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**Testimony re: COVID extension legislation
House Judiciary Committee
Presented by Ronald R. Hein
on behalf of
Kansas Association of Nurse Anesthetists
January 13, 2021**

Mister Chairman, Members of the Committee:

My name is Ron Hein, and I appear today on behalf of the Kansas Association of Nurse Anesthetists (KANA). KANA is the professional association of Certified Registered Nurse Anesthetists (CRNAs), anesthesia providers in Kansas.

A short history: The Kansas Society of Anesthesiologists introduced legislation to license anesthesiologist assistants (AAs) to provide anesthesia services in Kansas in 2017 and pursued the legislation each year through 2020. The bill did not pass out of the committee during this period of time, and, in essence, the legislature has determined that anesthesiologist assistants are not authorized to practice in Kansas. The reasons for the health committees not passing this legislation include negative impact to rural Kansas who relies upon CRNAs for anesthesia care, higher health care costs for the AA model of anesthesia care, damage to the two CRNAs education programs at Kansas University Medical Center in Kansas City and Newman University in Wichita, concerns about patient care, damage done to CRNAs, and other reasons.

The reasons for the legislative action is irrelevant at this point. The point is, that these providers were specifically not approved to practice in Kansas. At the South Central delegation meeting this past week, an anesthesiologist testified that the COVID extension bill (2020 Special Session HB 2016) authorized AAs from other states to practice in Kansas, despite the legislature specifically rejecting these same providers.

In HB 2016, the words “anesthesiologist assistant” do not appear. So it is unclear what section of HB 2016 the anesthesiologists feel authorized AAs, a healthcare profession not currently legal in Kansas, to practice in Kansas.

It is possible that Section 23(h) is the provision that they feel authorized AAs. That section reads: **“Notwithstanding any statute to the contrary, a healthcare professional licensed and in good standing in another state may practice such profession in the state of Kansas...”**

I do not think it was the intent of HB 2016 to override the action by the health committees of both chambers not to authorize AAs in Kansas. HB 2016 was passed under extraordinary circumstances,

November 30, 2016

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but I do not believe there was specific intent of this legislation to allow AAs to practice in Kansas, especially since they had specifically not licensed this new provider during the past 4 years. Numerous legislators oppose authorizing AAs in Kansas and approval of their licensure via this legislation would not seem appropriate.

If this committee decides to extend Section 23(h), I would recommend that it be amended as follows: **Notwithstanding any statute to the contrary, a healthcare professional licensed and in good standing in another state may practice such profession in the state of Kansas *unless such profession is not approved for practice in the state of Kansas.***

In the alternative, the committee could put in its minutes a statement that the legislative intent of this section of law does not authorize a profession licensed in another state to practice in this state if such profession is not approved for practice in Kansas.

Thank you for allowing me to testify and I will be happy to yield to questions.