



## TESTIMONY IN OPPOSITION TO SB 112

February 16, 2023

Chairwoman Gossage and Members of the Senate Public Health and Welfare Committee,

The Kansas Chapter, American Academy of Pediatrics (KAAP) represents more than 450 of the practicing pediatricians in the state. The KAAP has the fundamental goal that all children and adolescents in Kansas have the opportunity to grow safe and strong. It is with this goal in mind that we want to share our testimony in opposition of the proposed **SB 112** that would allow for nurse anesthetists (CRNAs) to practice independent of physicians. We believe that optimal healthcare includes a team approach supervised by a physician leader. Nonphysician clinicians, including nurse anesthetists, provide *valuable contributions* in delivering optimal healthcare. Nevertheless, the independent practice of nonphysician clinicians raises critical concerns.

Nurse anesthetists—even with an additional year of doctorate training—receive just a fraction of a physician’s clinical education. Allowing independent practice implies that nurse and physician training are equivalent, which is inaccurate and deceptive to the public.

Nurse anesthetist education and training includes 4-6 years after high school and an average of ~2,000-2,500 hours of patient care in their curriculum. Compare this to an anesthesiologist, an MD or DO, who has completed 12-14 years after high school, including an undergraduate degree, four years of medical school, and minimum of 4-6 years of residency/fellowship, as well as a minimum of 12,000 to 16,000 hours of patient care training prior to practicing independently. This is essentially twice the educational years and five times the clinical hours of a nurse anesthetist.

There is also significant difference in the depth of curricula. Anesthesiologists are the medical professionals expected to medically manage patient care and prevent or respond to complications and complex situations for patients receiving anesthesia. Anesthesiologists have the medical expertise and split-second critical decision-making skills required to address immediate and long-term patient care needs. Nurse anesthetists, on the other hand, are trained to work within the physician-led care team, under physician supervision.

The extensive training, testing, and experience of a physician can mean the difference between life and death, with a [study](#) in the peer-reviewed journal *Anesthesiology* showing that in surgical cases in which an anesthesia or surgical complication occurred, physicians trained in anesthesiology prevented 6.9 excess deaths per 1000 cases compared to nurse anesthetists.



In addition to prescribed continuing education hours for the Kansas Board of Healing Arts, physicians must maintain their specialty board certifications through rigorous board exams, modules and other practice improvement activities.

Of particular concern for the KAAP is the proposed supervision of nurse anesthetists under the Kansas Board of Nursing. The Kansas Board of Healing Arts draws from its members that represent dozens of medical and surgical specialties to review and provide guidance on medical management. The board of nursing does not have similar resources and will be challenged to distinguish aberrance from the standard of care in cases of possible malpractice and malfeasance.

It is clear, Senate Bill 112 will allow for less-than-optimal healthcare in Kansas. Removing the physician requirement in anesthesia care in Kansas could cause significant harm to patients and is a dangerous step in the wrong direction. The best way to ensure high quality patient anesthesia care is to maintain physicians as the leaders of the health care team.

Thank you for your time and attention. We welcome any questions you might have and are happy to serve as your resource on pediatric issues.

Respectfully submitted,

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Kansas Chapter, American Academy of Pediatrics