

## Georgia Occupational Regulation Review Council

Meeting Minutes: June 15, 2022

### Introduction

Chair, Meaghan Carver, called the meeting to order and welcomed the members of the Council to the first meeting regarding SB 643.

- Each member present gave a brief introduction of themselves.
- Meaghan Carver presented an overview of the GORRC process.

### Senate Bill 643

Sen. Chuck Hufstetler, bill sponsor, presented a summary of his bill and what it addresses.

- The purpose of the bill is to realign anesthesiologist assistants (AAs) into a classification separate from physician assistants with regard to licensure from the Georgia Composite Medical Board.
- The intent of SB 643 is not to change any scope of practice but to give AAs their own category for licensure.

Kelly Dudley (SAO) asked about any additional benefits to AAs from SB 643 besides just separating themselves from the PAs.

- Sen. Chuck Hufstetler mentioned having representation on the Georgia Composite Medical Board as an additional part of this bill that benefits AAs

Bill Buntin from the Georgia Academy of Anesthesiologist Assistants (GAAA) is introduced by Laura Norton, the applicant group representative, to speak on behalf of SB 643.

- Bill Buntin, President of the GAAA, stated that there are over 3,000 AAs in the United States and a little over a third of those reside in Georgia.
- Certified anesthesiologist assistants are highly skilled health professionals who work under the direction of a licensed physician anesthesiologist. AAs spend 27 months, 2,600 clinical hours, and 600 didactic hours directly focused on the practice of anesthesia following four years of pre-med training.
- P.A. training does not include anesthesia and has a completely different curriculum compared to A.A. training and thus should not be grouped together.
- The Georgia Composite Medical Board classifies anesthesiologist assistants as PA/A
- Bill Buntin stated that the General Assembly should look to approving more comprehensive and specific licensure framework for AAs specifically.

Rep. Sharon Cooper asked about the differences in the education and training of AAs and PAs.

- Bill Buntin reiterated that AAs are specifically trained to deal with anesthesia

Meaghan Carver asked about what specifications of licensure are changing with SB 463.

- Bill Buntin answered that this bill will basically just formalize the licensure of AAs into state code and not change the scope of their practice or practice parameters. The main goal of the legislation is to separate AAs from PAs.

Rep. Sharon Cooper commented on the confusion that the combination of PAs and AAs has had for prospective medical students who want to work with anesthesia.

Meaghan Carver asked about what information may be available regarding public complaints that have been filed against AAs with the Georgia Composite Medical Board.

- Bill Buntin was unaware of information dealing with AAs specifically and mentioned that because PAs and AAs are combined, it is difficult for patients to understand if they are being treated by an AA or a PA.
- Daniel Dorsey, Executive Director of the Georgia Composite Medical Board, confirmed that AAs are categorized as PAs with the Medical Board and does not have any specific information regarding complaints for AAs.

Meaghan Carver asked about the differences between anesthesiologists, anesthesiologist assistants, and nurse anesthetists.

- Bill Buntin answered that anesthesiologists are more advanced than anesthesiologist assistants, physician assistants, and nurse anesthetists (CRNAs). Anesthesiologists have around 12-15 years of training. AAs and CRNAs have very similar training requirements for the most part. AAs go to a four-year undergraduate pre-med program and then a two-and-a-half-year AA specific program. CRNAs must obtain a nursing bachelor's degree, complete a year in clinical ICU training, and then complete a three-year program to obtain a doctorate in nurse anesthesia.

Zach Gilbert gave a brief overview and state-by-state comparison of SB 643

- 15 states currently have a state law that provides for the licensure of AAs, Georgia does not have a state law solely focused on AAs.
- 4 states have delegated authority statutes in place to allow for the practice of anesthesiologist assistants. These states are Kansas, Michigan, Pennsylvania, and Texas
- Most states have a maximum of four anesthesiologist assistants per supervising anesthesiologists. New Mexico has a maximum of three AAs per anesthesiologist and Kentucky, South Carolina, and Wisconsin have a maximum of two AAs per anesthesiologist.
- AA licensure requires an education background of pre-med undergraduate studies, 24-27 months of an AA master's-level program, and a passing grade on an exam certified by National Commission for Certification of Anesthesiologist Assistants.

Meaghan Carver opened the floor for public comment

- Daniel Dorsey of the Georgia Composite Medical Board spoke on the physician assistant advisory committee that is composed of both PAs and AAs. Mr. Dorsey asked about if a fiscal note was conducted for this bill.
  - o Meaghan Carver answered that a fiscal note was not conducted because SB 643 was a dead bill when it was referred to GORRC.
  - o Daniel Dorsey stated that it will be difficult for the Medical Board to separate PAs from AAs because they are designated as the same within the Medical Board's database.
  - o Rep. Sharon Cooper discussed the possibility of having current PAs in the Medical Board's database self-identify as a PA or AA when it is time for their respective license renewal.
- Meaghan Carver asked if the Medical Board has received any complaints regarding confusion between the distinction of PAs and AAs.
  - o Daniel Dorsey answered that he was unaware of any complaints relating to confusion between the designations.
  - o Rep. Sharon Cooper noted that the General Assembly has been willing to take steps in previous sessions to clear up confusion about transparency regarding the identity of health workers when dealing with patients.
  - o Daniel Dorsey mentioned some steps that have been taken such as color-coded identification nametags for certain professions.
- Kelly Dudley asked about how this bill might help the patient with regard to identification purposes
  - o Bill Buntin answered that this bill will maintain the standards for anesthesia care and boost name recognition so that the public will have a greater understanding of who are AAs and what they are qualified to do.
  - o Daniel Dorsey noted that the Georgia Composite Medical Board has an available database on their website where the public can look up PAs and their respective license.
- Rep. Sharon Cooper asked if the Georgia Composite Medical Board delineates between PAs and AAs in the publicly available database.
  - o Daniel Dorsey answered that the AAs and PAs are all represented as PAs on the website's database. Mr. Dorsey also mentioned that patients can look up the job description associated with a PAs license.
  - o Rep. Sharon Cooper responded that there should be more transparent ways of seeing what a PA is qualified to do.

Meaghan Carver asked for any additional questions or comments

Meaghan Carver discussed information for the next meeting and motioned to adjourn.

- June 29<sup>th</sup>, 2022, 1:00 P.M. – 2:00 P.M.

- Rep. Sharon Cooper seconded the motion to adjourn.