

January 29, 2017

The Honorable Daniel Hawkins, Chair
Committee on Health and Human Services
Kansas House of Representatives
300 SW 10th
Topeka, KS 66612

Dear Representative Hawkins and members of the Kansas House Health and Human Services Committee,

I am writing in **support for HB 2046, Anesthesiologist Assistant Licensure Act**. I am a practicing Certified Anesthesiologist Assistant (CAA) with family ties to the great state of Kansas that go back generations. I am the Secretary of the American Academy of Anesthesiologist Assistants (AAAA) and Chief Anesthetist at Saint Luke's Hospital on the Plaza. I am providing written testimony to show what my personal and professional path has been to becoming a CAA with a desire to return to Kansas. On behalf of the AAAA and CAAs across the country, show a contingent of CAAs that share a desire to return home to Kansas to work. I will conclude by providing first hand account on the integration of CAAs into those hospitals and anesthesia groups that practice under the Anesthesia Care Team model and reaffirm how HB 2046 will have no negative effects on access to anesthesia services across rural Kansas.

I was born in San Diego, California to a mom from Prairie Village and a dad from Merriam that was serving in the Navy during Vietnam. I graduated high school from Shawnee Mission North in 1989 and went on to spend four years of active duty service with the US Navy. After the conclusion of the Gulf War and 4 years of service, I returned home to Kansas to attend Emporia State University, as a nursing major. Because of a scheduling issue I was placed in Chemistry 1 and not Intro to Chemistry for Nursing. After excelling in the more advanced class my professor recommend that I consider medical school and continue with the more rigorous pre med curriculum. During my time at ESU a young nursing student from Grant County Kansas caught my attention and I spent by summers with her in southwest Kansas as a farm hand in Stanton County. I was not accepted into the KU school of Medicine on my first attempt so I entered graduate school at ESU and began work on my Masters in Biology. During the first of program, my now mother in law, was diagnosed with a brain tumor at the age of 46. My wife and I felt a calling to return to her home to be with family. Jobs for biologist in rural Kansas are not very plentiful, so I initially worked for Grant County Bank managing \$30 million in farmland assets within the trust department. I was eventually able to put my degree to work as an Environmental Technician for the Kansas Department of Health and Environment helping to protect the states water resources. After the battle with cancer was bravely fought and lost, my wife supported my return to school. At 28 I felt a little old to enter medical school but with my premed undergraduate course work I did meet all the requirements for the Anesthesiologist Assistant Program at Case Western Reserve University, which, in 2016 US News and World Report was ranked number 37 among all national universities. Upon graduation I took the closest job I could to family, which was Gunderson Lutheran Medical Center in La Crosse, WI. In 2003 Missouri signed legislation for licensure of CAAs and in 2005 we relocated to be closer to family

This is my story but it is not the only CAA story to be told. As Secretary for the AAAA I have spoken with many CAAs across the country with ties to Kansas that would like to have the

opportunity to return home to live and work. The closest these individuals can get to returning home is to accept jobs in near-by states that have already recognized the benefits of having CAAs involved in their healthcare systems, states like Missouri, Colorado, Oklahoma, Texas, Wisconsin and New Mexico. Just since Wednesday, over a dozen individuals expressing hope at returning home to Kansas to work have contacted me. Hannah Chadick is a first year student with immediate and extended family in Lawrence, Overland Park and Wichita. Heather Ruck expressed her frustrations to me because she just graduated from UMKC and is leaving Kansas, moving to Missouri so she can be closer to her new job. Passage of HB 2046, is an opportunity to allow Kansans to return home and make a positive impact on the Anesthesia Care Team across the state.

Integration of anesthesiologist assistants into the Anesthesia Care Team within individual groups or states seems to be an unnecessary anxiety causing experience for nurse anesthetist. Most of the opposition comes from those that have no or limited exposure working directly with CAAs. The negative rhetoric is unfortunately propagated without direct association.

According to the KANA website 83% or 110 of the 132 hospitals in Kansas are staffed solely by CRNAs. At those 110 facilities that do not provide care under the anesthesia care team model; this legislation will have no effect on the employment of independently practicing nurse anesthetist. The remaining healthcare centers that work under the anesthesia care team model understand that physician anesthesiologist lead the ACT and that all members work together to provide the optimal anesthesia experience for patients. Members of the team include both physicians and nonphysicians (anesthesiologist assistant, nurse anesthetist). Where both providers are employed, job description, abilities, case assignments, pay, benefits are identical between CAAs and CRNAs; just as they are for Physician Assistants and Nurse Practitioner working in the same department. When we conduct interviews a member of our leadership often makes the comparison of a military trained pilot to a civilian trained pilot; both highly skilled individuals that reached the same point via different paths. When you board a plane you don't ask their background, you know that they are qualified and can rest assured they will do their best to get you there safely. At Saint Luke's when we conduct interviews we are looking for those individuals that will fit the best within our care team. In effect this larger, mixed applicant pool gives us the ability to hire the BEST provider for our team, regardless of training background. This translates into our group providing the best care possible to our patients; the same best care that we all want to see provided in Kansas.

In closing I would like to submit my **support for HB 2046, Anesthesiologist Assistant Licensure Act**, and allow Kansans to return home and provide safe, quality anesthesia services within the Anesthesia Care Team.

Sincerely,

Ty A Townsend, CAA
Secretary, American Academy of Anesthesiologist Assistants
Kansan