

My name is Jenny Nolan. I am a certified anesthesiologist assistant and resident of Overland Park and Johnson County. While others discuss statistics and facts regarding CAAs, I would like to share some anecdotes from my practice as an anesthetist.

One of my CRNA colleagues had a family member that was scheduled to have a Transcatheter Aortic Valve Replacement. This is a procedure that treats a severely dysfunctional heart valve and is usually reserved for patients who are too frail and too sick to be able to have open heart surgery. Despite other CRNAs available, my colleague requested that **I**, a CAA, be the anesthetist for this challenging case.

One Saturday, a vehicle struck a pedestrian pushing a stroller. The child in the stroller required an emergency craniotomy. Despite a CRNA working that weekend shift with me, the anesthesiologist reassigned me to this patient because **I** was the anesthetist he wanted taking care of this toddler.

A physician's spouse was experiencing dangerous heart arrhythmias and required a procedure in which heart tissue is burned to help prevent the irregular heartbeats. **I** was requested by the doctor to take care of his wife.

A surgeon presented for urgent open-heart surgery. The anesthesiologist in charge chose **me** to be the anesthetist assigned to this case. An anesthesiologist requested **I** be her anesthetist when she herself had surgery.

Time and time again, people-who are intimately familiar with the risks of surgery and anesthesia-have chosen and trusted me, a CAA, to take care of the critically ill, their loved ones, and themselves. The American Association of Nurse Anesthetists said it best, "It's about the degree of care provided. Not the degree of the provider." Please support the licensure of Certified Anesthesiologist Assistants and help us in expanding access to safe physician-led anesthesia care in Kansas.