



## **COA Response to the Proposed AANA Resolution #2021-3 A Membership Driven Resolution Regarding the Future of Nurse Anesthesiology Education and Clinical Training**

Colleagues:

My name is Paul Austin, and I am President of the COA. Thank you for the opportunity for sharing the COA's concerns.

Before voting on this resolution, I **strongly encourage ALL** CRNAs become fully informed on the actions the COA has already taken on the full scope of practice task force recommendations. You can find a **side-by-side comparison of the recommendations and resulting changes to the standards that have already been made along with rationales** on the [COA website](#).

### **General Background**

To ensure compliance with US Department of Education requirements that the COA **must** operate as a **separate, autonomous** accreditation agency (including being separate from the professional organizations in the field), the COA **must** follow its established procedures in carrying out its accreditation activities and **must** demonstrate that its accreditation and operational actions are **not** directed or required by outside organizations.

### **Regarding Resolution 2021-3**

The COA respects the good intentions of the makers. However, the COA believes that there are **substantial risks** posed the resolution language. The COA has **significant concerns** with the language "...so that the Board, if necessary, can explore any and all further actions that can be taken to help implement the task force recommendations." As noted, the accreditor **must** be **separate and autonomous** from the professional organization. The decision to adopt and implement any such recommendations resides **solely** with the COA pursuant to its policies and procedures.

COA Director Laura Bonanno and I served on the task force. We made it clear that the COA would review task force recommendations in accordance with its established procedures including distributing any potential revisions to the COA standards to the community of interest for comment. **This all occurred.** The **majority** of the task force recommendations resulted in changes to the accreditation standards. **Again, please go to [coacrna.org](#) for a comparison of the recommendations and the resulting standards changes with rationales.** The recommendations not resulting in changes may still result in **future** revisions to the standards, but that will be a decision left solely to the COA.

The resolution also recommends the COA adopt the professional title "... Nurse Anesthesiologist" as synonymous with "... Nurse Anesthetist". This is essentially identical to a resolution passed last year. The COA reviewed the matter at its May 2021 meeting and decided additional information was needed on the potential impact of this request on state and federal regulations and nurse anesthesia programs. The Council **will review** this information as it becomes available.

Regarding changing "Anesthesiologist" to "Physician Anesthesiologist" in COA documents– this is also redundant as the COA approved and implemented this change in January 2021.

### **In summary**

The COA has **serious concerns** regarding the proposed resolution language. The COA requests careful consideration of the actions it **has already taken** and the **potential negative consequences on the COA and the profession** of this proposed resolution.