TxANA
Texas Association of Nurse Anesthetists

Talking Points

- CRNAs are trained and educated to deliver anesthesia care regardless of whether anesthesiologists are involved. In contrast, AAs administer anesthesia solely under the medical direction of physician anesthesiologists. AAs, therefore, have a much more limited scope of practice than CRNAs.

- While nurse anesthesia educational programs graduate nurse anesthetists prepared for autonomous practice, the AA program curriculum is characterized by training that only allows them to assist anesthesiologists in technical functions.

- If for any reason an AA's supervising anesthesiologist is not available, off-site, on vacation, or simply home for the day, the AA may not provide anesthesia care. The AA/ anesthesiologist-driven mode of practice, therefore, is inflexible and fails to adequately meet the needs of patients, hospitals, ambulatory surgical centers, or other healthcare settings.

- 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 other medical professionals; and U.S. Military, Public Health Service, and Veterans Administration healthcare facilities. CRNAs can provide anesthesia care anywhere it is needed, whether urban, rural or suburban.

- Every state authorizes CRNAs to provide anesthesia care; nurse anesthetists are explicitly recognized in state laws or regulations in all 50 states, and the District of Columbia. In contrast, AAs are explicitly authorized to practice in only 13 states and the District of Columbia. In one state, Kentucky, AAs are prohibited from practicing unless they are also certified physician assistants. AAs are also expliclty authorized in the U.S. Territory of Guam.

- The one study reviewing AA outcomes was extremely limited. The population studied was highly restricted limiting its generalizability. The quality of care of AA practice or AA anesthesia outcomes for the general population remains unproven.

- The quality of care that AAs provide remains unproven, as there is no generalizable research data concerning AA anesthesia safety. In contrast, the excellent, safe anesthesia care that CRNAs provide and associated anesthesia outcomes have been repeatedly demonstrated in multiple peer-reviewed studies published in prominent journals.

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- The Centers for Medicare and Medicaid Services (CMS) prohibits AAs from billing Medicare for non-medically directed services (billing code QZ), and AAs must be medically directed for reimbursement. This is in contrast to CRNAs, who are authorized to bill Medicare directly for non-medically directed services. CMS clarified the distinctions between CRNAs, who may practice autonomously, and AAs, who must be medically directed by an anesthesiologist in order to bill Medicare. This action confirms what we already know: CRNA and AA educational preparation and services are not the same, and Medicare recognizes them differently.