



Comparison of CRNAs and AAs – Limitations of AA Practice

CRNAs	AAs
<p>Practice Locations: CRNAs practice in every setting in which anesthesia is delivered: traditional hospital surgical suites and obstetrical delivery rooms; critical access hospitals; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, plastic surgeons, and pain management specialists; and U.S. military, Public Health Services, and Department of Veterans Affairs healthcare facilities.</p>	<p>Practice Locations: The AA most frequently practices in an urban hospital setting. AAs cannot practice where anesthesiologists are unavailable or are not willing to work.</p>
<p>Numbers: There are more than 57,000 nurse anesthetists. They safely administer over 50 million anesthetics to patients each year in the United States. CRNAs are the primary anesthesia providers in rural America. In some states, CRNAs are the sole providers in nearly 100% of rural hospitals.</p>	<p>Numbers: There are reportedly as many as 3,000 AAs practicing.</p>
<p>Distribution: CRNAs practice under the laws of every state.</p>	<p>Distribution: AAs are explicitly authorized to practice 13 states and the District of Columbia (Alabama, Colorado, Florida, Georgia, Indiana, Missouri, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Vermont, and Wisconsin). In 1 state, Kentucky, certified physician assistants who have completed an AA program are authorized to practice as an AA. Unlicensed AAs may be practicing in other states pursuant to laws or regulations that allow physicians to delegate certain medical acts to unlicensed individuals (for example, unlicensed AAs currently practice in Michigan and Texas). AAs are also authorized to practice in the U.S. Territory of Guam.</p>
<p>Scope of Practice: CRNAs are educated and trained to work with or without anesthesiologist supervision. CRNAs are also educated and trained to exercise independent judgment and to respond quickly to anesthetic emergencies.</p>	<p>Scope of Practice: AAs must work under the close supervision of an anesthesiologist.</p>

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Number of Accredited Nurse Anesthesia Programs: 124	Number of Accredited AA Programs: 11
Number of Students: Approximately 2,600 students graduated from nurse anesthesia programs throughout the country.	Number of Students: AA programs collectively matriculate approximately 250 students total across all 11 programs.
Program Length and Degree Granted: Program lengths vary from 24 to 42 months. Minimum degree awarded is Master's degree. Some programs grant a doctoral degree. Students accepted into accredited nurse anesthesia programs on or after January 1, 2022 must graduate with doctoral degrees.	Program Length and Degree Granted: Program lengths vary from 24 to 28 months. Master's degree awarded.
Nature of Relationship with Physicians: CRNAs work cooperatively with all types of physicians.	Nature of Relationship with Physicians: The AA functions as an assistant to an anesthesiologist and is dependent upon the anesthesiologist's supervision and direction.
Autonomy in Practice: Practices with a significant degree of autonomy.	Autonomy in Practice: Works only under the close direction and supervision of an anesthesiologist.
Flexibility of Practice: Capable of working in urban and rural areas, and across all types of practice settings (e.g., ambulatory care, clinics, and hospitals).	Flexibility of Practice: Usually practices in hospitals that use the anesthesia care team approach, always supervised by anesthesiologists, and usually in an urban setting.
Practice in the Military: CRNAs are the predominant anesthesia provider in the armed forces and the Veterans Affairs healthcare system.	Practice in the Military: AAs do not practice in the military.
Medicare Reimbursement: The Medicare conditions for hospitals and ambulatory surgical centers require that a physician supervise a CRNA unless the state has "opted out" of this supervision requirement. Seventeen states have opted out of the Medicare physician supervision requirement for CRNAs. CRNAs are not required to work with anesthesiologists.	Medicare Reimbursement: The Medicare conditions for hospitals require that an AA be under the supervision of an anesthesiologist who is immediately available if needed; the ambulatory surgical center conditions require AAs to be under anesthesiologist supervision. AAs must be medically directed by an anesthesiologist and cannot be billed non-medically directed (QZ).
Patient Safety: Numerous studies have concluded that CRNAs are safe providers.	Patient Safety: No generalizable research studies on anesthesia safety involving AAs.

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