

Chairwoman Gossage and members of the Senate Public Health and Welfare Committee,

This letter is written in support of the need to provide more patient access to the high-quality care that Kansas CRNAs provide based on our professional experience and personal opinions.

Jeremy Salsbury, CRNA reached out to the Doctors of Dental Surgery listed below to discuss a subject you may be considering for legislation. We would like to add our perspective based on our work and knowledge of the work that Jeremy and Kansas CRNAs provide to patients.

Jeremy's anesthesia group, Special Anesthesia Services, provides anesthesia to many types of dental patients in our offices, including those who are fearful or phobic, those with a disability or medical necessity, and to children and adults. Special Anesthesia Services has been providing anesthesia care in our office for over ten years.

CRNAs are an asset to our practices and provide safe, high-quality care to our patients. It is our understanding that with the passage of this legislation, Kansas CRNAs would be better able to utilize the full scope of their education and training in a variety of ways. Examples of these include allowing fellowship trained and/or certified CRNAs being able to provide pain management services and procuring anesthetics for necessary dental procedures. This would occur without changes to anesthesia care provided in hospitals throughout Kansas or endangering Kansans.

We appreciate your time and consideration of our perspective on this legislative matter that you are considering.

Sincerely,

Trey Anderson, DDS, ICTeeth
David Brown, DDS, ICTeeth
Jerad Divine, DDS, Wichita Endodontics
Stephen Dugan, DDS, Dugan Family Dentistry
Stephen Fetzik, DDS, Fetzik Dentistry
Todd Frankenberg, DDS, Frankenberg & Johnson
Mariah Frazier, DDS, Children's Dental Professionals
Trevor Harris, DDS, Harris Family Dentistry
Amrita Khemka, DDS, ICTeeth
Ashley Long, DDS, Frankenberg & Johnson
Scott Palmer, DDS, Palmer Dental Group
Lindsay Pauly, DDS, Tippin Dental Group
Kate Rohr, DDS, Frankenberg & Johnson
Phillip Tippin, DDS, Tippin Dental Group
Crystal Walker, DDS, Children's Dental Professionals
Kricket Young, DDS, Pediatric Dentistry

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

Subject: Support for Senate Bill 67 – Amendment to K.S.A. 65-1158

Dear Chairwoman Gossage and Members of the Senate Committee on Public Health and Welfare,

Thank you for taking the time to consider my position as a proponent for Senate Bill 67, which seeks to amend K.S.A. 65-1158. This amendment is crucial to lifting restrictive language and allowing me to care for my community to the full extent of my education and training. I hold a Master's degree in Anesthesia, a Doctor of Nursing Practice, and a Postgraduate Certification in Nonsurgical Pain Management. With over 20 years of experience providing anesthesia in medical centers, community hospitals, and during my service in Iraq, and as adjunct faculty at the University of South Florida Advanced Pain Management Fellowship and the University of Kansas, I am well-versed in the critical role that Certified Registered Nurse Anesthetists (CRNAs) play in patient care.

As an active provider at Amberwell Health in Atchison, we offer anesthesia services to Atchison County and surrounding areas, serving an estimated population of nearly 100,000 Kansas and western Missouri residents. Our Amberwell Anesthesia Services team delivers anesthesia for obstetrics, surgery, emergency cases, and both acute and chronic pain management. This area is on the border of a healthcare desert where access to care is limited. Barriers that exist include:

- Inadequate income
- High cost
- Long distance
- Limited transportation options
- Limited hours
- Physical inaccessibility
- Culturally appropriate environment
- Inability to read medication labels/discharge instructions
- Lack of knowledge about health, healthcare, treatment, or treatment options

Currently, the Kansas state statute, K.S.A. 65-1158, places unnecessary restrictions on CRNAs, limiting our ability to provide anesthesia services, airway or vascular access in emergency situations, and pain relief for acute or chronic conditions. The statute requires CRNAs to act "upon the order of a physician or dentist," creating instances where obtaining an order is impractical and delays critical patient care.

Key Challenges Posed by K.S.A. 65-1158:

1. **Emergency Care Delays:** Our emergency department is staffed in the evening by physician assistants and advanced nurse practitioners. When a critically ill patient requires advanced airway management, intubation, circulatory access, ultrasound-guided nerve blocks, or sedation, no physician is immediately available to provide the necessary orders. The time lost in obtaining an order could potentially lead to poor outcomes.

2. **Surgical Anesthesia Limitations:** Podiatrists frequently use our surgical services but cannot order anesthesia for their patients. This forces an unaffiliated physician to conduct a redundant history and physical and issue an order—adding inefficiency without improving patient safety.
3. **Barriers to Pain Management Services:** Statute 65-1158 restricts physician assistants and advanced nurse practitioners from referring patients for pain management. I have a duty to assess and identify the ailment and prescribe an appropriate treatment to ameliorate the condition. As the statute stands, the current statute results in unnecessary delays, requiring patients to seek physician referrals, endure longer wait times, and often travel outside of their community and seek care from St. Joseph, Topeka, or Kansas City for treatment, prolonging their pain and suffering.

The Need for Legislative Reform

Modern healthcare demands that we maximize resources, particularly in rural areas where access to care is limited. CRNAs have extensive education, training, and certification to perform anesthesia services independently. Updating K.S.A. 65-1158 to reflect these qualifications would enable us to provide timely, efficient, and safe care to our patients.

By removing these outdated restrictions, Senate Bill 67 will:

- Improve emergency response times and patient outcomes,
- Streamline surgical anesthesia services,
- Expand access to pain management,
- Optimize rural healthcare resources without compromising safety.

Members of the Committee, I urge you to recognize the importance of this amendment for our patients, our facility, and the communities we serve. The current statute must evolve to align with the education, training, and practice standards of CRNAs. Your support for Senate Bill 67 will ensure that healthcare providers in Kansas can deliver the highest quality care without unnecessary limitations.

Thank you for your time and consideration. I appreciate your commitment to enhancing healthcare access for all Kansans.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. W. Hart', with a stylized flourish at the end.

David W. Hart, DNP, CRNA, NSPM-C
Amberwell Health – Atchison



Proponent Testimony SB 67

Senate Public Health and Welfare Committee

Presented by Susan Hofmann

Kansas Advanced Practice Nurse (KAPN) Association

February 10, 2025

Chairwoman Gossage and Members of the Committee:

My name is Susan Hofmann, and I am the Legislative Chair for the Kansas Advance Practice Nurse Association (KAPN). I am a family nurse practitioner who has been actively advocating healthcare issues that focus on caring for all Kansans. Thank you for allowing us to submit written testimony on this important issue.

This legislation will allow certified nurse anesthetists (CRNAs) to work to the full extent of their education and training. Currently, in the state of Kansas, CRNAs are not permitted to write prescriptions. The passage of SB 67 will improve access to healthcare and allow CRNAs to practice within the full extent of their education, training, and certification. This legislation modernizes state statutes and removes unnecessary regulation while maintaining public safety and quality health outcomes. SB 67 will align with legislation passed in 2022 that has provided full practice authority for advance practice registered nurses in Kansas.

In 2020, the Federal Trade Commission supported independent practice for advanced practice registered nurses in Kansas. Their research shows that independent prescribing authority improves access to care, decreases healthcare costs, and expands innovation in the Kansas health delivery system.

Multiple studies across the United States show that access to healthcare increases for both rural and urban areas when independent prescribing authority has been provided. We ask that you support SB 67 in optimizing access to quality, comprehensive healthcare for Kansans by providing prescribing rights to CRNAs. Thank you for allowing me to submit this written testimony.

Respectfully,

Susan Hofmann DNP, APRN

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

Brittany Jones Written Testimony in Support of S.B. 67

Senate Health

February 13, 2025

Chairwoman Gossage and members of the committee, my name is Brittany Jones. I am an attorney and the Director of Policy and Engagement for Kansas Family Voice. Kansas Family Voice supports the expansion of opportunities for medical professionals in their scope of practice. Thank you for the opportunity to share why we support S.B. 67.

As written, S.B. 67 removes a barrier to nurse anesthetists practicing within their scope of practice. However, we believe that it is important that the language in 1(c) is included to ensure that nurse anesthetists' scope of practice is not expanded to include abortion in the future.

Abortions are outside nurse anesthetists' education and qualifications, however, it is important that it is clear that it is not the intent of this bill to open the door for them to provide abortions if any requirements changes in their education or qualifications in the future. Multiple Kansas statutes limit abortion providers to doctors. Further, for other medical professionals we have been clear that the expansion of practice for other medical professions does not include abortion.¹

The Kansas legislature has repeatedly delegated abortion to only physicians and explicitly stated in bills just like this for other medical professionals that the expansion of their practice does not include abortion. Including this language in this bill is a simple safeguard for practicing nurse anesthetists. While we want to promote as much freedom as possible, it is important that we ensure that these expansions are tied to their scope of practice and not into areas beyond their training and education.

I ask that you report S.B. 67 out favorably!

¹ See K.S.A. § 65-28b10 & K.S.A. § 65-1130.

February 10, 2025

Chair Gossage, Vice Chair Clifford, and Members of the Senate Public Health and Welfare Committee,

Thank you for the opportunity to testify **in support of Senate Bill 67** which will increase access to safe and quality anesthesia services provided by Certified Registered Nurse Anesthetists (CRNAs) in Kansas. Removing these barriers will align Kansas with the majority of the country by reducing unnecessary regulations, aligning with an evidence-based model for CRNA regulation, and providing patients across Kansas with greater access to providers they know and trust.

Reducing Unnecessary Regulations

Kansas lawmakers have a notable history of identifying and acting to remove unnecessary regulatory burdens. Current laws requiring physician supervision of CRNAs are an example of outdated government intervention that serves no proven purpose in patient safety. The Centers for Medicare & Medicaid Services (CMS) allows states to opt out of these restrictions for Medicare and Medicaid patients, an action Kansas took over 20 years ago. Despite this, remaining barriers exist that serve no purpose for patients and do not make for safer provision of anesthesia services.

Alignment with the APRN Consensus Model

Granting independent practice to CRNAs also aligns with the Advanced Practice Registered Nurse (APRN) Consensus Model, a nationally recognized framework that establishes uniform practice standards for APRNs, including CRNAs. The Kansas Legislature has already made progress in modernizing APRN regulations by removing these barriers for certified nurse practitioners, clinical nurse specialists, and certified nurse-midwives in 2022. The APRN Consensus Model is an evidence-based model proven to improve access to care, standardize regulation and practice across states, and reduce unnecessary regulatory burdens—all of which align with the Kansas legislature's goal of minimizing government interference in the healthcare market while ensuring high-quality patient care.

Protecting Rural Healthcare Access

CRNAs, who are highly trained in anesthesia care, are providing the vast majority of anesthesia services in rural areas across the country. In many rural Kansas communities, hospitals and surgical centers rely on CRNAs to deliver safe and expert quality anesthesia services. CRNAs are more often than not the only anesthesia providers in these areas. Current statutes and regulations in Kansas make the delivery of this expert care more difficult and costly than necessary. Mandating physician supervision forces facilities to either delay care or pay excessive costs for redundant supervision. Delays and costs are devastating for patients. By granting CRNAs independent practice, Kansas is ensuring its citizens across the state have timely access to safe anesthesia care.

Strengthening Free-Market Competition

The Federal Trade Commission (FTC) has repeatedly stated that restrictive scope-of-practice laws limit competition, drive up healthcare costs, and reduce patient choice. In a true free-market system, providers should be allowed to practice to the full extent of their education and training. “The FTC staff has consistently urged state legislators to avoid imposing restrictions on APRN scope of practice unless those restrictions are necessary to address well-founded patient safety concerns. Based on substantial evidence and experience, expert bodies have concluded that APRNs [sic] are safe and effective as independent providers of many health care services within the scope of their training, licensure, certification, and current practice.”¹ CRNAs have the expertise to deliver anesthesia independently, and removing these restrictions would allow for a more competitive and efficient healthcare system in Kansas.

Keeping Kansas Competitive with Neighboring States

Several neighboring states, including Iowa, Nebraska, and Colorado, have already granted CRNAs independent practice. If Kansas fails to modernize its regulations, the state risks losing skilled providers to states that offer better practice environments. This will only worsen existing healthcare workforce challenges in Kansas, particularly in rural

¹ <https://www.ftc.gov/system/files/documents/reports/policy-perspectives-competition-regulation-advanced-practice-nurses/140307aprnpolycypaper.pdf>

areas. By passing this reform, Kansas can retain talent, strengthen the healthcare system, and ensure that Kansans receive the care they need without unnecessary delays or costs.

Conclusion

CRNAs have the training, experience, and track record to provide safe and effective anesthesia care independently. Patients across Kansas benefit from this safe and expert care provided by CRNAs today. Removing unnecessary barriers will bring Kansas in line with the APRN Consensus Model, a model proven to increase access to safe and quality care by APRN.

I urge this committee to support this common-sense reform that aligns with the Kansas legislature's goals to reduce unnecessary red tape and promote safe and quality care for patients across the state.

Thank you for your time and consideration. Please feel free to reach out to me with any questions at nlivanos@ncsbn.org.

Sincerely,

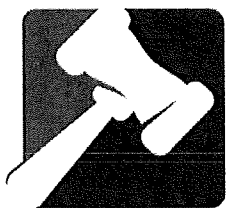


Nicole Livanos JD, MPP

Director, Government Affairs

National Council of State Boards of Nursing

nlivanos@ncsbn.org



KANSAS JUSTICE INSTITUTE

Testimony to the Senate Committee on Public Health and Welfare

SB 67: Authorizing registered nurse anesthetists to engage in independent practice and prescribe drugs and prohibiting registered nurse anesthetists from performing an abortion or prescribing drugs to induce an abortion.

By: Samuel G. MacRoberts
sam@kansasjusticeinstitute.org
Proponent – Written Only

Litigation Director and General Counsel
Kansas Justice Institute

Chairwoman Gossage and Members of the Committee:

Kansas Justice Institute¹ supports the elimination of unreasonable occupational barriers. To that end, KJI urges this Committee to favorably pass SB 67.

This bill would allow registered nurse anesthetists to practice their profession to the “full extent of the licensee’s education and qualifications.” SB 67, lines 26-28. These changes make sense and are perfectly reasonable. There’s no good reason to arbitrarily limit one’s scope of practice to something less than the full extent of one’s education and qualification.

In our view, arbitrarily limiting the scope of one’s practice to something less than the full extent of their education and qualifications could very well violate Kansas Constitution Bill of Rights Section 1, 2, 18, and 20 under any legal standard of review. The Kansas Constitution forbids unreasonable, unequal, and arbitrary occupational barriers, after all.

In Kansas, courts sometimes apply what’s called the “real and substantial relation” test.

The “real and substantial relation” test relies on “human judgment, natural justice, and common sense. Whether or not a restriction is reasonable may depend on many factors, no single factor being ordinarily decisive” and examines the “total situation.” *Ernest v. Faler*, 237 Kan. 125, 130-131 (1985). This means “the legislature cannot use a cannon to kill a cockroach.” *Id.* at 130. In other words, a “legislative body cannot” “enact unequal, unreasonable, and oppressive legislation[.]” *City of Baxter Springs v. Bryant*, 226 Kan. 383, 391(1979); *see also*, *Capital Gas & Electric Co. v. Boynton*, 137 Kan. 717, 728, 730 (1933) (law did not promote the public welfare, and was “unreasonable, arbitrary, unjust, and oppressive.”) (cleaned up).

What’s more, in *Thompson v. KFB Ins. Co.*, 252 Kan. 1010, 1022–23 (1993), the Kansas Supreme Court explained that although deference is sometimes given to legislative classifications, where “the only basis for the classification is to deny a benefit to one group for no purpose other

¹ KJI is a non-profit, public-interest litigation firm committed to protecting individual liberty and the constitutional rights of all Kansans. It is part of Kansas Policy Institute.

than to discriminate against that group, the statutory classification is not only mathematically imprecise, it is without a rational basis and is arbitrary,” and is therefore unconstitutional.

In short, there are several solid reasons to permit registered nurse anesthetists to practice nursing to the fullest extent of their education and training.

Thank you for your time and consideration.

Sincerely,

Samuel G. MacRoberts
Litigation Director
Kansas Justice Institute
12980 Metcalf Avenue, Suite 130
Overland Park, Kansas 66213
Sam@KansasJusticeInstitute.org
(913) 213-5018



Carol Moreland, MSN, RN
Executive Administrator

Kansas State Board of Nursing

Laura Kelly, Governor

The mission of the Board of Nursing is to assure the citizens of Kansas safe and competent practice by nurses and mental health technicians

Date: February 13, 2025

To: Senate Public Health and Welfare Committee
Senator Beverly Gossage, Chair

From: Carol Moreland, MSN, RN
Executive Administrator
Kansas State Board of Nursing

Subject: SB 67

Position: **Proponent (Written)**

The Kansas State Board of Nursing (KSBN) provides this written testimony in support of SB 67 that concerns registered nurse anesthetists; authorizing independent practice and the prescribing of drugs; amending K.S.A. 65-1158. The mission of the Board of Nursing is to assure the citizens of Kansas safe and competent practice by nurses and mental health technicians. KSBN regulates registered nurse anesthetists and there are currently 1,366 licensed registered nurse anesthetists in Kansas.

SB 67, if passed would change the practice of registered nurse anesthetists (RNAs). They could practice as an independent advanced practice registered nurse to the full extent of the licensee's education and qualifications, except perform surgery for the purposes of implantation of medication reservoirs for drug delivery devices. They could prescribe, procure, select, order, and administer any drug consistent with such licensee's education and qualifications. The licensed RNAs would not perform or induce an abortion or prescribe, procure or administer drugs for an abortion.

Registered nurse anesthetists obtain specialized education for their role. RNA educational programs in Kansas prepare the student for graduation with a Doctor of Nurse Anesthesia Practice. Requirements for admission include licensure as a Registered Nurse, certification in Basic Life Support, Advanced Cardiac Life Support, and Pediatric Advanced Life Support. CCRN certification, a specialized certification for nurses who provide care to acutely/chronically ill patients, is preferred. The applicant must have a minimum of 1-year full-time practice as a Registered Nurse in a critical care unit and have a bachelor's degree.

RNA programs consist of 36 months of didactic and clinical education to assist the student to acquire the knowledge, skills and competence required for their role. The classroom instruction includes courses in anatomy, physiology, pathophysiology, biochemistry, chemistry, physics, and pharmacology. The clinical education includes a well-rounded variety of anesthesia techniques and procedures for all types of surgery and obstetrics. Types of anesthesia in clinical education include general, regional and pain management. Clinical education includes over 1000 anesthetic cases with over 2050 hours of direct anesthesia. Special cases include geriatric, pediatric (2 – 12 years), pediatric (<2 years), neonatal (<4

weeks), trauma, obstetrics, and pain management. Anatomic categories included in clinical education include intra-abdominal, intracranial (open and closed), oropharyngeal, intrathoracic, open heart (with and without cardiopulmonary bypass), closed heart, intrathoracic (lung and other), and neck.

After graduation from the RNA program, the graduate must become nationally certified through the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA). The purpose of the National Certification Examination is to assess the knowledge, skills, and abilities necessary for entry-level nurse anesthesia practitioners. NBCRNA credentialing assures the public that the certified registered nurse anesthetist has met objective, predetermined qualifications to provide nurse anesthesia services. Each RNA who fulfills the requirements for certification and continued professional certification by NBCRNA may use the initials "CRNA" after their name. CRNA stand for certified registered nurse anesthetist. The continued professional certification (CPC) program supports life-long learning. Each four-year cycle has a specific set of requirements that include Class A continuing education, Class B professional development activities, core modules and CPC assessment. This CPC assessment assesses the critical core knowledge needed to practice the art and science of nurse anesthesia.

RNAs have the specialized knowledge, skills, and competency to practice independently to the extent of their education and qualifications. They have the education and qualifications to prescribe, procure, select, order, and administer any drug consistent with their role, except for drugs for an abortion. The Kansas State Board of Nursing supports SB 67 and encourages passage of the bill.



To: Committee on Public Health and Welfare

From: Travis R. Oller, DC
Executive Director
Kansas Chiropractic Association

Date: February 13, 2024

Subject: SB 67: Authorizing registered nurse anesthetists to engage in independent practice and prescribe drugs and prohibiting registered nurse anesthetists from performing an abortion or prescribing drugs to induce an abortion.

Proponent Testimony

Chairman Gossage and other committee members, I appreciate the opportunity to present Neutral testimony on SB 67.

The Kansas Chiropractic Association represents over 1,200 Doctors of Chiropractic in Kansas and their patients.

Several colleges and universities in the United States and around the world award doctor of chiropractic degrees. These degrees are subject to a rigorous accreditation process by the Council on Chiropractic Education and the National Board of Chiropractic Examiners.

Doctors of Chiropractic in Kansas are licensed as Practitioners of the Healing Arts alongside Doctors of Medicine and Doctors of Osteopathy. They are licensed to "diagnose and treat the human condition and all its diseases." The only restrictions on our practice are the prescription of medication and the performance of surgery or obstetrics.

Doctors of Chiropractic frequently refer to other healthcare professionals when the co-management of care or outright referral is more appropriate than chiropractic care alone. This includes referrals for pain management services provided by a physician, anesthesiologist, or CRNA.

These referrals are common. However, under the current licensing system, Doctors of Chiropractic cannot refer directly to the CRNA. The referral must first pass through another physician-level provider (or a PA or APRN) before the CRNA can treat the patient. These challenges are even more significant in western Kansas, where there is a shortage of anesthesiologists.

These additional referrals only increase healthcare costs for the patient and their insurers. Additionally, this causes a delay in treatment when our patients need it most.



SB 67 will allow CRNAs to provide care more promptly to patients in areas of Kansas that are underserved by physician anesthesiologists.

We offer our support for SB 67 and ask the Senate Public Health and Welfare to recommend SB 67 favorable for passage.

Travis R. Oller, DC
Executive Director
Kansas Chiropractic Association

Sonia Slaba

DNAP, APRN, CRNA, FNP-C, PMHNP-C, NSPM-C

February 12, 2025

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

Subject: Strong Support for Senate Bill 67 – Removing Barriers to Patient Care

Dear Chairwoman Gossage and Members of the Committee,

I am writing to express my strong support for Senate Bill 67, which seeks to modernize the Certified Registered Nurse Anesthetist (CRNA) Practice in Kansas. As a CRNA with advanced training in pain management, I have dedicated my career to providing safe, high-quality anesthesia and interventional pain services. However, outdated statutory restrictions continue to limit my ability to provide essential care, creating unnecessary barriers for patients—especially in rural and underserved areas.

My professional training and experience reflect the high level of expertise required to deliver safe and effective anesthesia and pain management care. I have earned:

- Master of Science in Nursing (Family Nurse Practitioner)
- Master of Science in Nurse Anesthesia
- Doctorate in Nurse Anesthesia Practice
- Post-Master's Certificate in Psychiatric Mental Health
- Certification in Non-Surgical Pain Management

Despite this rigorous education and clinical experience, Kansas law continues to restrict patient access to care by preventing CRNAs from practicing to the full extent of their training. Senate Bill 67 would modernize these regulations by:

- Removing the requirement for CRNAs to practice "upon the order of a physician or dentist," allowing us to provide anesthesia and pain management services without unnecessary restrictions while maintaining collaborative relationships with physicians, dentists, osteopathic doctors, nurse

practitioners, physician assistants, podiatrists, and other healthcare professionals. CRNAs have always worked as integral members of the healthcare team, and this bill ensures we can continue to do so while functioning within our full scope of practice.

- Granting prescriptive authority, enabling us to manage pain and anesthesia care more efficiently and reduce treatment delays.
- Allowing CRNAs to obtain a DEA license, ensuring that we can order the medications necessary for anesthesia and pain management. Currently, these essential medications must be ordered under another provider's DEA registration, creating unnecessary administrative barriers that can delay patient care.

The need for this legislation is widely recognized by leading healthcare and business organizations. The Kansas Justice Institute, the Federal Trade Commission (FTC), the Kansas Association of Nurse Anesthetists, the Kansas Association of Advanced Practice Nurses, the Kansas State Nurses Association, and the Kansas Chamber of Commerce all support removing unnecessary barriers that restrict CRNAs from providing timely and necessary care. Research consistently demonstrates that CRNAs deliver safe, cost-effective anesthesia and pain management services, and requiring a physician order serves only to delay care and reduce access, particularly in rural areas.

Kansas has already acknowledged the ability of CRNAs to practice safely. In 2003, the Governor opted Kansas out of the federal physician supervision requirement for CRNAs, recognizing that we can provide anesthesia care without mandated physician restrictions. For more than two decades, CRNAs have continued to deliver high-quality anesthesia services across Kansas, with no evidence of increased patient risk. Yet, state law still limits our ability to ensure patients receive the care they need, when they need it.

During the last legislative session, Senate Bill 112 successfully passed the Senate with bipartisan support, demonstrating broad recognition of the need for reform. Unfortunately, the bill did not advance further. Senate Bill 67 now presents an opportunity to finally remove outdated restrictions and improve patient access to anesthesia and pain management services across Kansas.

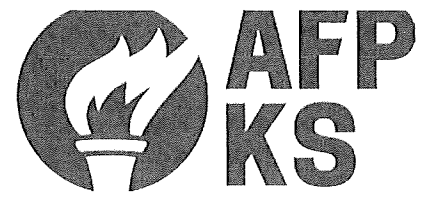
I respectfully urge you to support Senate Bill 67 and modernize Kansas law to reflect the current standards of CRNA education, training, and practice. This legislation does not expand CRNA

scope—it simply removes unnecessary restrictions that limit patient access to safe and effective care.

Thank you for your time and thoughtful consideration. I welcome the opportunity to discuss this further and can be reached at 316-680-9915 with any questions.

Sonia Slaba

Sonia Slaba



Chairwoman Gossage and Members of the Committee,

We appreciate this opportunity to submit written proponent testimony for SB 67, which allows registered nurse anesthetists in Kansas to practice independently, expanding their authority to prescribe medications. We hold the following position on SB 67:

1. SB 67 follows national trends in expanding the scope of practice for CRNAs
2. SB 67 helps make healthcare more cost effective
3. SB 67 improves access to care, particularly in Rural Areas

SB 67 follows national trends in expanding the scope of practice for CRNAs.

As of 2024, 23 states and the District of Columbia grant CRNAs full practice authority. These states have seen improved access to care, increased patient satisfaction, and no compromise in patient safety. Legislation in various states has been enacted to allow CRNAs to practice without direct physician supervision, reflecting a recognition of their expertise and the benefits of such autonomy. Kansas has an opportunity to align with these national trends and modernize its healthcare regulations.¹

SB 67 helps make healthcare more cost effective.

Expanding CRNA authority can lead to significant cost savings for healthcare systems without sacrificing quality. CRNAs provide safe and effective care at a lower cost than physician anesthesiologists, reducing overall healthcare expenditures. According to a 2016 report from the American Association of Nurse Anesthetists (AANA), states with full practice authority for CRNAs see reduced costs associated with anesthesia services, resulting in better allocation of healthcare resources.²

SB 67 improves access to care, particularly in Rural Areas

Kansas, like many states, faces persistent shortages of healthcare providers, particularly in rural communities. According to the Kansas Department of Health and Environment, over 100 counties in Kansas are designated as Health Professional Shortage Areas primary care and anesthesia services.³

¹ Vital Solution, *Opportunities for CRNAs Are Expanding Across the Country*, November 7, 2024, <https://vitalsolution.com/crna-career-opportunities-expanding-scope/#:~:text=With%20a%20shortage%20of%20nearly,provide%20high%2Dquality%20anesthesia%20care>.

² American Association of Nurse Anesthesiology, *AANA Full Practice Report*, 2016

³ Kansas Department of Health and Environment, *Shortage/Underserved Areas Designations*, <https://www.kdhe.ks.gov/343/Shortage-Underserved-Areas-Designations>

Studies show that allowing advanced practice registered nurses to practice independently improves access to care, particularly in rural areas. In states with full practice authority, APRNs were associated with a 5.3% increase in care availability in rural areas.⁴

For these reasons, we urge the committee to pass SB 67 in its current form.

⁴ Kuo Y-F, Loresto F Jr., Rounds L, & Goodwin J (2013). States with the least restrictive regulations experienced the largest increase in patients seen by nurse practitioners. *Health Affairs*, 32(7), 1236–1243



Wilde Foot & Ankle Clinic, PA

407 E. Centennial, Pittsburg, KS 66762 (620) 231-5940

February 6, 2025

To whom it may concern,

My name is Corin Wilde, DPM, FACFAS and I am writing this letter in support of the need to provide more patient access to the high-quality care that Kansas CRNAs provide based on my professional experience and personal opinion.

Brian Baxley CRNA and I recently discussed a subject you may be considering for legislation. I would like to add my perspective based on my work and knowledge of the work that Brian Baxley and Kansas CRNAs provide to our Kansas community.

I have work in southeast Kansas for the past twenty-three years. Most of the surgical procedures I do have been with the highly competent and professional care of CRNAs. As a surgeon, I would not be able to provide the service needed without their assistance. There are simply not enough anesthesiologists to service the demand. In many areas of Kansas, especially in the rural hospitals, I couldn't function without a nurse anesthetist.

It is my understanding that with the passage of this legislation, Kansas CRNAs would be better able to utilize the full scope of their education and training in a variety of ways. Examples of these include allowing fellowship trained and/or certified CRNAs being able to provide pain management services and procuring anesthetics for necessary dental and podiatric procedures. This would occur without changes to anesthesia care provided in hospitals throughout Kansas or endangering Kansans.

I appreciate your time and consideration of my perspective on this legislative matter that you are considering.

Sincerely,

Corin Wilde, DPM, FACFAS