

March 18, 2019

To the Members of the Senate Public Health and Welfare Committee:

My name is Dr. Kathy Perryman. I am a resident of Leawood, KS. I am here to speak in support of Senate Bill 223, which would provide licensure for Anesthesiologist Assistants. I represent myself and the Kansas Society of Anesthesiologists. My knowledge and experience in anesthesia care is multi-faceted, which I believe gives me unique perspectives on many aspects of this proposal.

I started my career as an ICU nurse, then pursued further education at KU to become a nurse anesthetist (CRNA). I practiced as a nurse anesthetist for several years before deciding to become a physician. I went on to medical school, then completed a residency and a pediatric anesthesia fellowship to enter practice at Children's Mercy, where I have practiced for the past 29 years. We practice in operating rooms in Kansas City, MO, and Overland Park, KS. Nurse anesthetists have always been a part of my medical practice and are valued members of our anesthesia care team.

After Missouri approved licensure for Certified Anesthesiologist Assistants (CAA), they joined the care team in our hospital almost 10 years ago and work side-by-side and interchangeably with our nurse anesthetists in our Missouri site. They have been well-accepted by the entire surgical team and are indistinguishable from their nurse anesthetist colleagues in their jobs.

CAAs enter their profession by a pre-med educational track, rather than a nursing track, so their professional education is specialized after completing a scientific specific undergraduate background and comparable to the specialization for nurse anesthetists after nursing school. The KANA will emphasize that, in their opinion, a nursing background is essential before this advanced training. As a former CRNA and now board-certified physician anesthesiologist, I completely disagree.

Any healthcare background before pursuing higher education in health care is of value to that individual, but not an essential component of the advanced training. The skillset learned during CAA training is comprehensive and provided to the committee in a separate document. I can attest from personal experience that CAAs have the knowledge base, manual skills, clinical judgement, and vigilance required to perform their jobs in the same capacity as nurse anesthetists.

The only difference between the function of CAAs and nurse anesthetists in our practice and others in our area is that our nurse anesthetists practice with our team in Missouri and Kansas and our CAAs can only practice in Missouri. This limits the flexibility of the nurse anesthetists' schedules and may also limit the exposure of our nurse anesthetists to more complex anesthesia cases if they must spend more time at our outpatient facility than downtown in the higher acuity facility. Adding licensure for anesthesiology assistants will not adversely impact nurse anesthesia training, in fact, it will enable anesthesiologist assistants to work in the operating rooms in our Kansas location, freeing up nurse anesthetists for more advanced training sites at our main hospital in Missouri. The acuity of care of surgical patients of all ages continues to increase. Coupled with the forecasted looming shortage of healthcare providers throughout the US, this ensures that students will have the proper exposure during training.

This Senate bill enables anesthesiologists to include another highly-trained professional to our anesthesia care team in Kansas. It also increases the tax base in Kansas with the addition and retention of high-paying professional jobs in Kansas that pay taxes, contribute to the tax base, and contribute to the local economy. While AAs are new to Kansas, they are not new to anesthesia and are well-established in many other states and have proven they are valuable additions to our teams. Many of the AAs working in the Kansas City metropolitan area live in Kansas, but they must cross the state line to work in their profession. The experience in other states in which AAs work also demonstrates that both nurse anesthetists and anesthesiologist assistants remain important members of the anesthesia care team, and retention of this model is essential to maintain quality anesthesia care for Kansans. Contrary to what you have been told, this will not displace nurse anesthetists and that is not the experience of other states that have authorized AAs; rather, it is expanding our ability to provide care for our patients with a professional with an alternative background, like a specially trained physician assistant. Anesthesiologists intend to continue to work with and employ both nurse anesthetists and anesthesiologist assistants. There are more than enough jobs to employ both.

I encourage you to act favorably on Senate Bill No 223.

Sincerely,

Kathy Perryman, M.D.
Representing the Kansas Society of Anesthesiologists