

The United State Components of ASA

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The oft-quoted phrase attributed to former U.S. House Speaker Tip O’Neill – that “all politics is local” – is getting a real test in our current political atmosphere, which seems dominated by broad national and international concerns. We’ve all seen news coverage of various state representatives who field more questions at town halls about immigration or trade with China than they do about their local schools or road maintenance. That is, if those representatives even bother to hold a town hall with their constituents in the first place.

But at ASA, Tip O’Neill’s phrase is more relevant than ever, because the work our state components do is more important than ever. Many of the legislative battles that determine the laws and regulations which affect our practices are fought at the state or even municipal level – and we owe our continued successes to the hard work of our state component leaders and ASA State Affairs staff.

At the top of every component society’s agenda is ensuring patient safety through preservation of the physician-led anesthesia care team model. ASA State Affairs staff and component society members are forever at work with local policymakers to educate them on important issues and to develop public awareness messages that emphasize patient safety.

So far in 2019, State Affairs staff and component society members reviewed upwards of 2,000 pieces of legislation and at least 1,200 proposed regulations to assist components as they

worked to protect patient safety in each state. We’ve had a number of notable victories recently:

- In April, the Arkansas House of Representatives twice rejected legislation that would have replaced the requirement that nurse anesthetists administer anesthesia under physician supervision with a requirement that they work “in coordination with” a physician.
- In Illinois, legislation was defeated that would have authorized nurse anesthetists to practice without written collaborative agreements in all settings, if full practice authority requirements were met and would have authorized full prescriptive authority.
- In Mississippi, three pieces of legislation were defeated that would have, in one form or another, significantly weakened or entirely removed physician involvement from anesthesia care in the state.
- In New Mexico, legislation was defeated in March that would have authorized nurse anesthetists to practice without any physician involvement.
- In Oklahoma, the sponsor of dangerous nurse anesthetist scope-of-practice expansion legislation withdrew the measure from further consideration, then the language was revived as part of another bill, and now a truce has since been called and the expansion legislation will not be considered any more this session.
- West Virginia did not advance legislation that would have authorized nurse anesthetists to practice in collaboration with a physician or dentist instead of in a physician’s presence and under a physician’s supervision.

Our state components are also doing critical work in many other areas besides scope of practice, including out-of-network payment, pain medicine and opioids, anesthesiologist assistant advocacy, and truth in advertising, among others.

Component Society Structure

Component societies provide education and leadership development opportunities through their committees, education programs and representation to ASA. Component



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society leaders and members form the ASA House of Delegates (HOD) and the Board of Directors (BOD). Components elect Delegate and Alternate Delegates to the HOD, and Directors and Alternate Directors to the BOD. Every member has a voice and is eligible for most positions. In addition to ASA representative positions, each state society elects its own leadership and forms committees and task forces. Most states have an annual educational meeting, with many attracting attendees from surrounding states. These meetings provide high-quality continuing education and networking opportunities. Many component societies become contributors to their respective communities, such as when local faculty and presenters are tapped for meetings and provide ongoing teaching and mentoring activities. As vibrant as many already are, every component society needs more volunteers than it has. We encourage everyone to contact your executive director or president to get involved.

How ASA Supports Its Components

ASA supports component societies through several programs and activities. One of the most popular is **unified dues billing**, which has grown from nine participating societies in 2014 to 44 in 2019. Unified dues billing offers the convenience of renewing your membership with one easy payment. Groups find significant convenience in unified billing. They work with a dedicated staff person at ASA to build an accurate roster of members so that a single invoice can be created and paid that includes both ASA and component dues. Whether the group is within one state or several, ASA can provide a fully unified and accurate group bill.

New for 2019, ASA launched the **Component Recognition and Awards Program**, which recognizes excellence, encourages continuous improvement among components and ensures alignment with ASA strategic objectives. The goals of the program are to promote and grow member engagement opportunities, recognize innovation, and benchmark successful programs that benefit members through effective partnerships that elevate the standards of membership value in ASA and its components. Recognition and awards are based on basic standards necessary for a component society to be successful, with points allocated for each minimum standard and criteria selected for each program cycle. Interested societies can submit an application for review in June. They are reviewed in July, and awards are presented at the August BOD meeting.

ASA provides a very useful **newsletter template** to component societies every quarter. This template is pre-loaded with updates on ASA advocacy and initiatives. Component leadership can add state-specific content to inform members about upcoming events and items of importance in their states.

The society offers **recruitment and retention marketing support** to any state society seeking assistance. A number of co-written communications have been distributed during the renewal cycle and throughout the year to recruit new members. State membership rosters, recruitment lists and data analytics are provided to states upon request. The ASA Department of Education oversees our CME joint providership program. Several state components utilize these services for their annual meetings, including Indiana, Georgia, Tennessee, New Jersey, Florida, Ohio, Washington and Missouri. The joint providership program enables meeting attendees to claim CME credit through the ASA website, and their credits are automatically pushed to the ABA. These services ensure the society's scientific meeting meets all ACCME requirements. Component societies receive a significant discount on the fees.

There are two opportunities for component society executives to meet, collaborate and share best practices. The **Annual Leadership Summit** is held on the Sunday following the August BOD meeting. This day-long meeting provides useful association management information to help executives in the day-to-day management of their societies. The **annual Executive Directors Meeting** is held at the ANESTHESIOLOGY annual meeting each year. This two-hour meeting is normally hosted by the executive director of the state in which the conference is held and usually showcases innovative ideas or programs from one to two societies. Feedback indicates that both of these meetings are highly valuable to attendees.

Our Component Societies Need YOU!

Most states operate on a tight budget and need every anesthesiologist in the state to belong and participate. Component membership is not just an added expense to ASA membership – it is a vital component of each member's total value in supporting ASA and the profession. Membership brings direct benefits to every anesthesiologist in the state. Success and effectiveness are directly impacted by the number of members who join with ASA and their state component.