

Public Health and Welfare
Chairman Gene Suellentrop

Senator Suellentrop:
Honorable Committee Members:

Last October I started my 42nd year of private, independent practice as a Certified Registered Nurse Anesthetist (CRNA). All my anesthesia education was provided by CRNAs. As a Southwest Kansas native, I represent CRNAs who cannot speak because of fear of retaliation and job loss. CRNAs have been threaten and CRNAs have lost jobs because of their position on CRNA practice. Please understand that.

The Anesthesiology Assistant (AA) legislation, SB223, is a solution in search of a problem. If there is a shortage of providers, train more CRNAs! That system is already in place. This is and has been an ugly , decades long, nationwide effort by the American Society of Anesthesiologists (ASA) to control money and the practice of anesthesia as well as eliminate CRNA competition. **If it is so critical that physician anesthesiologists control anesthesia, why don't they personally give all anesthetics?** The answer is they can personally make more money by controlling four anesthesia providers working at the same time and taking a percentage of each anesthetic charge. That's five anesthesia provider costs involved in four surgeries. Physician anesthesiologists demand hospitals pay stipends to increase their income over what third party payers reimburse for anesthesia services. Increasingly, hospitals are recognizing that it makes no sense and don't want to pay the extra \$150,000 to \$200,000 per operating room for this billing model. They are contracting with CRNAs instead. This is competition in the market place that physician anesthesiologists want to eliminate with AAs.

In 2018, several publications including U.S. News and World Report, Business Insider, and Forbes, each listed **physician anesthesiologist** as the highest paying job in America. That doesn't happen if you are personally administering anesthesia to one patient at a time as CRNAs do. Physician anesthesiologists take half or more of four CRNAs' generated income per case and in addition, demand a financial subsidy from hospitals to get the income they desire. CRNAs can practice alone and keep the money they generate. AAs by the design of anesthesiologists have to be supervised by anesthesiologists. Physician anesthesiologists want to limit competition. That is monopolistic behavior. It is un-American. **CRNAs are the ones there second by second with the patient. We aren't "supervising" several anesthetics at the same time. We are there. Not one state in the U.S. requires a CRNA be supervised by a physician anesthesiologist. Ask urban anesthesiologists how many anesthetics they personally administer alone in a years time. The answer for the majority is few if any. That's the reason they are able to show up at a hearing at a moments notice. They aren't in surgery taking care of patients. CRNAs are taking of the patients.**

If physician anesthesiologists are successful in getting their legislation passed, there will be fewer clinical sites to train **fully** capable CRNAs for **ALL** of Kansas and the military.

Physician anesthesiologists control CRNA training sites in urban hospitals and **they do not want to train a competitor, but rather AAs whom they would control financially.** Fewer CRNAs educated means access to care issues, particularly in rural Kansas. AAs cannot practice independently in any hospitals in Kansas or in any other state. Most states do not allow AAs to work at all. The military does not recognize or use AAs. Most military anesthesia providers deployed to the front lines are CRNAs. Former military CRNAs in public practice do not deserve to be displaced by AAs. That is reprehensible! The only anesthesia providers listed on the Viet Nam memorial wall are Certified Registered Nurse Anesthetists! Our nurse anesthesia history goes back to the Civil War. Nurse Anesthetists have a 150 year history of providing quality anesthesia services.

In the Yearbook of Anesthesiology and Pain Management 2001, Editor in Chief anesthesiologist Dr. John Tinker stated the following: QUOTE "I am troubled with the current focus on battling our professional colleagues, the nurse anesthetists: along with the current tendency to seek **legislative solutions** to problems related to compensation and safety **in the absence of compelling data.** Defamation, sloganeering, and lobbying legislators are ineffective at least, and worse as has been recently demonstrated to anyone who will set aside animosity long enough to think this through. The honor of taking responsibility for a patient's very life, second by second, during some of the most critical times imaginable for the patient, remains to me paramount." END QUOTE

The American Society of Anesthesiologists invented AAs so they could control and benefit financially from them. **When AA training started in the mid 60s, one stated goal was to ensure that the new anesthesia professional (AA) would always be under the supervision of a physician anesthesiologist.** This will not work in most Kansas hospitals. Access to affordable care will be adversely impacted. Hospitals cannot afford the **\$500,000–\$600,000** a year for each physician anesthesiologist to supervise AAs. AAs would be able to work in only a **small** number of hospitals in Kansas.

As a Kansas taxpayer, I RESENT the fact that the American Society of Anesthesiologists, the Missouri Society of Anesthesiologists, the Kansas Medical Society, and the Kansas Society of Anesthesiologists are encouraging institutions like the Kansas University Medical Center to use **taxpayer money** to fight a turf battle for control of the practice of anesthesia as well as the money involved. They are pouring hundreds of thousands of dollars into this fight because they know CRNAs are being utilized more as healthcare dollars become scarce. They know we provide quality care that is second to none. CRNAs would not be able to get professional liability insurance as independent providers if we were not fully capable.

Many conscientious physician anesthesiologists agree with much of what I have presented here. They enjoy working relationships with their CRNA colleagues. The drumbeat from various organizations propelled by fear over the future has driven the move to grab as much political and financial control as possible as reimbursement continues to decline. This attacks the anesthesia practice setting in hospitals and creates a hostile work environment. It can affect patient care. And one cannot overlook the fact that most physicians are men and most nurses are women. **The reality of sexism in healthcare**

has been reported and cannot be overlooked. Women and single mothers should not be intimidated and this bill can contribute to the problem. I've seen it and testified to that fact before a Kansas Board of Healing Arts hearing.

Most of you on this committee are from urban areas that don't have difficulty accessing healthcare. The same can't be said for rural Kansas. **There is no savings or benefit to Kansans in this legislation. It reduces competition. It reduces freedom.**

Ladies and gentlemen, after 42 years, I'm proud of the positive patient outcomes that have resulted from CRNA care in Kansas. I would ask that CRNAs continue to have a level playing field for competition that we have earned since the Civil War. We, CRNAs, can't buy that right. We don't have the financial resources that our antagonists do as the highest paid in the USA.

The relentless nationwide conniving to get AA legislation passed is becoming un-seemly. Those attempting to corner the anesthesia market in Kansas have repeatedly failed to get legislation passed on the Kansas House side. Now they are attempting a highly unusual, last minute scheme to get the Kansas Senate to do their bidding. Do the common sense thing, the right thing. **Reject** Anesthesiology Assistant legislation SB223 as the Kansas House and other states have consistently done. Please stop a bill that will increase costs, not improve quality, jeopardize access to care, and decrease training sites for fully capable, independent Certified Registered Nurse Anesthetists for all of Kansas.

Thank you.

Jerry Campbell, CRNA

Specializing In Rural Anesthesia Care Since 1977.