

Dear Chairwoman Landwehr,

My name is Tyler Bollinger and I am a Certified Anesthesiologist Assistant (CAA) currently employed in Missouri. I am writing to show support for licensure of Certified Anesthesiologist Assistants in the state of Kansas via HB 2295. CAAs work exclusively under the medical direction of a physician anesthesiologist in what is known as the Anesthesia Care Team model. In this model, CAAs and physician anesthesiologists work together in the planning and management of each anesthetic, taking each patient's needs into consideration. The Anesthesia Care Team model has been proven to be an incredibly safe method for providing anesthesia in a multitude of surgical and non-surgical areas. I believe CAAs are exceptionally valuable, qualified, and safe members of any Anesthesia Care Team. In addition, I would greatly appreciate the opportunity to practice in my home state.

I have lived in Kansas all but the first two years of my life. I grew up in Kansas, received my undergraduate degree from the University of Kansas and still live in Kansas today. My family resides in Kansas, as well as my wife's family. I graduated from the University of Missouri-Kansas City's accredited Anesthesiologist Assistant Master's program and being close to my family was of great importance to me when searching for a job upon graduation. However, due to the lack of state licensure for CAAs in Kansas, I am unable to work in my home state, and I commute to Missouri for work each day. I look forward to the day I am able to provide exceptional anesthesia care for my neighbors and fellow Kansas residents.

I strongly believe licensure for CAAs in the state of Kansas will do nothing but benefit the constituents of the state and allow for the best care to be provided regardless of whether they are east or west of the state line. Physician anesthesiologists that work at facilities that do utilize the Anesthesia Care Team model would be given a larger, mixed applicant pool when selecting members of their team to provide the best care for their patients. I do recognize this bill will receive significant opposition from nurse anesthetists. I am currently employed at Saint Luke's Hospital of Kansas City, a level I trauma center, research institute and teaching hospital that employs both CAAs and nurse anesthetists. We work seamlessly side by side, with complete interchangeability. Both groups of physician extenders are composed of highly skilled, highly trained individuals. We receive equal pay, benefits, case assignments and have identical job descriptions. The hospital I work in has a staff that consists of more CAAs than nurse anesthetists. CAAs are as safe and effective as nurse anesthetists. There is no peer-reviewed or other credible evidence of any sort that the care provided by a CAA is less safe than that of a nurse anesthetist. In addition, Saint Luke's Health System has a hospital in Kansas, allowing the nurse anesthetists at my hospital to occasionally float there to help with critical staffing shortages. If CAAs were able to work in Kansas, those staffing shortages would be easier to cover,

as well as provide potential full time positions for CAAs wanting to work in Kansas at that specific location.

In summary, I would like to again state my support for HB 2295 and support state licensure in Kansas for Certified Anesthesiologist Assistants. This opportunity would allow me, and my fellow CAAs from Kansas, to return home to provide safe, excellent anesthesia as valuable members of the Anesthesia Care Team. Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Tyler W. Bollinger". The signature is fluid and cursive, with a large initial "T" and "B".

Tyler W. Bollinger, CAA
Kansan