



**Certified Anesthesiologist Assistants in California Resolution
CSA House of Delegates June 2019**

Whereas, Certified Anesthesiologist Assistants are a vital part of the Anesthesia Care Team across the country and have been for over 40 years.

Whereas, many Anesthesiologists in California would like to utilize Certified Anesthesiologist Assistants as part of their Anesthesia Care Team.

Whereas the State of California does not currently have a category recognizing and allowing for Anesthesiologist Assistants to practice within the state.

Therefore be it

RESOLVED that the President of the California Society of Anesthesiologists assign a task force to explore the ramifications of Certified Anesthesiologist Assistant licensure in California.



**Fair Payment Resolution
CSA House of Delegates June 2019
Proposed by Armen G. Chalian, MD**

Whereas, Medicare payment for most physician services is 70 to 80 percent of commercial rates while anesthesiology services are paid at around 30%

Whereas, Medicare based payment legislation is rampant in Sacramento and Washington DC

Whereas, Medicare for All or at least Medicare for More is a real possibility in the near future

Whereas, many out of network bills (surprise medical bill legislation) are using Medicare based payment methodologies.

Whereas, a Medicare based payment for anesthesiology services will lead to a dramatic shortage of anesthesiologists and will negatively impact access to quality anesthesiology services.

Therefore, be it

RESOLVED that the California Society of Anesthesiologists (CSA) will make achieving fair Medicare payment for anesthesiology services its highest priority; and be it further

RESOLVED that the CSA will encourage the American Society of Anesthesiologists to work towards increasing Medicare payment for anesthesiology services to be commensurate with the same percentage of commercial rates across all medical specialties.



**Resident Advocacy Resolution
CSA House of Delegates June 2019
Proposed by Paul Yost, MD, FASA**

Whereas, many decisions about the practice of anesthesiology in California are made in Washington DC and Sacramento including, but not limited to, what type of medical practitioner can practice anesthesiology, whether anesthesiology is the practice of medicine, what is required for licensure, what constitutes an anesthetic, what conditions and circumstances must be present to provide anesthesia services, where can anesthesia services be provided and even how much is paid for anesthesia services.

Whereas, anesthesiology residents are the future of the specialty of anesthesiology.

Whereas, anesthesiology residency curriculum and education include education about health care policy and advocacy.

Whereas, ASA has a resident advocacy rotation that allows 5 residents per year to spend a month in Washington DC with our ASA advocacy staff learning about advocacy.

Whereas, the ASA receives more than 30 applications for 5 slots each year.

Whereas, there is a need for more resident education in advocacy.

Therefore, be it

RESOLVED that the California Society of Anesthesiologists develop enhanced resident advocacy education including a pilot program for anesthesiology residents in Sacramento.



**“Truth-in-Advertising” Resolution
CSA House of Delegates June 2019
Proposed by Antonio Hernandez Conte, MD, MBA**

Whereas, nurse anesthetists are a vital part of the anesthesia care team within California and across the United States; and

Whereas, nurse anesthetists are engaged in the practice of nurse anesthesia and Anesthesiologists are engaged in the practice of medicine; and

Whereas plans exist for all nurse anesthesia training programs to award the DNP (doctor of nursing practice) or DNAP (Doctor of Nurse Anesthesia Practice) to graduates by 2025; and

Whereas a DNP or DNAP degree is not equivalent to a medical degree (M.D./D.O.) in educational or clinical requirements; and

Whereas, patients equate and interpret the term “doctor” to denote a physician or medical doctor and may be confused or misled by the term “doctor of nursing”; and

Whereas patients have the right to know the level of education and professional qualifications of their healthcare providers.

Therefore, be it

RESOLVED that the California Society of Anesthesiologists (CSA) shall pursue appropriate “Truth-in-Advertising” legislation which includes appropriate amendments to existing law including disclosure of one’s licensure in all healthcare practitioner advertisements and identification in the state of California; and be it further

RESOLVED that the CSA works with relevant stakeholders to recommend that hospital bylaws ensure “Truth-in-Advertising” to patients regarding each healthcare professional’s role in patient care that is reflective of the healthcare professional’s specialty, degree, and licensing board; and be it further

RESOLVED that the CSA brings forth a resolution related to “Truth-in-Advertising” to the California Medical Association.



**Anesthesia Services, Contracting, and Payment Resolution
CSA House of Delegates June 2019
Proposed by Large Group Practice Forum**

Whereas, some insurers are unwilling to contract for anesthesia services; and

Whereas, furthermore, some insurers, including commercial and Medi-Cal geographical managed care insurers, who have contracted for anesthesia services are unwilling to pay the contracted rate: either in a timely manner, ask for excessive documentation, or do not pay at all.

Therefore, be it

RESOLVED that the California Society of Anesthesiologists (CSA) shall pursue modification of California law and regulation to prevent an insurer from designating a facility as “in network” unless all reasonably expected services, including anesthesia services, are already contracted as “in network;” and be it further

RESOLVED that the CSA shall pursue modification of California law and regulation to prevent undue administrative burden and delays in payment for anesthesia services.