

January 27, 2017

Kansas Association of Nurse Anesthetists
% Paul Hertel CRNA, DNP
825 S. Kansas Avenue, Suite 500
Topeka, Kansas 66612

Dear Paul,

I am writing in regards to the recently introduced Anesthesiologist Assistant (AA) Licensure Act, HB 2046. I would like to share my personal experience working with AAs in Missouri and the likely ramifications passage of this bill would have on Nurse Anesthetists (CRNAs) serving Kansas.

Political turmoil and displacement of CRNAs

The work environment I experienced with Anesthesiologists and CRNAs went from one built on respect and comradery to an environment full of politics and dissatisfaction when AAs became part of the department. As a result, we lost large numbers of experienced CRNAs and maintaining adequate staffing due to the high turnover rate was problematic. Why the politics? The CRNA/AA environment would be similar to working with a rival. The lack of prior professional/healthcare related work experience was apparent in the AAs hired in comparison to CRNAs. The multiple years of critical care experience required to become a CRNA is a source of pride and tradition. The knowledge and experience CRNAs gain providing hands-on bedside care of critically ill patients cannot be matched by the AA.

Bringing such turmoil to the few areas that AAs could actually practice in Kansas will lead to displacement of CRNAs to other states. Kansas citizens deserve the quality care provided by CRNAs.

Decreased CRNA training access

As CRNAs became replaced with AAs, the number of educational opportunities for CRNA students decreased. For every AA, there is one less CRNA getting an opportunity to educate a CRNA student.

CRNA students are the future of anesthesia care in Kansas. Licensing AAs that would not be able to practice in 70% of the hospitals serviced by CRNAs would not benefit Kansas. Inadequate CRNA training opportunities, as a result of AA licensure, would eventually leave many Kansans without adequate access to anesthesia care provided by CRNAs.

Increased anesthesia care costs

After employment of AAs, the anesthesia department staffing ratios changed from the

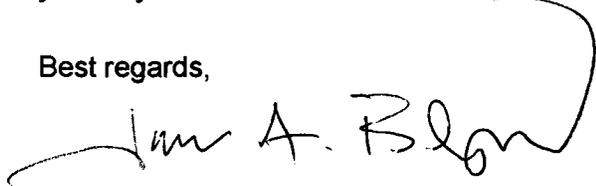
normal 1 anesthesiologist collaborating with 4 CRNAs down to typically 2 when AAs became part of the CRNA/AA model. Acquiring more anesthesiologist to take on AAs, why? Unfortunately, this comes with increased costs and certainly does not improve anesthesia safety.

In a financially strained healthcare system, increasing the costs of provision of anesthesia services is not the answer. In Kansas, CRNAs have a proven track record of safe cost effective care. Passage of AA licensure would increase costs without any benefit to patient safety.

Speaking from personal experience, passing AA legislation in Kansas would bring turmoil, decrease CRNA training access and increase costs without benefit to patient safety or Kansas residents. We know AAs do not meet the needs of Kansas. They lack the flexibility to provide anesthesia care in independent practice settings in 70% of the hospitals serviced by CRNAs. The AA Licensure Act would compromise the long history of quality anesthesia care provided by CRNAs in Kansas.

I hope you will find this information useful in your efforts to oppose the AA licensure bill. Thank you for your tireless work for CRNAs in Kansas and your opposition to the AA bill.

Best regards,

A handwritten signature in black ink, appearing to read "Jason A. Bolyard". The signature is fluid and cursive, with a large loop at the end.

Jason A Bolyard CRNA
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Prairie Village, Kansas 66208