

February 7, 2025

Kansas Senate Committee on Public Health and Welfare
Kansas State Capitol
300 SW 10th Ave.
Topeka, KS 66612

Chairwoman Gossage and Members of the Committee,

Thank you for taking the time to hear my testimony in support of Sente Bill 67. As a Certified Registered Nurse Anesthetist (CRNA) practicing in rural Kansas, K.S.A. 65-1158 in its present form negatively impacts patient access to quality healthcare. Modernization of this statute is necessary to remove barriers and allow CRNAs to practice to the full extent of their training.

As a native of Western Kansas, I am aware of the challenges faced by living in a rural community. Growing up, we didn't have easy access to specialty healthcare. People often drove hundreds of miles in search of these services. While I seldom heard anyone complain about traveling, the burden on my friends and family was apparent. Imagine living with a chronic pain condition and enduring frequent long and painful car rides just to receive treatment. This was at the forefront of our minds when my partner and I created our practice, and it continues to align with our mission today: To positively impact communities by providing specialty healthcare to rural Kansas on behalf of an underserved population.

CRNAs are advanced practice registered nurses (APRNs) who specialize in the delivery of anesthesia care, to include both acute and chronic pain management. In the state of Kansas, CRNAs administer more than 80% of anesthetics delivered annually. They are the sole anesthesia providers in most rural hospitals, enabling patient access to surgical, obstetrical, and pain management services. Of the 105 total counties in the state, anesthesia services are offered in 88; and 74 of those counties are served by CRNAs alone. CRNAs have and will continue to lead the way in rural Kansas.

Unfortunately, highly skilled and competent CRNAs are not practicing to the top of their education and training in our state. I am board certified in both Anesthesia and Non-Surgical Pain Management, and I perform thousands of interventional pain procedures each year, yet I am unable to provide comprehensive care because of antiquated practice statutes.

In 2022, Governor Laura Kelly signed House Bill 2279 into law, granting full practice authority (FPA) to our Nurse Practitioner (NP) colleagues. This was a huge milestone, improving access to care for Kansans. NPs were now permitted to evaluate patients, diagnose, order and interpret diagnostic tests, and initiate and manage treatments under the exclusive licensure authority of the state board of nursing. This eliminated the need for NPs to maintain a contract with a physician, who was often compensated without any requirements to participate in patient care.

Currently, Kansas statutes mandate that CRNAs who are fellowship trained and board certified in chronic pain management have an order from a physician or dentist if they are to provide chronic pain management services to patients. Patients cannot self-refer to a CRNA for their pain management needs. Additionally, CRNA practice statutes in their current form will not permit me to accept a referral from an independently practicing NP unless they have voluntarily kept their

business relationship with a physician. This impedes timely access to quality healthcare across vast areas of rural Kansas.

FPA allows CRNAs to provide critical non-surgical pain management procedures to patients suffering from chronic pain. It enables CRNAs to treat patients who self-refer, along with those who are referred by independently practicing NPs, without the burden of a redundant physician visit.

Currently, CRNAs in Kansas can evaluate patients with chronic pain conditions, develop a treatment plan, and implement that plan, albeit with some glaring caveats. Even with a physician order to evaluate a patient, I am often denied reimbursement for this service, forcing me to write off the visit. This makes it difficult to sustain a practice. Additionally, I am generally denied the ability to refer patients for important diagnostic studies to include CTs, MRIs, and lab tests. Correlation of these studies with the patient condition is necessary for making an accurate diagnosis and formulating the most appropriate treatment plan.

FPA allows CRNAs to provide comprehensive care to patients while eliminating healthcare disparities.

Currently, CRNAs are the only APRNs in Kansas without prescriptive authority. A multimodal approach to treating chronic pain is imperative to achieving the best patient outcomes. This treatment strategy utilizes techniques to include medication management, physical therapy, psycho-social support, interventional treatments, and a host of complementary and alternative therapies. While I can perform helpful interventional procedures, I am unable to prescribe routine complementary medications to include non-opioid pain relievers, anti-depressants, and muscle relaxers.

FPA allows CRNAs prescriptive authority in Kansas furthering our ability to treat chronic pain holistically while improving patient outcomes.

Kansans deserve access to high-quality healthcare regardless of where they live. The Kansas Department of Health and Environment released the Healthy Kansans 2030 initiative that aims to identify and address the current leading health challenges in our state. Two top priorities include improving inequities in health/health outcomes and improving access to care. Granting FPA to CRNAs not only aligns with this initiative but drives its implementation. With these concerns in mind, I urge you to support Senate Bill 67.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Werth', with a stylized flourish extending from the end.

Jason Werth, CRNA, NSPM-C