Dear Chairman Carpenter and members of the House Committee on Health and Human Services,

My name is Rachel Luptak Bayer, and I am a Certified Anesthesiologist Assistant practicing at a level-one trauma center in the Kansas City Metro area. As a current resident of Kansas and a practitioner for 13 years at a hospital that covers Kansas and Missouri locations, I am writing to you in full support of CAA licensure in Kansas. CAAs bring abundant knowledge, skill, and competence to the anesthesia care team model, and will improve patient care access in Kansas. Licensure of CAAs in Kansas carries the support of state and national-level medical societies, and that of anesthesiologists, anesthetists, and operating room personnel familiar with CAA practice.

As an advanced practice provider, a CAA is a specific extension to an anesthesiologist. Requirements to apply to an accredited Master of Science in Anesthesiology program include a bachelor's degree and completion of all pre-medicine requirements. These requirements include upper-level biology, chemistry, physics, anatomy/physiology, and mathematics, and many schools require a minimum MCAT score. The 24 to 28-month programs include over 110 credit hours of coursework and a minimum of 2000 hours of clinical education. Upon graduation and a passing score on the certification examination, the CAA works under the supervision of an anesthesiologist. The anesthesia care team (ACT) allows CAAs and CRNAs to work as colleagues in physician-led care.

Privileges and supervision in most tertiary care institutions are identical and utilize the care team model, led by an anesthesiologist, working toward the common goal of providing safe and effective medical care. Working under the direct supervision of a physician anesthesiologist is an important safety measure in patient health, ensuring the highest level of medical care and expertise. The ACT is utilized in most urban hospitals in America, including KU Med, St. Luke's, Children's Mercy, all HCA hospitals in the Kansas City metro area, Wesley Medical Center, Ascension Via Christi, and Stormont Vail Health. Anesthetists (CRNAs and CAAs) are staffed equally, allowing one anesthesiologist to supervise up to four anesthetists. This ratio is adjusted based on the acuity of the surgeries and patients and is not cost-effective when staffing levels of anesthetists are inadequate or covered by hour-limiting locum tenens. Rural hospitals that have opted out of anesthesiologist supervision do not utilize the ACT, and thus would not be impacted by CAA licensure.

I work with CRNAs and CAAs daily. When education and training are equal, as is with CRNAs and CAAs, compassion, knowledge, and dedication to patients and colleagues determine worth. Both professions are worthy of the opportunity to care for the people of Kansas as they do across America with respect and appreciation for one another. The voice of few speaking out against CAA licensure is not the attitude I've experienced in the operating room and anesthesia lounge and does not represent the majority who currently work at facilities employing CAAs and CRNAs. Putting Kansas first is your priority, and it's time that CAAs are allowed to make it theirs, too.

Please see the attached document as a response to the KANAs opposition flyer to CAA licensure. I have included references and documents for your review.

Thank you for your consideration and your dedication to Kansas.

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Response to the Kansas Association of Nurse Anesthetists' opposition to CAA licensure in Kansas, including links to information, data, and studies for verification.

The following abbreviations will be used:
CAA-Certified Anesthesiology Assistant
CRNA-Certified Registered Nurse Anesthetist
ACT-Anesthesia Care Team
ASA-American Society of Anesthesiologists
KSA-Kansas Society of Anesthesiologists
AAAA-American Academy of Anesthesiologist Assistants
KANA-Kansas Association of Nurse Anesthetists
AANA-American Association of Nurse Anesthetists

CMS Recognition of CAAs and APRNs/CRNAs
CMS: Anesthesiologist Assistants
https://www.cms.gov/medicare/payment/fee-schedules/physician-fee-schedule/advanced-practice-nonphysician-practitioners/anesthesiologist-assistants-aas

CMS: Certified Registered Nurse Anesthetists
https://www.cms.gov/medicare/payment/fee-schedules/physician-fee-schedule/advanced-practice-nonphysician-practitioners/advanced-practice-registered-nurses-aprns

Legality of Anesthesia Service Providers
Condition of Participation: Anesthesia Services
https://www.law.cornell.edu/cfr/text/42/482.52

Conditions for Payment: Medically Directed Anesthesia Services
https://www.law.cornell.edu/cfr/text/42/415.110

Services of a CRNA or a CAA: Basic rule and definitions
https://www.law.cornell.edu/cfr/text/42/410.69

American Academy of Anesthesiologist Assistants Position Statements
Statement Against CRNA Supervision of CAA
The Anesthesia Care Team Model
Guidelines for Ethical Standards of CAAs
Provider Truth and Transparency
Drug Standardization Support
https://www.anesthetist.org/position-statements

CLAIM

Studies indicate that CRNAs can deliver the same level of anesthesia care as anesthesiologists with similar outcomes.

Studies have shown that the anesthesia care team composition (physician supervision or medical direction of CAAs, CRNAs, resident anesthesiologists, fellow anesthesiologists) provides similar outcomes regardless of the degree of the supervised individual. Physician-led care is the gold standard in many medical specialties, including anesthesiology.

Study: Anesthesia Care Team Composition and Surgical Outcomes
Eric C. Sun, M.D., Ph.D., Thomas R. Miller, Ph.D., M.B.A., Jasmin Moshfegh, M.A., M.Sc., Laurence C. Baker, Ph.D.
https://journals.lww.com/anesthesiology/fulltext/2018/10000/anesthesia_care_team_composition_and_surgical.20.aspx

CLAIM

There is no critical shortage of anesthesia providers in Kansas.

The shortage of anesthesia providers is well documented. The United States is expected to experience shortages in nearly all fields of medicine and nursing due to the aging workforce, increase in life expectancy, and increased comorbidities.

Study: Anesthesiologist Shortage: A Call for Action
https://www.sciencedirect.com/science/article/pii/S2949916X2400001X

A search on February 5, 2025, on gasworks.com, a reputable site for CRNAs, anesthesiologists, and CAAs seeking job opportunities, yields 137 active listings for CRNAs in Kansas. Some listings are for multiple CRNAs positions, resulting in the need for over 137 CRNAs. The openings are statewide and include rural and urban sites, as well as hospitals and surgical centers.
https://www.gaswork.com/post/431384

Many Kansas hospitals are filling openings with shorter-term locum tenens or 1099 employees. Locum tenens are typically not from the area and, thus, do not have community and state connections. Most are paid up to 2 times as much as a full or part-time hospital or group employee, choose their days and times, and can decline call, weekend, holiday, and night coverage and precepting of students. Additional coverage outside of their contract is paid at an even higher rate. These employees are costly additions to the hospital system and may limit coverage capabilities outside of contracted hours.

CLAIM

Allowing CAAs in Kansas will be devastating to the 2 well-established Kansas CRNA Programs.

The provided information states that Kansas has over 800 CRNAs currently practicing and 2 SRNA programs that have 150 students combined at any given time. According to the AANA, SRNAs can also be precepted/instructed by anesthesiologists. This leaves an abundance of training sites and instructors in the state of Kansas. Both schools also utilize out-of-state rotations, further increasing teaching site availability.
https://www.coacrna.org/

KU: Our students have access to a wealth of cases, including experience in specialty areas such as MRI, radiation oncology, cardioversions and much more
https://www.kumc.edu/school-of-health-professions/academics/departments/nurse-anesthesia-education.html
https://www.kumc.edu/school-of-health-professions/academics/departments/nurse-anesthesia-education/academics/clinical-education.html

https://newmanu.edu/academics/graduate-programs/nurse-anesthesia-wichita/clinical-sites

CLAIM
If CAAs are permitted, increased costs will occur to Kansas hospitals and patients.
Hospitals that employ both CRNAs and CAAs and utilize the ACT have equal pay and benefits for both professions. Both CRNAs and CAAs can be supervised in a 4:1 ratio (4 anesthetists to 1 anesthesiologist), resulting in equal costs for the patients/hospitals. Supervision below 2:1 (CRNAs or CAAs) likely increases costs across the board, and it is up to the anesthesia care team to manage this appropriately based on patient acuity and staffing. The ACT model is already in practice in many Kansas hospitals and facilities, and ratios would not change with the addition of CAAs due to equal supervision requirements. This results in NO CHANGE in costs to the hospital or patient.

Rural hospitals that currently operate without the ACT would not be required to change staffing models or hire CAAs. The inclusion of CAAs to the ACT in Kansas would be an opportunity for anesthetist staffing, not a requirement. The ACT model is not cost-effective for all hospitals and surgical centers. A hospital that works in the ACT model would benefit from the addition of CAAs in Kansas where staffing needs are present and/or locum tenens are being utilized and paid at higher rates.

https://dhhs.ne.gov/licensure/Credentialing%20Review%20Docs/CRAACostAnalysisOfStaffingModelsOfAnesthesiaCare.pdf
https://www.anesthesiallc.com/news-events/106-communique/past-issues/winter-2020/1282-what-determines-the-cost-of-anesthesia-care

CLAIM
Permitting CAAs in Kansas will increase the risk of fraudulent billing.
Anesthesia billing modifiers include the following:
HCPCS Modifier Descriptor
AA Anesthesia Services performed personally by the anesthesiologist
AD Medical Supervision by a physician: more than 4 concurrent anesthesia procedures
QK Medical Direction of up to 4 concurrent anesthesia procedures involving qualified individuals
QX Qualified nonphysician anesthetist service: With medical direction by a physician
QY Medical direction of one qualified nonphysician anesthetist by an anesthesiologist
QZ CRNA service: Without medical direction by a physician
Source: Medicare Claims Processing Manual, Chapter 12, Sections 50I and 140.3.3 as of 6/11/2019
Anesthesiologists

Only one modifier can be used, and it is the same for services performed under the supervision of an anesthesiologist for both CRNAs and CAAs. Fraudulent billing opportunities would not increase with the addition of a CAA to the ACT since services are billed with the same modifier.
Most fraudulent billing in anesthesia is due to the use of the QZ modifier. According to studies, procedures using the QZ modifier incorrectly report the absence of an anesthesiologist. In a 2009 Medicare claims data report, of the 23.9% of cases that were filed as QZ, anesthesiologists were involved in 58.6% of those cases. CAAs cannot be billed by using the QZ modifier, thus eliminating a major opportunity for fraudulent claims in anesthesiology billing.

CMS Anesthesia Billing Modifier Reporting
https://www.emblemhealth.com/providers/claims-corner/coding/anesthesia-modifier-reporting

QZ Modifier Misrepresentation
https://www.thehealthlawpartners.com/docs/qz_modifier_a_lurking_problem.pdf

Coding and Modifiers for Anesthesia Services
https://www.asahq.org/quality-and-practice-management/managing-your-practice/timely-topics-in-payment-and-practice-management/anesthesia-payment-basics-series-codes-and-modifiers

CLAIM
A lapse of medical direction compliance could increase the liability of the surgeon/hospital if an anesthesiologist is not available to rescue the patient.
The following are statements made by the ASA:

- CAAs and nurse anesthetists are both non-physician members of the Anesthesia Care Team (ACT). It is the position of ASA that both CAAs and nurse anesthetists share identical patient care responsibilities - a view in harmony with their equivalent treatment by the Centers for Medicare and Medicaid Services (CMS).
- CAAs are highly trained graduate-level non-physician anesthesia care professionals. They are trained extensively in the delivery and maintenance of quality anesthesia care as well as advanced patient monitoring techniques

CAAs and CRNAs deliver high-level care to patients and do so interchangeably, where both practice as part of the ACT. As such, it is the expectation and requirement that continuous care is delivered for the duration of the procedure, regardless of the presence of an anesthesiologist. CAAs and CRNAs are both educated to make appropriate and timely decisions and in the care team model, both utilize the presence of all members of the ACT to create an anesthetic plan that focuses on patient safety. It is a false and slanderous claim to assert that a CAA cannot or will not identify and/or provide life-saving measures when needed. CRNAs and CAAs must carry advanced life-saving certifications (BLS, PALS, ACLS) and understand difficult airway algorithms.

A child playing football must first learn the rules of the sport and must be able to throw, catch, and run independently. Each player must be able to play their position autonomously but utilizes the presence and support of teammates and coaches to obtain a better outcome. Anesthesiology is no different. Required skills and knowledge in anesthesiology are gained through individual clinical and didactic work.

Each anesthetist must be able to function autonomously but utilizes the anesthesia care team model to create the safest and most efficient environment for the patient and all involved in his/her care.

ASA Recommendation of the Anesthesia Care Team/CAA Practice
https://www.asahq.org/advocating-for-you/anesthesiologist-assistants

ASA Statement on Anesthesia Care Team and Definition
https://www.asahq.org/standards-and-practice-parameters/statement-on-the-anesthesia-care-team

ASA Statement on Certified Anesthesiologist Assistants
https://www.asahq.org/standards-and-practice-parameters/statement-on-certified-anesthesiologist-assistants-description-and-practice

Condition of Participation: Anesthesia Services
https://www.law.cornell.edu/cfr/text/42/482.52

CLAIM

Kansas and Kansans will not benefit from CAAs.

CAAs can practice in 22 jurisdictions, including the bordering states of Oklahoma, Missouri, and Colorado. Extension to all 50 states has been limited exclusively by political action efforts by the AANA and corresponding state associations. Licensure efforts are costly, deter from patient care focus and demands, and often lead to slanderous and defamatory claims against a well-established, certified, skilled, and proven profession. Currently, over 30 CAAs in the KC area travel outside Kansas each day to neighboring states to practice anesthesia, taking tax dollars and revenue with them. Willing and able-bodied Kansans can help decrease the staffing shortages in the state, decrease reliance on locum tenens and 1099 employees, and have the ability to practice in the state they call home. Decreased staffing shortages will increase surgical openings, decrease backlogs for surgeries and procedures, and promote access to healthcare services for the people of Kansas.