

Neutral Testimony on SB67
Senate Committee on Public Health and Welfare
Kansas State Board of Healing Arts
February 13, 2025

Chair Gossage and Honorable Committee Members,

Thank you for the opportunity to provide this neutral testimony concerning SB67, a bill proposing to expand the scope of practice for Nurse Anesthetists. My name is Susan Gile, and I am the Executive Director for the Kansas State Board of Healing Arts (“KSBHA” or “Board”). The Board is the executive body tasked with licensing and regulating 16 different healthcare professions in Kansas. *See* K.S.A. 65-2801 *et seq.* The Board is composed of 15 members, 12 of whom are licensed healthcare professionals from various professions, including eight licensed physicians, three chiropractors, one podiatrist, and three public members. **The statutory mission of the Board is patient protection.** *See* K.S.A. 65-2801.

Certified Registered Nurse Anesthetists (“CRNA”s) play a unique and important role in our healthcare system. In the status quo, physicians and CRNAs plan and practice together as colleagues, working interdependently within the boundaries and scopes of their practice with shared values and mutual respect for each other’s contribution to patient care.

“Scope of practice” refers to the activities an individual health professional is permitted to perform within their specific profession.

For physicians, the scope of practice is articulated in the Kansas Healing Arts Act, K.S.A. 65-2801 *et seq.*, under the definition of the practice of the healing arts and the practice of medicine and surgery. It provides:

Under K.S.A. 65-2802(a), the practice of the healing arts is defined as:

“[A]ny system, treatment, operation, diagnosis, prescription or practice for the ascertainment, cure relief, palliation, adjustment or correction of any human disease, ailment, deformity, injury, alteration or enhancement of a condition or appearance and includes specifically, but not by way of limitation, the practice of medicine and surgery; the practice of osteopathic medicine and surgery; and the practice of chiropractic.”

Persons deemed to be engaged in the practice of medicine and surgery include:

“Persons who prescribe, recommend or furnish medicine or drugs, or perform any surgical operation of whatever nature by the use of any surgical instrument, procedure, equipment or mechanical device for the diagnosis, cure or relief of any wounds, fractures, bodily injury, infirmity, disease or mental illness or psychological disorder, of human beings.” K.S.A. 65-2869(b).

Right now, anesthesia care is typically performed under the direction of an anesthesia care team, directed by a physician anesthesiologist. In this care team, physician anesthesiologists may delegate patient monitoring and appropriate tasks to nonphysician anesthesia providers while retaining overall responsibility for the patient.

SB67 as written would allow CRNAs the ability to provide medical care without physician involvement. Notably, section 1(b) [line 31] would now read:

“(b) A registered nurse anesthetist may prescribe, procure, select, order and administer any drug consistent with such licensee’s education and qualifications.”

Put simply, this would allow CRNAs the same prescribing authority as physicians - including for controlled substances - without any requirements for supervision or evaluation by a physician. Further, the scope of practice for CRNAs would be determined by a Board with no members that are licensed to practice medicine and surgery.

For the protection of Kansas patients, it is vital that our healthcare professionals are prepared - by education and training - to provide any services authorized in their scope of practice. The broad scope of physicians is justified by their extensive training and education. To become an American Board of Anesthesiology (“ABA”) certified physician anesthesiologist requires a 4-year undergraduate degree, graduation from medical school, a minimum of 36 months of residency training in an accredited program, thousands of hours of clinical experience, and to pass the ABA exam. Many anesthesiologists also complete additional fellowships or specialty training in specific areas. In total, this requires about 11-14 years of education and training. This ensures that these professionals are equipped to perform all activities within their authorized scope.

The same is true for continuing education requirements. Under current Board regulation (*See* K.A.R. 100-15-5), physicians are required annually to submit proof of completion of at least 50 hours of continuing education as a condition for license renewal.

Patients undergoing general anesthesia are in a unique position. Even small changes to anesthetic drug dosage can have significant impacts on patients, and their effects can fluctuate quickly. Prompt and pertinent care is an absolute necessity. Serious harm to patients can result when our patients, especially those with complications, require more advanced training, expertise, and experience. That is why it is paramount that patient care plans are made by qualified and informed professionals. An appropriate legal and regulatory framework is essential to safeguard and enhance public safety and trust.

Access to medical care will always be an important consideration, but it *must* be balanced with the primary consideration of patient protection.

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We would welcome further discussion of the above items. Should you have any questions, please feel free to contact me at 785-296-3680.

Sincerely,



Susan Gile
Executive Director

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