

Senate Public Health and Welfare Committee  
February 13, 2025  
Proponent Testimony Re: SB 67  
Jeremy Salsbury, Kansas Association of Nurse Anesthetists

Chairwoman Gossage, Vice Chair Clifford, and honorable members of the Senate Public Health and Welfare Committee,

My name is Jeremy M. Salsbury CRNA, MSNA, MAJ (USAR Retired). It is my pleasure to submit the following testimony on behalf of the over 900 members of the Kansas Association of Nurse Anesthetists (KANA). I am a practicing CRNA from Wichita. I have practiced in Kansas during my career working in Level 1 Trauma Centers, Specialty Hospitals, Ambulatory Surgery Centers, as well as in Dental Offices. Additionally, I served over 20 years in the United States Army before retiring from the Army Reserve in 2016. During my time in the Army, I deployed to both Iraq and Afghanistan where I served as an independent anesthesia provider on Forward Surgical Teams. I come before you today to speak in support of the modernization of nursing statutes in Kansas to allow CRNAs to continue to provide safe, high quality patient care without unnecessary barriers. The KANA respectfully requests that you support SB 67.

Nurse anesthetists have been providing anesthesia care to patients in the United States for more than 150 years. CRNAs provide anesthesia in collaboration with surgeons, anesthesiologists, dentists, and other qualified healthcare professionals. They practice in every setting in which anesthesia is delivered: traditional hospital surgical suites and obstetrical delivery rooms; critical access hospitals; ambulatory surgical centers; the offices of dentists, ophthalmologists, plastic surgeons, and pain management specialists; and U.S. military, Public Health Services, and Department of Veterans Affairs healthcare facilities.

CRNAs enable healthcare facilities in medically underserved areas to offer obstetrical, surgical, and trauma stabilization services. In addition to delivering essential healthcare in thousands of medically underserved communities, CRNAs are the main providers of anesthesia care for women in labor, with 50 percent of rural hospitals using a CRNA-only model for obstetric care<sup>1</sup>, and for the men and women serving in the U.S. Armed Forces, especially on frontlines around the globe. CRNAs serve as the backbone of anesthesia care in rural and other medically underserved areas of the United States. A 2019 study indicates that CRNA delivery models predominate in rural areas: 61% in ASCs, 55% in small hospitals, and 35% in large hospitals.<sup>2</sup> There are approximately 900 CRNAs actively practicing in Kansas, making up more than 80% of all anesthesia providers in the state.

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<sup>1</sup> Kozhimannil KB, Casey MM, Hung P, Han X, Prasad S, Moscovice IS. The Rural Obstetric Workforce in US Hospitals: Challenges and Opportunities: The Rural Obstetric Workforce in US Hospitals. J Rural Health. 2015;31(4):365-372. doi:10.1111/jrh.12112

<sup>2</sup> Coomer N, Mills A, Beadles C, Gillen E, Chew R, Quraishi J. Anesthesia Staffing Models and Geographic Prevalence Post-Medicare CRNA/Physician Exemption Policy. Nurs Econ. 2019;37(2):86-91.

A *Nursing Economic\$* study<sup>3</sup> found that CRNAs are providing the majority of anesthesia care in U.S. counties with lower-income populations and populations that are more likely to be uninsured or unemployed. They are also more likely found in states with less-restrictive practice regulations where more rural counties exist<sup>4</sup>. Further, a CRNA acting as the sole anesthesia provider is the most cost-effective model of anesthesia delivery, according to a groundbreaking study which considered the different anesthesia delivery models in use in the United States today. The results show that CRNAs acting as the sole anesthesia provider costs 25 percent less than the second lowest cost model.<sup>5</sup> To illustrate what this looks like in Kansas, of the 105 counties in Kansas, 73 counties rely upon CRNAs as the exclusive anesthesia provider, 14 counties have both CRNAs and physician anesthesiologists, and 18 have no anesthesia providers at all.

In addition, the Federal Trade Commission has weighed in numerous times in support of removing restrictions on APRNs, including CRNAs, stating again in 2019 that “[c]onsistent with patient safety, however, we have urged regulators and legislators to consider the benefits that more competition from independent APRNs – including CRNAs – might provide – especially benefits to patients. If APRNs are better able to practice to the full extent of their education, training, and abilities, and if institutional health care providers are better able to deploy APRNs as needed, health care consumers – patients – are likely to benefit from improved access to health care, lower costs, and additional innovation.”<sup>6</sup>

CRNAs safely administer more than 50 million anesthetics to patients each year in the United States. CRNAs are the primary providers of anesthesia care in rural America, and, as expert anesthesia professionals, deliver chronic pain management services in all types of facilities. CRNAs provide acute, chronic and non-surgical pain management services and are competent, effective providers of pain management care. CRNAs using pain management techniques is neither new nor unusual and has long been a part of CRNA practice. In 2012, Medicare published a final rule authorizing direct reimbursement of CRNAs for chronic pain management services. This action confirms the fact that the federal government recognizes CRNAs as qualified pain management providers.

The current Kansas statute (K.S.A. 65-1158) regulating CRNA practice states, “Upon the order of a physician or dentist requesting anesthesia or analgesia care, each registered nurse anesthetist shall be authorized to:” That is followed by a list of tasks CRNAs are allowed to perform. This language is very limiting to the care that can be provided to patients because it limits us to exclusively collaborating with physicians or dentists when delivering patient care. In Kansas,

<sup>3</sup> Liao CJ, Quraishi JA, Jordan LM (2015). Geographical imbalance of anesthesia providers and its impact on the uninsured and vulnerable populations. *Nursing Economic\$*, 33(5):263-270.

<sup>4</sup> Quintana, J. “Answering today’s need for high-quality anesthesia care at a lower cost,” *Becker’s Hospital Review*, January 20, 2016, available at <http://www.beckershospitalreview.com/hospital-physician-relationships/answering-today-s-need-for-high-quality-anesthesia-care-at-a-lower-cost.html>.

<sup>5</sup> Hogan, P., Seifert, R., Moore, C., Simonson, B. “Cost Effectiveness Analysis of Anesthesia Providers.” *Journal of Nursing Economic\$*. May/June 2010. 28, No. 3. 159-169.

<sup>6</sup> <https://www.ftc.gov/policy/advocacy/advocacy-filings/2019/12/ftc-comment-texas-medical-board-its-proposed-rule-19313-add>

many patients' primary and emergency care is provided by other advanced practice providers such as PAs and APRNs. Those advanced practice providers caring for a trauma patient in the emergency department cannot collaborate with CRNAs to secure an airway for them or do a lumbar puncture to obtain a cerebral spinal fluid sample. Primary care APRNs cannot refer their patient to a CRNA for nonsurgical pain management. These are skills that CRNAs are trained to do. Opponents to SB 67 may promulgate ideas that when a physician or dentist are requesting anesthesia services that they are telling the CRNA what to do and how to do it. However, in most practices they are just asking us to collaborate with them to provide our services for their patients. They essentially consulting us to provide anesthesia services and then relying on our expertise and judgement to fulfill that duty.

The healthcare landscape in the United States is changing, and professionals whose services result in cost-effective, high-quality, safe outcomes will be needed more than ever. CRNAs play a critical role in meeting that challenge by providing safe, quality anesthesia care at a cost that ensures access to anesthesia for millions of Americans.<sup>7</sup> The Kansas Association of Nurse Anesthetists appreciates the efforts of the Committee to support access to high quality healthcare in the Kansas and urges you to support SB 67. Thank you.

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<sup>7</sup> Quintana, J. "Answering today's need for high-quality anesthesia care at a lower cost," *Becker's Hospital Review*, January 20, 2016, available at <http://www.beckershospitalreview.com/hospital-physician-relationships/answering-today-s-need-for-high-quality-anesthesia-care-at-a-lower-cost.html>.