

The AA Journey in Utah

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Background

- MD dominated practice
- Relative easy recruitment
- High standard of care
- Rural coverage challenge
- RN shortages (critical care)

Changing Times

- ASA acceptance AAs
- AANA scuttling HR 5246
- 1st Utah CRNA school 2007
- Critical RN shortages
- “I used to be a nurse at ...”

Opt-Out Agitation

- 1/07 SB 45 defeated
- 1/08 rural JACHO issue
- Disingenuous technicality
- Rural hospital hostages
- 2/08 USA meeting: AAs a go

UT HB 477

- UMA support & guidance
- Introduced Rep Clark
- Based on successful bills
- Tabled for cost review
- Objections raised by CRNAs

UANA Objections

AAs should only be supervised by physicians board certified (not board eligible) by the American Board of Anesthesiologists as a safety measure against harm.

CRNAs are trained to act independently, safely and have been doing so for over 125 years of proven, documented anesthesia experience.

UANA Objections

There are very few AAs in the country. Why would they want to come to a state when out of state CRNAs and anesthesiologists are having a difficult time securing a job in Utah?

A 1:1 ratio of supervising anesthesiologist to AA must be maintained at all times and the anesthesiologist must be required to remain in the same actual operating room as the AA so as not to be distracted, thus ensuring that the anesthetized patient is covered by a qualified anesthesia provider at all times.

2009 Legislature

- Rep Clark not running
- No new champion/sponsor
- Dr. Dombrowski visit 8/08
- Elections stall efforts
- Begin anew 1/09