



Testimony in Opposition to HB 2368

Senate Public Health and Welfare Committee

Presented by Susan Hofmann

Kansas Advanced Practice Nurse (KAPN) Association

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Chairwoman Gossage and Members of the Committee:

I am Susan Hofmann, the Legislative Chair for the Kansas Advanced Practice Nurse Association (KAPN). I am a family nurse practitioner advocating for healthcare issues for health care providers and all Kansans. Thank you for allowing us to submit written testimony opposing HB 2368.

CRNAs provide all Kansans with safe, reliable, focused anesthesia and analgesia services. With this bill, CRNA job prospects and the quality of patient care may be impacted. In the following paragraph, further detailed reasons are explained why KAPN opposes HB 2368.

Impact on CRNA Education and Workforce

CRNA programs in Kansas are crucial in preparing highly skilled anesthesia providers who serve urban and rural communities. The introduction of CAA will directly undermine the viability of CRNA academic programs, reducing the number of CRNAs available to provide care in our state. Given that approximately 85% of facilities in Kansas rely on CRNA-only practices, which AAs cannot participate in, this legislation makes little practical sense. It threatens the stability of anesthesia services, particularly in rural areas. Additionally, AAs will significantly impact the ability to educate CRNAs, as CRNAs cannot correctly train when an AA provides anesthesia. AAs actively displace CRNAs in training and practice, further eroding the CRNA workforce in Kansas.

Financial and Logistical Burden of the AA Model

A fundamental issue with the AA model is its financial infeasibility. AAs require the presence of an anesthesiologist to practice, meaning that any hospital or facility employing an AA must pay for two anesthesia providers—an added financial burden that most Kansas hospitals, particularly rural ones, cannot sustain. In contrast, CRNAs practice independently and cost-effectively, ensuring high-quality anesthesia care without needing an additional anesthesiologist.

Lack of Prior Healthcare Experience Among AAs

AAs enter anesthesia practice without any requirement for prior patient care experience. Unlike CRNAs, who must be Registered Nurses with a bachelor's degree and complete rigorous coursework in chemistry, microbiology, anatomy, physiology, and statistics, AAs can enter their training with a general science degree and no direct patient care experience. Additionally, before entering training, CRNAs must be certified in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS).

CRNAs must also have critical care experience before applying to anesthesia school. The lack of comparable experience in AAs raises serious concerns regarding patient safety and the quality of care they can provide. CRNAs complete their education and training with a minimum of 9 years of patient care experience, versus a CAA, who will only have 2-3 years of patient care exposure through their training.

Failure of Past Attempts to Introduce AAs in Kansas.

The introduction of AAs into Kansas has been repeatedly attempted and rightfully rejected. In previous years, multiple efforts have been made to circumvent the proper licensure process, including attempts to allow AAs to practice via delegation. In 2022, a group attempted to utilize AAs in Kansas without appropriate oversight, prompting intervention from the Kansas Department of Health and Environment (KDHE) to stop this unauthorized practice. These repeated attempts to bypass due process highlight the ongoing risk of introducing AAs in Kansas.

Alternative Legislative Approach: CRNA Supervision of AAs

If Kansas were to consider integrating AAs, the only way this model would benefit our state is by allowing CRNAs to supervise AAs. This system has already been introduced in Wyoming through SB 112. SB 112 passed 29-2 with our CRNA supervision of the AA amendment! There is no CMS reimbursement mechanism for CRNAs supervising AAs, but historical precedent suggests that billing rules would follow once the legislation is established. If this provision is not included, the only outcome will be the displacement of CRNAs, allowing the American Society of Anesthesiologists (ASA) to tighten its control over anesthesia services and undermine the CRNA workforce.

A Case of Patient Harm Involving an AA

A recent case in Georgia underscores the potential dangers associated with AAs. An Anesthesiologist Assistant involved in a wrongful death case was ordered to pay a \$13.75 million settlement. According to reports, the patient, Ms. Moore, stopped breathing after being administered for anesthesia, and the AA, Ms. Trogdon, allegedly did not realize this until another surgeon alerted her. This case is a stark reminder of the risks posed by anesthesia providers who lack the robust training and independent critical-thinking skills that CRNAs bring to the field.

Nursing: The Most Trusted Profession

Nurses remain the most trusted profession, with 78% of U.S. adults believing nurses have high honesty and ethical standards. According to Gallup's 2023 Honesty and Ethics Poll, Americans' ratings of all 23 measured professions place nursing at the top regarding trustworthiness. CRNAs, as advanced practice nurses, uphold this trust by providing safe, effective, and ethical anesthesia care to patients nationwide. Thank you for allowing me time to submit this testimony.

Respectfully,

Susan Hofmann DNP, APRN

Legislative Chair and Director at Large, Kansas Advance Practice Nurses (KAPN)