Senate Public Health and Welfare Committee
Testimony re: SB 223
Presented by Benjamin Anderson
on behalf of
Kearny County Hospital
March 18, 2019

Madame Chair and Members of the Committee:

I am the CEO of Kearny County Hospital, a frontier health care delivery complex located in Lakin, Kansas (pop. 2,200), the 10th most remote town under 5,000 people in the United States, according to the *Washington Post* earlier this year. At KCH, we serve people from 20+ counties, including refugees from some of the most challenged parts of the world In the past several years, we have collaborated with five other rural Kansas hospitals to recruit over 20 medical providers to southwest Kansas by allowing each of them extended time off that is often spent serving in some of the same countries from where our newest neighbors originate. These Millennial physicians cover each other's absences, travel overseas together, and collaborate to serve locally. They share a deep sense of compassion for vulnerable people and a relentless commitment to justice. They are choosing to move to our area, in part, because of the diversity and human suffering that persists there.

Because of the presence of these physicians, we have gone from delivering less than 100 babies per year a decade ago to just shy of 350 now from over a dozen counties. Over 180 of them each year come from Garden City out to Lakin to deliver. Every one of these deliveries requires the presence of a well-trained CRNA.

We are also home to what may be the only ENT surgeon between Wichita, KS and Pueblo, CO. Despite our successful efforts to expand access to her services through two mid-level providers, patients are still waiting several months for an initial appointment with her. Every one of her surgeries requires the same CRNA coverage. Our CRNAs, and the others in our frontier region, provide excellent patient care.

If HB 2295 licensing Anesthesiology Assistants were to be passed into law it would significantly hinder the training and subsequent access to CRNAs in Kansas. Anesthesiology Assistants and CRNAs would both be competing against Anesthesia residents for high-volume clinical rotations, which are already limited. This is not speculation. This is factual, which has been made evident by the declining opportunities for hands-on training at Children's Mercy Hospital following the approval of AAs in Missouri several years ago.

Because of our unusual caseload, Kearny County Hospital has committed to training SRNAs. That said, most rural Kansas sites cannot offer the volume to match the experience SRNAs are receiving in urban areas. Your approval of AAs as a health profession would likely discourage some of Kansas brightest CRNA candidates from remaining here for training.

Last year, our hospital recruited a CRNA from Memphis to replace one who retired. As we continue to grow, we will be recruiting more of these providers. Although we believe this CRNA has been a great fit for us, we would prefer to recruit future candidates who are from Kansas and are trained in Kansas.

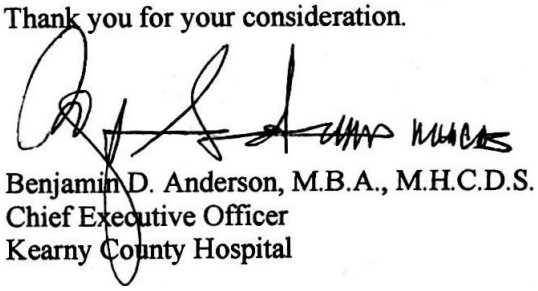
Whereas CRNAs have effectively served in both urban and rural areas for decades, AAs are only able to function in the presence of Anesthesiologists, which are almost exclusively located in urban areas. Currently, only 18 Kansas counties have Anesthesiologists who could supervise AAs, all of which are also covered by CRNAs. In 65 counties, the only access to Anesthesia coverage is through CRNAs. In all the blue areas in the map provided to you, which represent the vast majority of our state, AAs would be useless.

Where this situation most objectively differs from the training of Physician Assistants or Nurse Practitioners lies in the availability of training sites. Because there are more Family Physicians in rural areas, we have a greater ability to contribute to the training of those practitioners. Indeed, nearly every day of the year, medical students, PA students, and nurse practitioner students are onsite in Lakin for clinical rotations. This is clearly not the case in surgery.

If AAs are licensed as a health profession in Kansas, our rural citizens would be the ones who would suffer most. On the other hand, because AAs and CRNAs share a similar scope of practice, expanded opportunities to train CRNAs, who are licensed to work more autonomously than AAs, would benefit **all** Kansans.

Finally, I would like to invite each of you to come to southwest Kansas to witness firsthand the necessity of continuing to train highly-qualified CRNAs for our great state.

Thank you for your consideration.



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