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Rep. Will Carpenter, Chair
House Committee on Health and Human Services
Kansas State Capitol
300 SW 10th Avenue
Topeka, KS 66612

Dear Rep. Will Carpenter, Chair, and Members of the House Committee on Health and Human Services,

I am writing to express my strong opposition to HB 2368, which seeks to introduce and license Anesthesiologist Assistants (AAs) in the state of Kansas. As a Certified Registered Nurse Anesthetist (CRNA), I am deeply concerned about the negative impact this bill will have on the quality of anesthesia care, the training of student nurse anesthetists, and the overall anesthesia workforce in Kansas. Physicians claim this legislation is about improving patient access, but if that were true, they would want AAs practicing in rural Kansas, where the need is greatest. Instead, this is about maintaining control over anesthesia services, rather than genuinely addressing patient care needs.

Impact on CRNA Education and Workforce

CRNA programs in Kansas play a crucial role in preparing highly skilled anesthesia providers who serve both urban and rural communities. The introduction of AAs will directly undermine the viability of CRNA academic programs, ultimately reducing the number of CRNAs available to provide care in our state. Given that approximately 85% of facilities in Kansas rely on CRNA-only practices, which AAs cannot participate in, this legislation makes little practical sense and threatens the stability of anesthesia services, particularly in rural areas. Additionally, AAs will greatly impact the ability to educate CRNAs, as CRNAs students cannot train in a room where an AA is providing the anesthesia. AAs actively displace CRNAs in training and practice, further eroding the CRNA workforce in Kansas.

Financial and Logistical Burden of the AA Model

A fundamental issue with the AA model is its financial infeasibility. A supervised anesthesiologist assistant model is not financially feasible for the vast majority of hospitals in Kansas. Hospital CEOs have expressed concern that employing AAs would place an undue financial burden on hospitals, particularly those in rural areas, as it requires the additional cost of maintaining anesthesiologist supervision. In contrast, CRNAs provide cost-effective anesthesia care independently, ensuring broader access to safe anesthesia services without the necessity of an additional supervising physician.

This legislation also raises an important question of impartialness. Physicians have long had the ability to employ assistants in various fields, granting them an unfair staffing and earnings advantage over independent providers such as CRNAs. If AAs are introduced under a model that mandates anesthesiologist supervision, it will further entrench disparities in professional practice opportunities, favoring physician-led models over independent, highly trained CRNAs who have demonstrated their ability to provide anesthesia care safely and effectively.

Regulatory Uncertainty and Lack of Licensure

For years, AAs have attempted to circumvent the legislative process to gain entry into Kansas. Initially, they sought legislation to practice without being licensed as healthcare providers. When that failed, they attempted to gain authorization through delegation by anesthesiologists. In early 2022, the Kansas Board of Healing Arts (BOHA) received a letter from the Kansas Society of Anesthesiologists (KSA) requesting confirmation that licensed anesthesiologists have the authority to delegate anesthesia services to AAs acting under their supervision, in accordance with existing Kansas law. BOHA responded affirmatively, stating that AAs can practice under the delegatory authority of licensed anesthesiologists without requiring a separate license. However, BOHA noted that it does not license AAs and would only do so if authorized by the Legislature—which has not been done to this day.

Additionally, in 2023, Orthomed staffed AAs at the MAO Leawood Surgery Center for anesthesia cases without proper authorization. This action led to KDHE stepping in to halt the unauthorized use of AAs. Such incidents demonstrate a continued pattern of attempting to introduce AAs into Kansas anesthesia practice without adherence to the proper regulatory framework. These repeated efforts to bypass due process highlight the ongoing risks posed by allowing AAs into Kansas anesthesia practice without proper legislative approval. This lack of legislative authorization means that AAs continue to operate in a regulatory gray area, underscoring the need for careful scrutiny before any licensing law is enacted.

CRNA Training and Expertise

CRNAs enter anesthesia practice with a strong foundation in patient care and critical care experience. Before even applying to anesthesia school, nurses must gain extensive hands-on experience in critical care settings, developing skills in patient assessment, emergency response, and complex decision-making. CRNAs must be Registered Nurses with a Bachelor's degree and complete rigorous coursework in chemistry, microbiology, anatomy, physiology, and statistics. Additionally, they must be certified in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) prior to entering CRNA school. This deep clinical background ensures that CRNAs bring a comprehensive understanding of patient management and safety to their anesthesia practice.

Anesthesiologist Assistants are not a solution to Kansas anesthesia staffing challenges. Rather than addressing the root causes of workforce shortages, this bill merely applies a temporary fix while creating significant long-term risks. AAs require direct supervision by an anesthesiologist, limiting their ability to provide independent, flexible care. Furthermore, their presence reduces critical training opportunities for anesthesia residents and nurse anesthetist students—jeopardizing the future competency of anesthesia providers in our state.

AAs can enter their training with a general science degree and no direct patient care experience. While some may have a premedical background, there is no universal requirement for prior hands-on patient care. Theoretical knowledge alone cannot substitute for actual patient care experience, which is essential for developing critical decision-making skills in anesthesia practice.

Alternative Legislative Approach: CRNA Supervision of AAs

If Kansas were to consider integrating AAs, the only way this model would truly benefit our state is by allowing CRNAs to supervise AAs, a system that has already been introduced in Wyoming through SB 112. **SB 112 passed 29-2 with CRNA supervision of AAs amendment.** Currently, there is no CMS reimbursement mechanism for CRNAs supervising AAs, but historical precedent suggests that billing rules would follow once the legislation is established. If this provision is not included, the only outcome will be the displacement of CRNAs, allowing the American Society of Anesthesiologists (ASA) to tighten its control over anesthesia services and undermine the CRNA workforce.

Conclusion

For decades, CRNAs have demonstrated their ability to provide safe, high-quality, cost-effective anesthesia care in Kansas. The introduction of AAs, particularly under a supervision model that does not allow CRNA oversight, threatens to diminish access to anesthesia care, particularly in rural communities, and places unnecessary financial burdens on hospitals. The lack of required healthcare experience for AAs, combined with failed past attempts to introduce them into Kansas, further supports the argument that HB 2368 should not move forward. I urge you to spend time in the operating room observing anesthesia care firsthand. This will provide valuable insight into the critical role that Certified Registered Nurse Anesthetists (CRNAs) play as the primary providers of anesthesia, while physician anesthesiologists often remain in supervisory roles outside of direct patient care.

I respectfully urge you to oppose HB 2368 and protect the integrity of anesthesia care in Kansas.

Thank you for your time and consideration.

sonia slaba, CRNA