Why It Matters to Rural Healthcare…

HB 1146/SB 453 creates a pathway for Anesthesiologist Assistant (AA) licensure in Tennessee. It was brought as a solution to anesthesia staffing shortages; however, it is important to note that the solution only fits urban areas, not rural. AAs can only function under the supervision of physician anesthesiologists, so where there are no physician anesthesiologists there can be no AAs. This bill has the effect of entrenching one staffing model employment/payment (via subsidies) at a 1:4 ratio that benefits physician anesthesiologists and creates a barrier/hardship for hospitals who may wish to change to a more cost-effective and efficient model in the future. **In short, AA licensure does not advance access to care or address shortages in rural communities.**

- **This bill will not address shortages or improve access in rural areas.** AAs must have the direct supervision of a physician anesthesiologist to administer anesthesia. Where there are no anesthesiologists to supervise, AAs cannot practice. CRNAs, unlike Anesthesiology Assistants, are trained as autonomous providers and thus not tied by medical direction to a physician anesthesiologist, enabling CRNAs to work with operating physicians/surgeons at rural hospitals to provide anesthesia services to patients in rural communities. Currently, CRNAs are the primary providers of anesthesia services in 60% of all rural Tennessee counties AND the SOLE provider in 26 of those counties. Further, if Tennessee's nurse anesthesia programs and clinical opportunities are negatively impacted, it will then impact future CRNA providers that are able to serve rural communities.

- **This bill will negatively impact Tennessee's seven nurse anesthesia programs and the clinical opportunities available for SRNAs to meet their training requirements.** Clinical sites are critical to SRNA development. Tennessee's seven nurse anesthesia programs graduate 178 student nurse anesthetists (SRNAs) annually which is more than half of the 300 AAs that graduate annually across the country. AAs cannot train SRNAs. When an AA staffs an operating room (OR), SRNAs cannot obtain clinical experience in that OR. This not only negatively impacts the SRNAs training, but it will also have a long-range negative impact for future CRNAs as providers, especially in rural areas. Tennessee Nurse Anesthesia programs are already competing for clinical sites, including nurse anesthesia programs from other states with AA licensure, now imagine if TN becomes an AA designated state, it will increase the competition exponentially. A reduction in SRNA clinical opportunities will result in a long-term negative impact on the availability of CRNAs in rural areas.

- **CRNAs and AAs are NOT interchangeable. This bill will negatively impact CRNA practice in Tennessee.** AAs by their very creation are tied to a physician anesthesiologist. AAs MUST be delegated their authority by their supervising physician anesthesiologist. AAs are limited to only one anesthesia staffing model under medical direction with a 1:4 ratio (Please refer to Medical Direction Model Overview). A CRNA is educated and trained to be an autonomous anesthesia provider with the ability to practice every setting where anesthesia is provided.