

Testimony to House Health and Human Services Committee
Re: HB 2295
Presented by Sharon Niemann
February 18, 2019

Madame Chairman and honorable members of the committee,

The Newman University Nurse Anesthesia Program has been in existence since 1999 and have graduated 319 CRNAs (with 116 in the last 5 years). 90% of these graduates stay in Kansas. Our potential growth is limited only by clinical site options for our students, particularly specialty cases such as CV, OB, pediatrics, and trauma. Developing clinical site arrangements with groups that may be interested in future graduates would be a solution to any anesthesia needs, but we have not been approached by additional anesthesia groups that indicates a need except where the clinical opportunities don't exist. The NU program has 5 primary clinical sites in KS and 2 primary clinical sites in OK. In additions, we have 13 enrichment primary sites throughout Kansas and OK, allowing our students to get a wide variety of case. There are 5 additional clinical sites that potentially could provide our students with a wealth of highly desired cases, but we do not have clinical site affiliation agreements with those sites because the anesthesiologist at these sites do not allow student registered nurse anesthetists, although they hire our graduates frequently. Our primary clinical site for Kansas are: Via Christi -St. Francis, Wesley Medical Center (WAC), Kansas Surgery and Recovery, Susan B. Allen Memorial Hospital, and Wesley OB (MCAC). Our enrichment clinical sites for Kansas are: Lawrence, Salina, Topeka (St. Francis), Coffeyville, Via Christi Clinic, Kansas Spine Hospital, Newton, Hays, Via Christi Clinic. We have 2 primary sites in OK (McBride Clinic and OKC-VA) with several enrichment sites (Duncan, Surgical Hospital of Oklahoma, and CORE). There are multiple potential clinical site potentials in OKC, but the anesthesiologist don't allow students registered nurse anesthetists.

For the NU Nurse Anesthesia Program, the average successful applicant has a GPA of 3.5, a GRE of 300, the CCRN certification and 3.5 years ICU experience. This last year, we had 98 complete, qualified applicants applying for one of our 21 cohort slots. We haven't been asked to increase the number of students by the anesthesia community. Our program competes with anesthesia residents at 2 of our primary sites (Via Christi-SF and Wesley). This limits opportunities for high acuity cases such as hearts, lungs, trauma, neuro and pediatrics under 2. We are meeting the Council on Certification of Nurse Anesthesia Programs (COA) standards in these specialty cases, but resident are routinely assigned to these cases and many times, we have to get required cases at alternate clinical sites. We have attempted to develop an affiliation agreement with a local cardiovascular hospital, where SRNAs could get valuable heart and lung cases, but the anesthesiologists in charge of the anesthesia group are not willing to take SRNAs, although all of their CRNAs are graduates of the NU program. In 2017, 2 students with contracts for Hays Medical Center were released from their contracts because positions were not available. In 1 case, the facility had paid for the educational

costs for a SRNA, but then did not have a job for him, so he basically got a free education.

The most negative impact that AAs in Wichita (and/or KS) would have is limiting the clinical case opportunities for SRNAs and ultimately result in a decrease of CRNA graduates for KS. SRNAs can receive clinical case supervision by anesthesiologist and CRNAs, but NOT AAs. For example, if there were 2 AAs working for our primary OB site, our ability to get required OB cases would be drastically cut and would result in a reduction of CRNA graduates of 20-24/ year to be reduced to 10-12/ year. AA's working at either of our primary clinical sites (Via Christi- SF or Wesley) would have the same impact, increasing competition for required cases and result in fewer CRNAs completing the NU program. The Newman University Nurse Anesthesia Program has 20-24 students per cohort. 16 students of have primary clinical sites in Wichita. Over the last 5 years, 90% of these graduates have stayed in KS for jobs after graduation. If we had more clinical opportunities for educating SRNAs, we could increase our Wichita cohort to 20, as we have qualified applicants.

The introduction of AA's into Kansas would have an immediate and deadly effect on the education of CNRAs for Kansas, resulting in a major decrease in anesthesia care for Kansas residents.

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