# Fact Sheet Regarding Anesthesiologist Assistants (AAs)

- Five educational programs for AAs, respectively located at Emory University in Atlanta, Georgia; Case Western Reserve University in Cleveland, Ohio; South University in Savannah, Georgia, which is conducted in conjunction with the Mercer University School of Medicine in Macon and Savannah, Georgia; Nova Southeastern University in Fort Lauderdale, Florida; and University of Missouri-Kansas City (UMKC).

- Admission to AA programs: AA educational programs are accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), located in Clearwater, Florida.

- The CAAHEP Standards and Guidelines for accredited AA educational programs state that the program "must build upon a pre-professional study of the sciences that would qualify the student to pursue a post baccalaureate degree in medicine, dentistry, or one of the basic medical sciences." Many types of majors are acceptable for admission.

- Applicants to South University, Emory, or Nova Southeastern must take the GRE or the MCAT (Medical College Admission Test). Case Western and UMKC require applicants to take the MCAT; they won't accept any other test. Case Western claims the "average GPA is 3.4" for entering students.

- Emory: This program normally consists of six consecutive semesters, i.e., 24 months. In addition, Emory offers an admissions track for primary care certified physician assistants (PA-Cs) that allows AA program completion in five consecutive semesters, i.e., 19 months. Eligibility requirements include completion of master's-level courses in anatomy, physiology, and pharmacology.

- Case Western: This program is two years long, consisting of six semesters of classroom and clinical instruction. South University: This program is 28 continuous months (nine academic quarters). Nova Southeastern and UMKC: These programs are 27 months.

- Emory: During the earlier semesters, clinical activities are interspersed with classroom and lab work. Later semesters include clinical rotations in several areas of anesthesia practice. Emory students learn to administer all types of anesthesia, except regional anesthesia. Emory has stated that although the program provides the anatomic and physiologic basis of regional anesthesia and students gain clinical experience managing patients who have received regional anesthesia, the program does not provide clinical instruction in the administration of regional anesthesia. Emory program materials have stated that if an employer wants an Emory graduate to administer regional

anesthesia, the anesthesiologist may train the graduate in regional techniques and request that privileges be granted, as necessary, based upon the anesthesiologist's documentation of "competence." This is presumably a reference to the AA's competence, rather than the anesthesiologist's.

- Case Western program materials say clinical training focuses on all types of anesthesia, including general, epidural, spinal and peripheral nerve blockade. South University's program consists of classroom, laboratory, and clinical components. South University's and UMKC's website do not appear to specify the types of anesthesia that will be taught in clinical training. UMKC states that during clinical experience, the student is under "one-on-one supervision by an Anesthesiologist or a licensed Anesthesiologist Assistant."

- Nova Southeastern program materials say that clinical training includes "all aspects of anesthesia care for the surgical patient." Some courses, according to the program website, "are designed to be completed in a distance learning format." Such courses include "APA Writing Seminar," "Writing for Medical Publication," "Research Methods," "Directed Studies in Anesthesia," "Principles of Life Support," "Practicum-Senior Seminar in Anesthesia 1," "Epidemiology and Biostatistics," "Ethical Issues in Health Care," and "Principles of Health Care Management."

- Case Western materials state that during their last three semesters, students complete month-long rotations in all subspecialties of anesthesiology, including ambulatory surgery, burns and trauma, cardiothoracic surgery, general surgery, neurosurgery, obstetrics, pediatrics, and surgical intensive care unit. Emory and UMKC also state that their students will go through clinical rotations in all subspecialty areas of anesthesia practice. South University says its clinical training focuses on all subspecialty areas of anesthesia, including general surgery, pediatrics, obstetrics and gynecology, otolaryngology, orthopedics, neurosurgery, ophthalmology, genito-urinary surgery, vascular surgery, cardiac surgery, thoracic surgery, transplantation, trauma, and ambulatory. Nova Southeastern says that its program includes two- and four-week clinical rotations involving all anesthesia specialty areas, including general surgery, pediatrics, obstetrics and gynecology, otolaryngology, orthopedics, neurosurgery, ophthalmology, genito-urinary surgery, vascular surgery, cardiac surgery, thoracic surgery, transplantation, and trauma.

- All five programs graduate AAs with a master's degree.

- Graduates of accredited AA programs may take a national certification examination administered by the National Commission for Certification of Anesthesiologist Assistants (NCCAA), located in Atlanta. The NCCAA website is: http://aa-nccaa.org/. Graduates who pass the exam are designated Anesthesiologist Assistant -- Certified (AA-C). Certified AAs must

submit continuing education credits biennially (every two years) for certification renewal and must successfully complete a “Continued Demonstration of Qualifications” examination every six years.

- AA program students may also take the NCCAA certification examination up to 180 days before graduation. The NCCAA website states "a candidate … must be a student in good standing in an accredited program who will be graduated from that program within 180 days of the Certifying Examination."

Number of AAs

- Emory: In 1999, the Emory website said that as of August 1996, there were 370 graduates from Emory from 26 classes, with the first class graduating in 1971. The website currently says that the program graduates approximately 30 AAs each year.

- Emory: The Emory website currently says about 10 percent of its graduates have gone on to medical school, most as anesthesiology residents.

- Case Western: This program began in 1969. For many years, the program only graduated a handful of students every year. It now reports that it has 28 to 30 students enrolled in the program at any given time.

- South University: Reports indicate that there are nearly 20 students in each class.

- Nova Southeastern: Reports indicate that the program opened with a class of 29 students in 2006, expanded to a class size of 36 students in 2007, and plans to keep class size at approximately 35 students each year thereafter.

- UMKC: UMKC began its program in January 2008 with four students.

- The 2004 Emory website said that there were approximately 545 AA "graduates delivering anesthesia under the direction of a qualified anesthesiologist." It is unclear whether the website was referring to Emory graduates only, or to all practicing AAs. A 2005 GSA [Georgia Society of Anesthesiologists] newsletter stated that current data reflect a total of 635 AAs practicing with anesthesiologists -- 505 have graduated from Emory and 130 have graduated from Case Western. A 2007 GSA newsletter stated that approximately 100 AAs will graduate from the current programs in 2008. The American Academy of Anesthesiologist Assistants (AAAA) website states that there are 700 working AAs.

Distinguishing Between AAs and PAs

- Most AAs are not educated, trained, or certified as Physician Assistants (PAs). The Emory AA program, however, has an admissions track for primary care PA-Cs that will allow them to complete the Emory AA program on an expedited schedule.

- PAs have a generalist education and often move among specialties; AAs don't have a generalist education and are only trained to deliver anesthesia care as part of the "anesthesia care team" under anesthesiologist direction. PAs attend one of approximately 140 accredited PA educational programs. AAs attend one of only five AA programs.

- PAs and AAs sit for different national certification examinations. PA exam: This exam was developed by the National Commission on Certification of Physician Assistants (NCCPA). AA exam: This exam was developed by the National Commission for Certification of Anesthesiologist Assistants (NCCAA).

- See the American Academy of Physician Assistants (AAPA) document: "Physician Assistants and Anesthesiologists Assistants -- The Distinctions." The Academy's website address is: www.aapa.org.

- The national organization for AAs is the American Academy of Anesthesiologist Assistants (AAAA); its website is: www.anesthetist.org. This website has links to the AA programs' websites.

- The AAPA is opposed to states characterizing AAs as a kind of PA.

- Approximately 40 AAs have also been trained as PAs, and it's estimated that those 40 PA/AAs practice in about 17 states.

- PAs have explicit statutory and/or regulatory authorization to practice in every state. PA/AAs have explicit statutory and/or regulatory authority to practice in **two** states. In those two states, the PAs (who have successfully completed a PA program and passed the NCCPA examination) may administer general and certain forms of regional anesthesia if they have also graduated from an AA program. AAs who are not also PAs have explicit statutory and/or regulatory authority to practice in 10 states and the District of Columbia. AAs are explicitly prohibited from practicing in one state. (Please see the table titled, "Status of AA and PA/AA Laws, Regulations, and Guidelines in the States and the District of Columbia" beginning on the next page.)

## Status of AA and PA/AA Laws and Regulations in the States and the District of Columbia

| Law | Regulations | Guidelines | Licensure[1] | Certification[2] | Practice Prohibition |
|---|---|---|---|---|---|
| Alabama | Alabama | | Alabama | | |
| District of Columbia | District of Columbia | | District of Columbia | | |
| Florida[3] | Florida[4] | | Florida | | |
| | Georgia | | Georgia | | |
| Kentucky[5] | Kentucky | | | Kentucky | |
| Louisiana | | | | | Louisiana[6] |
| Missouri | Missouri | | Missouri | | |
| New Mexico | New Mexico | | New Mexico | | |
| North Carolina | North Carolina | | North Carolina | | |
| Ohio | Ohio | | | Ohio[7] | |
| Oklahoma[8] | | | | | |
| South Carolina | | | South Carolina | | |
| | | | | | |
| Vermont | Vermont | | | Vermont | |
| **Total** | **Total** | **Total** | **Total** | **Total** | **Total** |
| **12** | **10** | **0** | **8** | **3** | **1** |

[1] "Licensure" refers to the method by which the state officially authorizes AAs or PA/AAs to practice.
[2] "Certification" refers to the method by which the state officially authorizes AAs or PA/AAs to practice.
[3] Florida's statute authorizes licensed AAs to administer anesthesia.
[4] Florida's Board of Medicine and Board of Osteopathic Medicine have adopted rules that implement the statute authorizing AA practice. In addition, Florida's Board of Medicine and Board of Osteopathic Medicine rules authorize PAs (who have successfully completed a PA program and have passed the NCCPA examination) to administer general, spinal, and epidural anesthesia if the PAs have also graduated from a board-approved AA program.
[5] Kentucky's statute authorizes PAs (who have successfully completed a PA program and passed the NCCPA examination) to administer and monitor regional and general anesthesia if the PAs have also graduated from a board-approved AA program.
[6] A Louisiana statute specifically prohibits any health care provider, other than CRNAs, physicians, dentists, perfusionists, or other "explicitly authorized" providers, from selecting or administering "any form of anesthetic to any person either directly or by delegation unless explicitly authorized by [applicable law]." Because AAs are not explicitly authorized to select or

**Totals**: **10** states and the **District of Columbia** have adopted medical practice act laws or board of medicine regulations explicitly authorizing AA practice (i.e., licensure or certification): The states are Alabama, Florida, Georgia, Missouri, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, and Vermont. **2** states authorize PAs (who have successfully completed a PA program and have passed the NCCPA examination) to administer general and regional anesthesia if they have also graduated from an AA program: The states are Florida and Kentucky. **11** states and the **District of Columbia** have adopted medical practice act laws or board of medicine regulations explicitly authorizing AA or PA/AA practice: The states are Alabama, Florida, Georgia, Kentucky, Missouri, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, and Vermont. **1** state has adopted a law that explicitly prohibits AA practice: That state is Louisiana.

- An AAAA website article states that AAs practice pursuant to physician delegation in Colorado, Michigan, New Hampshire, Texas, West Virginia, and Wisconsin.

- To legally practice under "physician delegation," AAs would need to practice pursuant to physician delegation provisions in these states' laws or regulations. The AANA has not confirmed whether AAs may legally practice in these states pursuant to physician delegation. In some of these states, the AAs may also be PAs and practicing via PA laws or regulations. There are clearly still only about 11 states and the District of Columbia that authorize AA practice in laws or regulations, including those states that require PAs to graduate from an AA program in order to administer certain forms of anesthesia. The legality of practice in additional states may be questionable.

- In Alabama, AAs are categorized as one of two types of "assistants to physicians"; PAs are the second category of "assistants to physicians." AAs are not required to possess PA educational and certification qualifications, and they must graduate from an AA program and pass the AA certification examination.

- In the District of Columbia, Missouri, Ohio, Oklahoma, North Carolina, South Carolina, and Vermont, AAs are not classified as a kind of PA; they are not required to possess PA educational and certification qualifications, and they must graduate from an AA program and pass the AA certification examination.

- In Florida, AAs are not classified as a kind of PA; they are not required to possess PA educational and certification qualifications, and they must

---

administer anesthesia under Louisiana law, this statute prohibits AAs from selecting or administering anesthesia.

[7] Ohio grants a certificate of registration to practice as an AA.

[8] The Oklahoma AA law takes effect November 1, 2008.

graduate from an AA program and pass the AA certification examination. In addition, under Florida regulations, PAs who meet the educational and certification requirements for PAs and graduate from an AA educational program are permitted to administer general, spinal, and epidural anesthesia.

- In Kentucky, AAs are classified as a kind of PA; AAs must meet the educational and certification requirements for PAs and graduate from an AA program.

- In Georgia, AAs are classified under the Board of Medical Examiners' rules as one of "three general categories of job descriptions for certification of Physician's Assistants." Georgia AAs don't have to meet the educational or certification requirements that PAs must meet. Georgia AAs graduate from an AA program and pass the AA certification examination.

- In Louisiana, a statute, effective August 15, 2004, states, "No health care provider or other person, other than a [CRNA], physician, dentist, perfusionist, or other explicitly authorized provider, shall select or administer any form of anesthetic to any person either directly or by delegation unless explicitly authorized by this Title." In addition, the law proclaims, "It is hereby declared to be the legislative intent to encourage a sufficient ongoing supply of CRNAs in this state and to discourage the creation and authorization of providers of anesthesia not otherwise presently trained and licensed to provide anesthesia. Specifically, it is the intent of the legislature to prevent the introduction of AAs into Louisiana until such time that they are deemed to be viable providers of anesthesia services. The purpose of this Subsection is to carry out that policy in the public interest, providing for the repeal of any provision that provides otherwise."

- In New Mexico, AAs are not classified as a kind of PA; they are not required to possess PA educational and certification qualifications, and they must graduate from an AA program and pass the AA certification examination. However, the AA must be employed by a New Mexico university with a medical school.

Supervision/Registration Ratios

- In Alabama, AAs are required to be registered to a supervising anesthesiologist approved by the Board of Medical Examiners. Alabama's Board of Medical Examiners' rules for AAs state: "An anesthesiologist may have registered to him or her not more than four (4) anesthesiologist assistants." In addition, the rules provide, among other things, the following requirements for the "supervised practice" of an AA: (1) "a direct, continuing and close supervisory relationship" between the AA and the supervising anesthesiologist; (2) "[s]upervision does not, necessarily, require the constant physical presence of the supervising anesthesiologist . . . however, the

anesthesiologist must remain readily available in the facility"; and (3) "[e]xcept in life-threatening situations," the supervising anesthesiologist must be "readily available for personal supervision" and must be "responsible for pre-operative, intra-operative and post-operative care." The rules also provide that an AA must administer anesthesia under the supervision of an anesthesiologist, and the supervising anesthesiologist must, at all times, be responsible for the AA's activities.

- In the District of Columbia, the statute and rules governing AAs allow supervising anesthesiologists to supervise up to three AAs "at any one time during normal circumstances" and up to four AAs "at any one time during emergency circumstances, consistent with federal rules for reimbursement for anesthesia services." Regarding AA students, no "faculty member of an [AA] program shall concurrently supervise more than 2 [AA] students who are delivering anesthesia."

- In Florida, the statute governing AAs states that an anesthesiologist "may only supervise two [AAs] at the same time. The [board of medicine and board of osteopathic medicine] may, by rule, allow an anesthesiologist to supervise up to four [AAs], after July 1, 2008."

- In Florida, the statute governing PAs states that a "physician may not supervise more than four currently licensed physician assistants at any one time." Florida PAs who administer general, spinal, and epidural anesthetics may only do so "under direct supervision," according to the Florida PA regulations. "Direct supervision" is defined as "the physical presence of the supervising physician on the premises so that the supervising physician is immediately available to the physician assistant when needed."

- In Georgia, the statute governing PAs provides, "No primary supervising physician shall have more than four physician's assistants licensed to him or her at a time; provided, however, that no physician may supervise more than two physician's assistants at any one time except as provided in paragraph (2) of this subsection." Paragraph (2)(A) states, "A physician may supervise as many as four physician's assistants at any one time while practicing in a group practice in which other physician members of such group practice are primary supervising physicians." Paragraph (2)(B) allows a physician to supervise as many as four PAs at one time while acting as an "alternate supervising physician" in the following circumstances: "In an institutional setting such as a hospital or clinic;" "On call for a primary supervising physician or a group practice;" or "If otherwise approved by the board to act as an alternate supervising physician." "Alternate supervising physician" essentially means a physician to whom the primary supervising physician has delegated the responsibility of supervising the PA.

- In Kentucky, the statute governing PAs provides that a supervising physician cannot supervise more than two PAs at any one time.

- In Missouri, the law recognizing AAs provides, "A supervising anesthesiologist shall be allowed to supervise up to four anesthesiologist assistants consistent with federal rules or regulations for reimbursement for anesthesia services." The term "supervision" means "medical direction by an anesthesiologist of an anesthesiologist assistant as defined in conditions of 42 CFR 415.110 [Medicare conditions for payment for medically directed anesthesia services] which limits supervision to no more than four anesthesiologist assistants concurrently."

  Under 42 CFR 415.110, Medicare pays for an anesthesiologist's medical direction of anesthesia services only if the anesthesiologist: (1) performs a preanesthetic examination and evaluation; (2) prescribes the anesthesia plan; (3) personally participates in the most demanding aspects of the anesthesia plan, including, if applicable, induction and emergence; (4) ensures than any procedures in the anesthesia plan that he or she does not perform are performed by a qualified individual as defined in operating instructions; (5) monitors the course of anesthesia administration at frequent intervals; (6) remains physically present and available for immediate diagnosis and treatment of emergencies; and (7) provides indicated post-anesthesia care. In addition, the anesthesiologist must not perform any other services while he or she is directing the anesthesia service or concurrent anesthesia services. The anesthesiologist also must document in the patient's medical record that the conditions set forth above have been satisfied, "specifically documenting that he or she performed the pre-anesthetic exam and evaluation, provided the indicated post-anesthesia care, and was present during the most demanding procedures, including induction and emergence where applicable."

  The Missouri law also states that AA program faculty members cannot concurrently supervise more than two AA students who are delivering anesthesia and that CRNAs "will be excluded from clinical education of anesthesiologist assistants."

- In New Mexico, the law recognizing AAs states that the medical board shall adopt rules "establishing the number of anesthesiologist assistants a supervising anesthesiologist may supervise at one time, which number, except in emergency cases, shall not exceed three." The medical board rules currently require that a supervising anesthesiologist shall not supervise more than three AAs at one time, except in emergencies. In addition, the law provides, "An anesthesiologist shall not supervise, except in emergency cases, more than four anesthesia providers if at least one anesthesia provider is an [AA]." The law and medical board rules also require enhanced supervision at the commencement of an AA's practice. Finally, the law states

that AA students providing anesthesia “shall be supervised on a one-to-one basis by an anesthesiologist who is continuously present in the operating room.”

- In North Carolina, the law recognizing AAs states that the medical board must adopt rules requiring that a supervising anesthesiologist supervise no more than two AAs or two AA students at one time. This ratio does not restrict the number of other anesthesia providers an anesthesiologist may concurrently supervise. After January 1, 2010, the board may increase the number of AAs an anesthesiologist may concurrently supervise to four and may change the supervision limitations for AA students so that they “are similar to the supervision requirements for student nurse anesthetists.”

- In Ohio, the law recognizing AAs does not include a supervision ratio, although it requires "enhanced supervision" of AAs during the first four years of practice. ("Enhanced supervision" is not defined in the law.) The medical board has adopted rules defining “enhanced supervision.”

- In Oklahoma, the law recognizing AAs does not specify a supervision ratio. The law requires “direct supervision,” which means “the on-site, personal supervision by an anesthesiologist who is present in the office when the procedure is being performed in that office, or is present in the surgical or obstetrical suite when the procedure is being performed in that surgical or obstetrical suite and who is in all instances immediately available to provide assistance and direction to the anesthesiologist assistant while anesthesia services are being performed.”

- In South Carolina, “[a]n anesthesiologist may not supervise more than two anesthesiologist’s assistants at any one time.”

- In Vermont, the law recognizing AAs and the implementing rules do not specify a supervision ratio. The law states that the “number of [AAs] permitted to practice under the direction and supervision of a physician shall be determined by the [medical] board after review of the system of care delivery in which the supervising anesthesiologist and [AAs] propose to practice.”

Analyzing the Legality of AA Practice

- Conceptual framework: The analysis of whether an AA may legally practice in a state must take into account several factors. First, does the state have statutory or regulatory language that explicitly authorizes AAs to practice? If so, what are the parameters of that language, e.g., does the language restrict AA practice in some fashion? Does the state have statutory or regulatory language that explicitly prohibits AA practice?

- Secondly, is the AA also a PA by education and certification? (As noted previously, only about 40 AAs have reportedly also been trained as PAs.) If the AA is also a PA by education and certification, the analysis of the legality of the AA's practice in a particular state would have to take into account the PA statutory and/or regulatory provisions for that state; PA scope of practice provisions would be especially pertinent.

- What about an AA who is not a PA and wants to practice in a state where AAs are not explicitly authorized to practice in statutes or regulations? Unless there is a statutory or regulatory provision (such as physician delegation language) that could allow the AA to practice, he or she would arguably be engaging in the illegal practice of nursing or medicine.

- Delegatory powers of physicians vary from state to state. In some states, delegatory authority is barely mentioned, if at all. In other states, delegatory authority is quite broad; in others, it is quite narrow. To determine physician delegatory authority, one must carefully examine the state's medical practice act and board of medicine regulations. Delegation provisions may well appear in statutory or regulatory sections apart from those that deal with physician assistants.

- Texas is an example of a state that gives broad delegatory authority to physicians.

- The Texas Medical Practice Act allows physicians to delegate tasks to "qualified and properly trained" individuals acting under a physician's supervision. A delegated medical act must be one which a "reasonable and prudent physician would find is within the scope of sound medical judgment to delegate if, in the opinion of the delegating physician, the act can be properly and safely performed by the person to whom the medical act is delegated and the act is performed in its customary manner, not in violation of any other statute, and the person does not hold himself out to the public as being authorized to practice medicine."

- In contrast, the following is an example of language that would give narrow delegatory authority to physicians.

- A state's Medical Practice Act says that nothing in that act shall be construed "[t]o prohibit a licensed physician from delegating tasks to unlicensed personnel in his employ and on his premises if…the task is of a routine nature involving neither the special skill of a licensed person nor significant risk to the patient if improperly done…."

ASA Actions

- In August 2000, subject to ASA House of Delegates ratification, the ASA's Board of Directors approved a resolution that the ASA endorse efforts to obtain licensure and reimbursement for AAs. In October 2000, the House of Delegates adopted and it appears modified the resolution as follows: "That the American Society of Anesthesiologists endorse efforts to obtain licensure and reimbursement for anesthesiologists' assistants practicing under the on-site medical direction of an anesthesiologist." (ASA *Newsletter*, January 2001, Vol. 65, No. 1, and ASA *Newsletter*, October 2000, Volume 64, No. 10)

- A May 2003 ASA position paper concerning AAs reported: "In 2000 the ASA House of Delegates approved recommendations to endorse efforts to educate, train and allow for the practice of AAs in as many states as anesthesiologists request their services. That House of Delegates also approved a recommendation that ASA formally state its recognition of and support of AAs as a member of the Anesthesia Care Team and a resolution that ASA endorse efforts to obtain licensure and reimbursement for AAs. The 2001 House of Delegates approved a category of educational membership for AAs." A 2005 Georgia Society of Anesthesiologists' publication reported that about 200 AAs have joined the ASA in this membership category.

- In 2003, the ASA House of Delegates approved a recommendation that the ASA president appoint an ad hoc committee on AA education to provide ASA input into the process of achieving the following goals: (1) "Development of a consensus on what the educational goals of AA training should be"; (2) "Establishment of guidelines for curriculum development to meet those goals"; (3) "Design of a process and the requisite tools for measuring the ongoing achievement of educational goals during training"; (4) "Evaluation of the potential for the development of educational tools specifically designed for AAs such as dedicated textbooks and journals"; and (5) "The creation of self-assessment and continuing education materials for AAs." These ASA actions clearly signaled the ASA's desire to actively promote both licensure and education of AAs. (ASA *Newsletter*, January 2004, Vol. 68, No. 1)

- In 2004, the ASA House of Delegates ratified the Board of Directors' previous approval of the establishment of a new ASA standing Committee on AA Education and Practice. (ASA *Newsletter*, January 2005, Vol. 69, No. 1)

- In 2005, the ASA became a sponsor of the CAAHEP's Accreditation Review Committee on Education for the Anesthesiologist Assistant (ARC-AA). The ARC-AA makes recommendations to CAAHEP about program accreditation decisions and revisions to the CAAHEP accreditation standards and guidelines for AA programs.

- The ASA has posted a document, “Frequently Asked Questions Regarding Anesthesiologist Assistants” on its website at http://www.asahq.org/career/aa.htm.

AA Salaries

- The Case Western website states that salaries "vary depending on the experience of the individual and the regional cost of living." The website says that the average starting salary for a newly graduated AA "is approximately $115,000 for a 40-hour work week plus benefits and consideration of on-call activity." The site also says that an “increase of approximately 5% to 15% should be expected after the first 1 to 2 years post graduation." (A 15 percent increase in salary would mean that AAs with one to two years of experience would be earning an average of $132,250.) Finally, the website states that AA salaries "are comparable to compensation paid to Certified Registered Nurse Anesthetists (CRNA) employed within the ACT [anesthesia care team] nationally."

Reimbursement

- Medicare: AAs are paid on the same basis as CRNAs, except that AA services must be billed as medically directed, and AAs must be under anesthesiologist supervision. The Medicare conditions for hospitals require that AAs be under the supervision of an anesthesiologist who is immediately available if needed; the ambulatory surgical center conditions merely require AAs to be under anesthesiologist supervision. However, Medicare provisions for payment for AA services require AAs to be medically directed under 42 CFR 415.110. Medicare pays for an anesthesiologist’s medical direction of anesthesia services provided by an AA only if the anesthesiologist meets certain conditions. These Medicare conditions are described in more detail in this fact sheet in the section titled “Supervision/Registration Ratios” under the paragraphs devoted to Missouri.

May 2008