member:
10 years as a fellow AAAA member



Stephen M. Evankovich, CAA
Certified Anesthesiologist Assistant
Indiana University School of
Medicine/Indiana University Health Physicians
AAAA Member:
7 years



Timothy Goodridge, CAA
Anesthesiologist Assistant
Baylor Scott & White, Round Rock
AAAA Member:
19 Years



Eric Heil, CAA
Anesthesia Consultants of Athens since 2002



Kaley (Harvey) Hisghman, CAA
Baycare St. Joseph's Hospital
AAAA Member:
7 Years



Rebekah Matthews, CAA
Children's Healthcare of Atlanta/Anesthetist
AAAA Member:
1 Year



Daniel Mesaros, CAA
Case Western Reserve MSA Program DC
Director of Didactic Instruction
AAAA Member:
12 Years



Stephanie Strauss, CAA
CAA - Children's Hospital Colorado
AAAA Member:
All but a few years since 2005



Ty Townsend, CAA
Saint Luke's Hospital Kansas City:
Chief Anesthetist & University Missouri Kansas
AAAA Member:
19 years



Submission deadline for next issue is September 30.

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