

Dear Senator,

I implore you to reject SB 1577. This bill introduces a new anesthesia provider

AAs have been around for 35 years; the same amount of time as PAs

to the residents and patients within the state of Oklahoma, Anesthesia Assistants (AA's). AA's would provide anesthesia under the direct supervision of an Anesthesiologist, this does not improve access to anesthesia care for the patients throughout Oklahoma. Rural towns wanting to utilize AA's would need to hire an Anesthesiologist as well, and in larger towns, which could financially hire both, what would be the purpose? An Anesthesiologist cannot directly supervise more than one AA at a time safely.

CMS reimburses anesthetists (AAs and CRNAs) in a ratio of up to 4:1 anesthetists to anesthesiologists, thereby allowing more patients access to qualified anesthesia care involving the medical expertise of the anesthesiologist, the safest and most economical (both in wages and reduced complications) means of anesthesia care delivery

The use of AA's does not increase the number of fully qualified anesthesia providers able to function independently. I give you an example, you have an emergency in the Obstetrical department, requiring the presence of your Anesthesiologist, who is then supervising the AA in the operating room? And who is going to assist he or she if an emergency arises? AA's are not educated nor licensed to practice independently, as CRNA's are. In fact AA's are required to have no medical background whatsoever prior to entry into school. **Neither does medical school or PA school** An individual with an English degree can enter an AA program as long as they have required common basic science courses. **Or they could go to medical school, as the requirements are the same** The introduction of this bill is no more than an avenue in which Anesthesiologists are attempting to exert control over all anesthesia practice, it does not increase or improve access.

Every medical specialty has multiple allied health care providers (see attached file).

- **Why should anesthesiologists be limited to just one?**
- **Why are CRNAs, the only other non-physician anesthesia care provider, trying to keep a monopoly on the anesthesiologists' choice?**
- **Why should salaries climb because of a shortage of anesthesia providers, yet a group who benefits from that market influence wants to keep out the only other proven, qualified allied health provider in the specialty?**
- **Why have so many other states decided that AAs would be a good provider for their citizens in the last few years?**
- **Why do new AAs have several job offers on graduation?**

- Why is the only opposition to AAs in Oklahoma coming from CRNAs who have never worked with AAs?
- Why haven't any of the nurses, surgeons, patients, malpractice insurance companies, CRNAs, hospital administrators, etc., who have worked with AAs for 35 years ever raised their voices that AAs are unqualified or unsafe?
- There is no evidence AAs are not safe. Why, then, are CRNAs asking you not to license AAs in Oklahoma? Whose interests are they protecting, and at whose expense?

Again please reject SB
1577.

I would be more than willing to discuss this further and answer any questions you might have concerning this bill. Please feel free to contact me via email, cell, work or home phones.