

Honorable Representatives:

As a Southwest Kansas native from rural Hugoton, it's a privilege to speak with you. Today I represent Certified Registered Nurse Anesthetists (CRNAs) who cannot testify because of fear of retaliation and job loss. I am NOT testifying on behalf of KANA, but am sharing my own thoughts.

Last October I started my 40th year of private, independent practice as a CRNA. Most of my training was in Garden City. All my education was provided by CRNAs. I've provided anesthesia services in 13 rural hospitals. Most of you on this committee are from urban areas that don't have difficulty accessing healthcare. The same can't be said for rural Kansas.

The Anesthesiology Assistant (AA) legislation is a solution in search of a problem. This is and has been an ugly, decades long, nationwide effort by the American Society of Anesthesiologists (ASA) to control the practice of anesthesia and eliminate competition. If it is so critical that physician anesthesiologists control anesthesia, why don't they personally give all anesthetics? The answer is they can make more money by controlling several anesthesia providers working at the same time and taking a percentage of each anesthetic charge. Does it make sense to you to have four anesthetics going at the same time with AAs in the operating room and one physician anesthesiologist directing and charging for all four cases? That's five anesthesia provider costs involved in four surgeries. Increasingly, hospitals are recognizing that it makes no sense and don't want to pay for it.

In 2016, Business Insider listed physician anesthesiologist as the highest paying job in America in their annual survey. That doesn't happen if you are personally administering anesthesia to one patient at a time as CRNAs do. It happens by billing for several anesthetics at the same time.

If physician anesthesiologists are successful in getting their legislation passed, there will be fewer clinical sites to train fully capable CRNAs for ALL of Kansas and the military. Physician anesthesiologists control CRNA clinical training sites in urban hospitals and they do not want to train a competitor. Fewer CRNAs educated means access to care issues particularly in rural Kansas. AAs cannot practice independently in any hospitals in Kansas. The Military does not recognize AAs. AAs cannot be deployed in a FST unit with the Big Red One in Fort Riley. Most anesthesia providers deployed to the front lines are CRNAs. Former military CRNAs in public practice do not deserve to be displaced by AAs.

In the Yearbook of Anesthesiology and Pain Management 2001, Editor in Chief Dr. John Tinker stated the following: QUOTE "I am troubled with the current focus on battling our professional colleagues, the nurse anesthetists: along with the current tendency to seek legislative solutions to problems related to compensation and safety in the absence of compelling data. Defamation, sloganeering, and lobbying legislators are ineffective at least, and worse as has been recently demonstrated to anyone who will set aside animosity long enough to think this through. The honor of taking responsibility for a patient's very life, second by second, during some of the most critical times imaginable for the patient, remains to me paramount." END QUOTE

CRNAs are the ones there second by second with the patient. We aren't supervising several anesthetics at the same time. We are there.

Not one state in the U.S. requires a CRNA be supervised by a physician anesthesiologist.

The ASA invented AAs so they could control and benefit financially from them. When AA training started in the mid 60s, one stated goal was to ensure that the new anesthesia professional (AA) would always be under the supervision of an physician anesthesiologist. This will not work in most Kansas hospitals. Access to affordable care will be adversely impacted. Rural Hospitals cannot afford the \$400,000–500,000 for a physician anesthesiologist to supervise an AA in a rural facility.

Health care demands are going to go up as money becomes more difficult to find. There is no savings or benefit to this legislation. It reduces competition.

Ladies and gentlemen, after 40 years, I'm proud of the success that has resulted from CRNA care in Kansas. I would ask that CRNAs continue to have a level playing field for competition that we have earned since the Civil War.

Thank you.

Jerry Campbell, CRNA

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