

Testimony re: HB 2046

House Health and Human Services Committee

Presented by Paul Hertel CRNA DNP

on behalf of

Kansas Association of Nurse Anesthetists

January 30, 2017

Mr. Chairman Dan Hawkins and members of the House Health and Human Services Committee, I am Paul Hertel CRNA, DNP. In 1997 my wife and I moved to Shawnee Kansas so that I could pursue a graduate degree in Nurse Anesthesia from the University of Kansas. After graduating in 1999, I worked for 7 years at various Kansas City hospitals and for the past 10 years have had the privilege of being a Clinical Assistant Professor at the University of Kansas, Nurse Anesthesia Education Department. I am currently President of the Kansas Association of Nurse Anesthetists (KANA) and have the responsibility to represent the over 700 nurse anesthetists throughout the state of Kansas. This includes more than 150 students in Kansas schools training to become CRNAs. It is my honor to represent this diverse group of CRNAs, many who are providing quality, cost effective and safe anesthesia care to the citizens of Kansas today.

In 2016, KANA celebrated 75 years as an organization dedicated to providing anesthesia services to the entire state. I find that when I talk with people from all walks of life, they often do not understand the training and the scope of practice for a CRNA. Legislators are sometimes surprised that 70% of the hospitals in Kansas rely solely on CRNAs to provide anesthesia services. This includes all anesthesia procedures which allows community hospitals to provide services such as surgery and obstetric services. CRNAs give patients access to care in Kansas. Also, as a member of this committee you are likely familiar with the Health Care Stabilization Fund (HCSF). In reviewing the experiences of this fund over the past five years, CRNAs are among the lowest (39%) when comparing claims paid out versus the surcharge

collected as part of malpractice premiums. I point this out as one of many indicators that CRNAs are providing safe, quality and affordable care in a way that serves the entire state.

In the remaining 30% of hospitals, Kansas CRNAs often work with anesthesiologists to provide care for patients as a team. Although it varies by hospital, at night you will have either an anesthesiologist, CRNA or both providers on-call. In some of the Kansas City hospitals that the CRNA stays in-house and can provide obstetric services as well as anesthesia for surgical services without the anesthesiologist on-site. This is obviously a system that works.

On January 25, 2017, over 75 student nurse anesthetists and CRNA's ascended the limestone steps of our beautiful capitol to educate and discuss with legislators, our opposition to HB 2046. Currently, Kansas recognizes two groups to provide anesthesia, anesthesiologists and Certified Registered Nurse Anesthetists. HB 2046 looks to add the Anesthesiologist Assistant (AA) to this group in Kansas. The AA licensure act will add cost, does not serve the entire state of Kansas and will cause harm to CRNAs who have decades of positive history serving the citizens of Kansas. I sought the advice of my national organization the American Association of Nurse Anesthetists (AANA) and was made aware of the inconsistent and vague language in this proposed legislation.

Finally, I have taken the time necessary to communicate with the CRNAs in both Kansas and Missouri via meetings, phone calls and emails. As you would imagine they too oppose HB 2046 and the reasons they provide are many. As I am an educator I first heard from my students. These students, many who are life-long residents of Kansas, are committed to practicing nurse anesthesia in Kansas upon graduation. They have important choices to make, and many will not work with AAs. As I said earlier we had our Annual Lobby Day last week and one of the students was asked if an AA is just like a Physician Assistant (PA). This is incorrect information promoted by the parties that have proposed this

legislation. Even the American Academy of Physician Assistants opposes AAs making claims that they have the same education and scope of practice as PAs.

We will see practices that have included CRNAs be systematically changed. I encourage you to read the included testimony of Jason Bolyard, CRNA, to see the devastation an anesthesia department experienced when AAs were introduced into a Kansas City hospital in Missouri. Anesthesiologists control the training of AAs but more importantly, they also control the hiring of AAs into an anesthesia department. The opposition says they do not want to replace CRNAs. However, I have many examples from the Missouri side of Kansas City where long term loyal CRNAs were replaced as part of a political agenda.

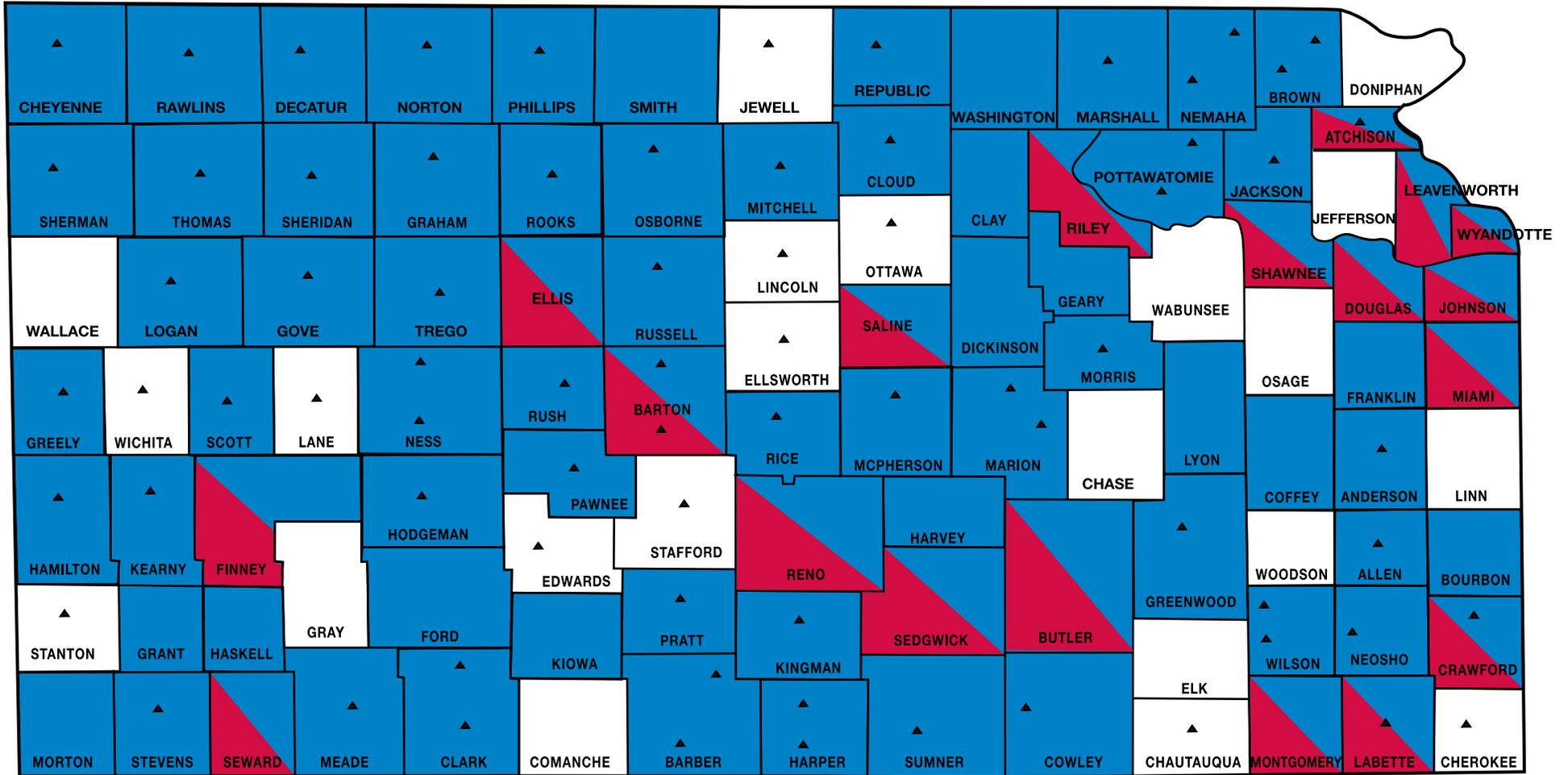
Please pause and look at the example across the state line in Missouri where I contend harm and not benefit has been done with the introduction of AAs. There was no fiscal advantage to hiring an AA and there is the loss of flexibility that accompanies the employment of a CRNA. The fact remains that 70% of rural Kansas will absolutely not benefit from the use of the AAs despite increased cost of bringing in another provider to Kansas. I would encourage like you to review the map that has been presented as part of testimony. The split squares indicate the counties currently served by CRNAs and anesthesiologists working together. Most importantly, identify the blue counties. This means CRNA only, a provider with a proven history of safe, quality and cost effective anesthesia care.

I sincerely thank you for reading my testimony and the testimony from others presenting today.

Paul Hertel CRNA, DNP

KANSAS ANESTHESIA PROVIDERS

Coverage by Counties



Kansas Hospital Association Stat Book and Blue Cross Blue of Kansas Shield Provider Directory

