Testimony re: HB 2046
House Health and Human Services Committee
Presented by Donna Nyght, DNP, CRNA, Department Chair
on behalf of
University of Kansas Nurse Anesthesia Education Department
January 30, 2017

Dear Chairman Hawkins and Committee Members,

I am the Department Chair of Nurse Anesthesia Education at the University of Kansas Medical Center and have been in this role since 2008. I am speaking on behalf of the nurse anesthesia programs in the state of Kansas. I oppose HB 2046 because of the devastating effects it will have on nurse anesthesia education in Kansas.

The University of Kansas and Newman University are the only nurse anesthesia programs in Kansas and Texas Wesleyan University has primary clinical sites in Wichita and Topeka. The KU program started in 1967 and is celebrating its 50th anniversary this year. KU and other nurse anesthesia programs past and present have a long history of graduating exemplary CRNAs that have served Kansas residents in both rural and urban settings. In addition, many of CRNAs trained in Kansas have served in the military.

To enter a nurse anesthesia program, one must have a bachelor's degree in nursing or an associate degree in nursing and an appropriate baccalaureate degree, such as chemistry. The RN must work in critical care for a minimum of one year before admittance to a program. The critical experience is valuable and necessary prior to entering a nurse anesthesia program: the RNs experience crisis events such as code blue resuscitations, develop critical thinking skills, and gain expertise with hands on patient care in an ICU setting. Nurse anesthesia programs are transitioning to clinical doctorate programs and KU admitted its first doctorate class in 2012 and clinical doctorate degrees were earned by the 2015 graduates. All nurse anesthesia programs must be clinical doctorate by 2022 and master's degree programs will be phased out. In comparison, AAs do not have health care degrees, experience, or licensure prior to the two year anesthesia assistant master's program.

The accrediting body for nurse anesthesia educational programs has very strict requirements for minimum cases and procedures. For example, a Student Registered Nurse Anesthetist (SRNA) must have a minimum of 40 obstetric cases, 15 cardiovascular cases, and 25 regional anesthetics. There is also a requirement for a minimum of 550 cases and 1000 hours of anesthesia time. KU and other programs are very proud of their clinical opportunities and in many categories average well above the minimum numbers required for graduation and taking the National Certification Examination. Other requirements are currently difficult to obtain: these include cardiovascular cases, peripheral and regional blocks, and pediatric cases.

The KU Program currently has 24 SRNAs per cohort in the three year clinical doctorate program. Finding clinical sites for 72 SRNAs is a difficult task and at present time KU utilizes 16 clinical affiliate sites. Some of these sites are five hours away in Tahlequah and Oklahoma City, OK, and in Kearney, NE. Our primary clinical site is KU Hospital, but at present time we do not get any obstetric

cases or peripheral nerve blocks, and struggle to get minimum numbers of cardiovascular and pediatric cases. KU has anesthesiology residents, so both groups need access to all cases and procedures available at KU Hospital as well as at the other clinical affiliate sites.

If AAs are licensed to work in Kansas, the clinical education of SRNAs will suffer. Any case that an AA is performing will not be available to SRNAs or for that matter anesthesiology residents. SRNAs must be supervised by either anesthesiologists or CRNAs and can be supervised either 1:1 or 1:2. AA students must be supervised by AAs or anesthesiologists 1:1 and can never be left alone in a room. The reality of AAs taking CRNA jobs and therefore cases from SRNAs has already occurred at Children's Mercy Hospital in Kansas City, MO. There are now so many AAs working at CMH that SRNAs training at this site often have few or no options to perform required cases with CRNAs. Both the KU and University of Missouri at Kansas City (UMKC) Programs utilize CMH as a training site and the hiring of AAs has negatively impacted the required pediatric training for SRNAs.

Another concern I have is recruitment of the best Kansas RNs for the Kansas nurse anesthesia programs. If it is difficult to obtain required cases in the Kansas programs, the most desirable RNs will choose programs in states where this is not a problem. As I have stated, the KU SRNAs already travel as far as 5 hours for a month at a time to clinical sites in order to obtain required experiences. If KU Hospital, Shawnee Mission Medical Center, Overland Park Regional, or any of the Kansas clinical sites we currently utilize hires AAs, the KU Program will be forced to find other clinical sites and SRNAs will be required to be away from their homes in the Kansas City area more than the current three months. We want to graduate the best nurse anesthetists and continue to have our program highly sought after. We would like to keep Kansas RNs in the KU and Newman programs to help fill CRNA jobs in both rural and urban Kansas hospitals.

Finally, I would like to state that the KU Program has plans to expand to help alleviate the shortage of anesthesia providers in the Kansas City area while continuing to emphasize the rural independent practices in Kansas. The proposed increase is from 24 to 36 RNs per cohort which will make obtaining clinical sites and cases even more challenging. Adding in a group of providers, the AAs, which can only work in urban hospitals where most of the SRNA clinical training occurs, makes no sense for Kansas and would greatly harm the education of SRNAs enrolled in Kansas programs.

Thank you for your time and careful consideration of this important issue to Kansas CRNAs and SRNAs. I will be happy to address any questions.

Sincerely,

Donna Nyght, DNP, CRNA