House Health and Human Services Committee

February 17, 2025

Opposition Testimony Re: HB 2368

Jeremy Salsbury, Kansas Association of Nurse Anesthetists

Chairman Carpenter, Vice Chair Bryce, and honorable members of the House Health and Human Services Committee,

My name is Jeremy M. Salsbury, CRNA, MSNA MAJ (USAR Retired). It is my pleasure to submit the following testimony on behalf of the over 900 members of the Kansas Association of Nurse Anesthetists (KANA). I come before you today to explain how anesthesiologist assistants (AAs) would negatively impact healthcare and healthcare costs for Kansans. The Kansas Association of Nurse Anesthetists respectfully request that you do not support HB 2368.

Here are three reasons we believe you should oppose this bill.

1. Anesthesiologist Assistants do not improve access to care in Kansas, in fact there is reason to believe they will result in restricting access and driving up costs.

2. AAs are narrowly trained and cannot practice without a licensed anesthesiologist.

3. AAs are an unproven provider, and there are no peer-reviewed studies that prove the safety of AAs.

First, Anesthesiologist Assistants do not improve access to care. CRNAs have been providing full-service, safe, cost-effective anesthesia care for over 150 years. AAs are trained to assist anesthesiologists, limiting their practice to the locations where anesthesiologists practice, typically urban settings. AAs are not the answer to any real or perceived anesthesia provider shortage. They cannot cure the serious health care access issues that exist in rural areas, whereas CRNAs, who do not require anesthesiologist supervision, can.

Beyond the fact that AAs do nothing to improve access to care, I have serious concerns about their impact on health care costs, something both the State and everyday citizens of Kansas with health care insurance should most certainly be concerned about. Simply put, because an anesthesiologist must directly supervise the AA, two providers must always be involved when an AA practices. Among all anesthesia delivery models – anesthesia delivered by CRNAs, or by physicians, or by both together – nurse anesthesia care is extremely safe and 25 percent more cost-effective than the next least costly model. Utilizing the anesthesiologist-AA model could be detrimental to the state and private sector's efforts to rein in skyrocketing health care costs.

Now to my second concern: AA and CRNAs are NOT interchangeable. Supporters of this bill have suggested that AAs are interchangeable with CRNAs. Nothing could be further from the truth. CRNAs are first prepared as generalists in their undergraduate nursing programs. After gaining significant experience as a generalist, they subsequently become anesthesia specialists through graduate education and training. During the course of their education, CRNAS will typically acquire nearly 9,000 hours of clinical patient care experience, whereas AA graduates average 2,000-2,700 hours of clinical experience, depending on the program. CRNAs have an

average of 3.5 years of critical care nursing experience during which they care for the sickest patients, plus all the patient care experience they gain during their undergraduate nursing programs. There is no requirement for AAs to have any patient care experience prior to beginning their training. AAs simply do not have a broad foundation to fall back on when patient conditions become critical. When life and death decisions are required, the operating surgeon will be forced to step in until the anesthesiologist, who is caring for 3 other patients, becomes available. This situation very likely will not be good for the patient, the surgeon, or the hospital. Kansas has two CRNA programs that have collectively nearly doubled their number of graduates over the past 10 years. These programs prepare graduates to function in the full scope of anesthesia practice, working with many types of healthcare providers, including surgeons, anesthesiologists, and other advanced practice registered nurses.

Finally, my third concern is that AAs are an unproven provider. No peer-reviewed studies in scientific journals have been published regarding the quality of care of AA practice or AA anesthesia outcomes. The quality of care that AAs provide is unproven, as there is no meaningful research data concerning AA anesthesia safety. In contrast, the excellent, safe anesthesia care that CRNAs provide, and associated anesthesia outcomes have been repeatedly demonstrated in peer-reviewed studies published in prominent journals.

If Kansas demands more anesthesia providers, then our great state must support its existing, high quality nurse anesthesia programs and physician residencies, not licensure for a narrowly trained provider offering very limited usefulness to Kansans.

We ask that you oppose HB 2368. Thank you, and I'll try to answer any questions you may have.