

Testimony Re: SB67

House Committee on Health and Human Services

March 7, 2025

To: Chairman Carpenter, and the honorable members of the House Committee on Health and Human Services,

My name is Kelly Hutton-Gordon and I have been a practicing CRNA in the state of Kansas for almost 25 years. It is my pleasure to submit the following testimony on behalf of over 900 members and fellow CRNAs of the Kansas Association of Nurse Anesthetists (KANA) of which I am now President Elect. I served in the United States Army, attached to a Head and Neck trauma unit that I was readily available to provide as a independent provider on this forward surgical team. Following my tenure in the Army, I also provided independent practice to Dwight D. Eisenhower Leavenworth, KS VA for eight years. I currently own/operate Ethos Anesthesia Service, LLC that provides exclusive anesthesia contracts to facilities all over Kansas, as well as providing intermittent staffing needs. I am well versed in the anesthesia needs of Kansas. I come before you today to speak in support of the modernization of nursing statutes in Kansas to allow CRNAs to continue to provide safe, high quality patient care without unnecessary barriers. KANA and its 900+ members respectfully request that you support SB67 for your Kansas constituents.

Those of you that have been hearing this request for modernization have heard previously:

- **CRNAs have been practicing in the U.S. for over 150 years.** Long before formal anesthesiologist (MD/DO) training programs existed. Thus, laying the foundation to their training programs.
- **CRNAs provide annually over 50 million anesthetics to patients in the USA.**
- Multiple studies have been conducted proving that a solo CRNA is the **most cost-effective** anesthesia approach for any facility, therefore saving money to the healthcare system and ultimately the state and the Kansas constituents.
- **Multiple studies** have been conducted that have proven, despite what the opposition states, that there is **no difference** in safety between an Anesthesia Care Team Model (including a anesthesiologist), or a solo CRNA providing anesthesia. I'm happy to present these studies if requested.
- **The Federal Trade Commission has weighed in multiple times stating as recently as 2019,** "consistent with patient safety, however, we have urged regulators and legislators to consider the benefits that more competition from independent APRN's, - including CRNAs-might provide-especially benefits to patients. If APRNs are better able to practice to the full extent of their education,

training, and abilities, and if institutional health care providers are better able to deploy APRNs as needed, health care consumers- patients- are likely to benefit from improved access to health care, lower costs, and additional innovation.”

- In 2012, **Medicare published a final rule authorizing** direct reimbursement of CRNAs for chronic pain management services. **This action confirms the fact that the federal government recognizes CRNAs as qualified pain management providers.**

The current Kansas statute (K.S.A. 65-1158) regulating CRNA practice states, “Upon the order of a physician or dentist requesting anesthesia or analgesia care, each registered nurse anesthetist shall be authorized to” which is followed by an outline of tasks we are able to perform. This verbiage directly limits our availability to patients as it restricts that we can only collaborate with a physician or a dentist. In many facilities across Kansas the providers covering the Emergency room are Nurse Practitioners, or Physician Assistants. These providers in a trauma or emergent situation **cannot legally collaborate** with CRNAs for any procedures including Establishing an emergent airway, a lumbar puncture for possible meningitis, both of which are life-threatening emergencies. So I ask you a personal question: **If you or your loved one are driving thru Kansas and find yourself in a emergency room, not in Johnson County, needing one of these life saving emergencies, do you want a provider that can immediately tend to you with experience, or do you or your loved ones take the risk of not being able to have these immediate services performed by a CRNA that performs this service every day, or you risk having these services done to you or your loved one that does not have the expertise in these services?** It is a very simple question, and one that if it were myself or my child I can readily answer because I have done these lifesaving remedies every day of my career.

The healthcare arena is, and has been changing for years here in Kansas, as well as the United States by professionals whose services provide overall very safe, high quality, and cost-effective outcomes for millions of Americans. CRNAs do and have met this criteria year after year across this nation and in Kansas. Our statute verbiage is archaic and needs to be changed in order for us to meet our patients’ needs without fear of legal recourse, but to allow us to practice at the full scope and training that we have received. The Kansas Association of Nurse Anesthetists appreciates the efforts of the Committee in its willingness to support access to high quality healthcare in Kansas and urges you to support SB67. Thank you very much for your time.

Kelly R. Hutton-Gordon MA, CRNA
Ethos Anesthesia CEO/Owner
KANA- President Elect