



KANSAS SOCIETY  
OF ANESTHESIOLOGISTS

January 27, 2017

The Honorable Dan Hawkins, Chair  
House Health & Human Services Committee  
300 SW 10<sup>th</sup> St, Room 186-N  
Topeka, KS 66612

Chairman Hawkins and members of the House Health and Human Services Committee,

On behalf of our over 300 members, the Kansas Society of Anesthesiologists (KSA) appreciates the opportunity to express our support of House Bill 2046, the Anesthesiologist Assistant Licensure Act. This legislation would authorize licensing and regulation of Anesthesiologist Assistants (AAs), allowing these highly-trained medical professionals to utilize their team-based skills and practice in Kansas. HB 2046 is an important bill for physician anesthesiologists, Anesthesiologist Assistants, and patients in Kansas to help ensure an adequate work force, adequate resources for patient care, and a free market for anesthesia providers in Kansas. Therefore, we request your support on seeing this measure out of the Health and Human Services Committee with a favorable vote.

The American Society of Anesthesiologists (ASA) and the KSA strongly believes in the Anesthesia Care Team (ACT), and supports anesthesiologist assistant practice authorization in all states. AAs currently practice under the ACT model in 17 jurisdictions, including the surrounding states of Missouri, Colorado and Oklahoma. AAs are highly trained non-physician anesthesia care providers with master's degrees. They work exclusively under the medical direction of physician anesthesiologists within the ACT environment. All AAs possess a bachelor's degree, complete the same pre-medical coursework as physicians, score competitively on the MCAT (Medical College Admissions Test), and complete a rigorous, comprehensive 24 to 28-month training program in the delivery and maintenance of quality anesthesia care as well as advanced patient monitoring techniques.

AA master's degree programs are accredited by the same national accrediting body that certifies 2000 educational programs in 23 different allied health professions. AAs must pass a certification examination administered by the NCCAA (National Commission for Certification of Anesthesiologist Assistants) in collaboration with the National Board of Medical Examiners. They must also complete 40 hours of continuing medical education every two years and a recertification exam every six years.

AAs are as safe and effective as nurse anesthetists. There is no peer-reviewed or other credible evidence that the care provided by an anesthesiologist assistant is less safe than that of a nurse anesthetist. As the former Director of AAs of an anesthesia department that utilized both AAs and nurse anesthetists, I can attest to the complete interchangeability of these two types of non-physician anesthesia care providers. Moreover, the experience of our many colleagues who utilize both AAs and nurse anesthetists in Missouri hospitals also confirms the safety of care provided by AAs and the strong professional relationship AAs enjoy with their nurse anesthetist colleagues.

Physician anesthesiologists and AAs have worked together for over four decades, during which patients have enjoyed increased access to care with a demonstrated and exemplary safety record. More than 80 percent of all anesthetics throughout the United States are delivered in the ACT model of care, consisting of a supervising anesthesiologist and non-physician anesthesia providers (i.e., AAs, nurse anesthetists, or anesthesiology physician residents/fellows). ACTs may operate in every state in the country, and are a long-established and safe model for providing anesthesia care. It is the position of the ASA and KSA that both AAs and nurse anesthetists have identical patient care responsibilities and technical capabilities— a view which is verified by their equivalent treatment under Medicare.

While not required for every surgery many hospitals, surgery centers, and related institutions choose to utilize the ACT approach to patient care because of its impeccable safety record. They should be authorized to do so with any qualified anesthesia provider under physician-led care and NOT be deprived the choice of qualified, trained AAs. Moreover, AA's who live in or wish to return to Kansas should not be deprived of the chance to both live and work in their home state. These highly-educated, highly-paid professionals will also serve to increase the state tax base and contribute to the local and state economies if allowed to practice in Kansas. The aging U.S. population, shortage of healthcare providers, and expansion plans for many Kansas hospitals have created a critical need for anesthesia providers. Access to an entire new labor pool of AAs will help to address this urgent need while allowing nurse anesthetists to continue their thriving practice in Kansas as well.

On behalf of the KSA, we respectfully request your favorable consideration and passage of HB 2046. Should you have any questions, please feel free to contact me at [dwild@kumc.edu](mailto:dwild@kumc.edu).

Sincerely,



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