



American Association of
NURSE ANESTHESIOLOGY

March 3, 2025

Re: Kansas Senate Bill 67 - CRNA practice

To whom it may concern,

I am the President of the American Association of Nurse Anesthesiology (AANA), the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists, with membership that includes more than 65,000 CRNAs and student nurse anesthetists representing over 88 percent of the nurse anesthetists in the United States. The AANA supports Senate Bill 67 and the ability of Kansas CRNAs to provide high quality, cost-effective care to Kansas patients without unnecessary restrictions.

National Trend

Restrictions on CRNA practice are not supported by evidence and are contrary to the national trend, which is toward allowing each practitioner to practice to the full extent of his/her education and training. This trend, including the use and prescription of pharmacologic and non-pharmacologic interventions, is further supported by the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education¹, adopted in 2008 and endorsed by over 40 nursing organizations.

In addition, the Federal Trade Commission has weighed in numerous times in support of removing restrictions on APRNs, including CRNAs, stating that “[c]onsistent with patient safety, however, we have urged regulators and legislators to consider the benefits that more competition from independent APRNs – 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.”²

¹ <https://www.aacn.org/~media/aacn-website/nursing-excellence/standards/aprnregulation.pdf?la=en>

² <https://www.ftc.gov/policy/advocacy/advocacy-filings/2019/12/ftc-comment-texas-medical-board-its-proposed-rule-19313-add>

aana.com | CRNA focused. CRNA inspired.

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CRNA Scope of Practice

As healthcare professionals, CRNAs practice according to their expertise, state statutes and regulations, and institutional policy. The AANA supports the full scope of CRNA practice as set forth in the AANA’s “Scope Nurse Anesthesia Practice” and “Standards for Nurse Anesthesia Practice.”³

CRNAs work closely with all members of the patient care team to ensure patient safety and comfort. They are responsible for the patient's safety before, during and after anesthesia and stay with the patient for the entire procedure. CRNAs are uniquely prepared to care for patients suffering from acute and/or chronic pain and are educated, trained and experienced in managing emergency situations. Acute and chronic pain interventions by CRNAs, including [enhanced recovery after anesthesia](#) and opioid-sparing anesthesia, can minimize the use of and need for opioids.

Access to Care

Practice by CRNAs and other APRNs to the full extent of their education and training is also supported by the 2010 Institute of Medicine (IOM) report titled, *The Future of Nursing: Leading Change, Advancing Health*⁴ (the IOM report). The IOM report includes the “key message” that: “Nurses should practice to the full extent of their education and training.” [page 3-1] The IOM report further indicates “...regulations in many states result in APRNs not being able to give care they were trained to provide. The committee believes all health professionals should practice to the full extent of their education and training so that more patients may benefit.” [page 3-10]

In addition to delivering essential healthcare in thousands of medically underserved communities, CRNAs are the main providers of anesthesia care for women in labor and for the men and women serving in the U.S. Armed Forces, especially on frontlines around the globe. They also serve as the backbone of anesthesia care in rural and other medically underserved areas of the United States. A study⁵ published in the September/October 2015 *Nursing Economic\$* found that CRNAs are providing the majority of anesthesia care in U.S. counties with lower-income populations and populations that are more likely to be uninsured or unemployed.

Conclusion

Based on the foregoing, the AANA supports the Kansas Association of Nurse Anesthetists concerning SB 67 and encourages you to support the ability of Kansas CRNAs to provide high quality, cost-effective care to patients without unnecessary restrictions. Please do

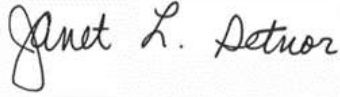
³ <https://www.aana.com/practice/practice-manual>

⁴ http://www.nap.edu/catalog.php?record_id=12956

⁵ Liao CJ, Quraishi JA, Jordan LM (2015). Geographical imbalance of anesthesia providers and its impact on the uninsured and vulnerable populations. *Nursing Economic\$*, 33(5):263-270.

not hesitate to contact Sarah Chacko, Senior Director, State Government Affairs, at schacko@aana.com if you have any questions or require further information.

Sincerely,

A handwritten signature in black ink that reads "Janet L. Setnor". The signature is written in a cursive style with a large initial 'J'.

Janet L. Setnor, MSN, CRNA, Col. (Ret), USAFR, NC
President, American Association of Nurse Anesthesiology