Kansas Practicing Perfusionist Society

Clinical Perfusionist

what you should know

IMPORTANT INFORMATION FOR ALL KANSANS

For Immediate Release

For more details contact:
Kansas Practicing Perfusionist Society

***UNREGULATED HEALTH CARE PERSONNEL** FOUND ADMINISTERING MEDICATIONS, BLOOD PRODUCTS, MAKING INDEPENDENT DECISIONS WHILE PERFORMING LIFE SUPPORT PROCEDURES THROUGHOUT KANSAS!*

The Kansas Practicing Perfusionist Society has provided information regarding the clinical practice of its members. As incredible as it may seem, *PERFUSIONISTS*, the individuals that provide vital life support during cardiac surgery, and other medical procedures **ARE NOT REGULATED** in Kansas.

Among the routine duties of a perfusionist is the administration of medications - many with potentially lethal consequences; the administration of blood products; and independent decision making that directly affects the outcome of patients!

Key legislators are participating in corrective measures designed to adequately protect the public health and welfare.

Kansas Practicing Perfusionist Society

Position Statement on Credentialing

It is the position of the Kansas Practicing Perfusionist Society that licensure is the least of the regulatory credentialing levels that adequately protects the Kansas public from harm.

The public and citizens of Kansas are not effectively protected by the current status of purely voluntary participation in the American Board of Cardiovascular Perfusion certification process, or by voluntary adherence to the American Society of Extracorporeal Technology Scope of Practice, Code of Ethics, or the Guidelines for Perfusion Practice. Statutory regulation in the form of licensure is necessary to provide appropriate protection to the Kansas public.

Perfusion involves a high level of cognitive medical skill. Perfusionists make split second decisions when operating life-supporting devices, particularly the heart-lung machine, which directly affect patient outcomes. During procedures requiring extracorporeal circulation, a perfusionist is responsible for the administration, into the extracorporeal circuit, of intravenous solutions, medications, medical gases and blood products. Perfusionists infuse specially formulated solutions directly into the heart, either through the aortic root, coronary ostia or via the coronary sinus. Usually, medication administration and blood transfusion can only be performed by a licensed medical professional working under the supervision of a physician. Perfusionists have a direct and immediate impact on patient outcome and mortality, especially during procedures requiring chemically induced cardiac arrest.

Almost every form of major thoracic or cardiovascular surgery involves the participation of a perfusionist. The insurance liability rating for perfusionists is one of the highest for medical professionals. Medical malpractice insurance underwriters have rated perfusionist's professional liability as being equivalent to Emergency Room physicians. The heart-lung machine and each of the individual components of the extracorporeal circuit used by perfusionists are classified by the Food and Drug Administration (FDA) as Level II Medical Devices.

Establishing minimum standards of education, training, and competency for persons engaged in the practice of perfusion and in the performance of perfusion services is needed because the citizens of Kansas are entitled to the protection of their health and safety, which only licensing will do, from unqualified perfusion practitioners, or from the unprofessional practice of perfusion.

Kansas Practicing Perfusionist Board of Directors,
Linda Cantu
Carolyn Kitchens
Kelly Hedlund
Dennis Coyne
Susan Englert

KANSAS
DEPARTMENT OF HEALTH
AND ENVIRONMENT
Division of Health

Mark Parkinson, Governor
Roderick L. Bremby, Secretary

www.kdheks.gov

FINAL REPORT TO THE LEGISLATURE FROM THE SECRETARY ON THE APPLICATION FROM THE KANSAS PRACTICING PERFUSIONIST SOCIETY

May 27, 2009

The Kansas Practicing Perfusionist Society submitted an application requesting credentialing at the level of licensure. The application has been reviewed in accordance with the Kansas Act on Credentialing by a technical review committee and the Secretary of Health and Environment. The technical committee conducted four fact-finding meetings, including a public hearing, to investigate the issues. According to K.S.A. 65-5005, within 120 days of receiving the technical committee's report the Secretary is to issue a final report to the Legislature. The technical committee's report was submitted to the Secretary on May 27, 2009. (Attached is the technical committee's report.) This is the final report of the Secretary to the Legislature.

The statutes state that the Secretary is not bound by the recommendations fo the technical committee, nor is the Legislature bound by the Secretary's recommendations.

K.S.A. 65-5005 requires that all of the criteria are to be found met and a need for credentialing established prior to the technical committee or Secretary making a recommendation that the application be approved. The technical committee concluded that all criteria were met. The technical committee determined that there was sufficient need shown for licensing of perfusionists in order to protect the public from the documented harm, therefore, the technical committee recommends that the application be approved.

In summary, the technical committee findings and conclusions are:

- The unlicensed practice of the occupation can harm the public and the potential for harm is recognizable and not remote. Criterion I is met.
- The practice of the occupation requires an identifiable body of knowledge acquired through a formal period of advanced study; and the public needs, and does benefit, from assurances of initial and continued education. Criterion II is met.
- Information provided indicates that services provided by perfusionists are, for the most part, not under the direction of other health care personnel but are performed independently. Evidence was provided which indicates that this arrangement is not adequate to protect the public from harm. Therefore, Criterion III is met.

CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 300, TOPEKA, KS 66612-1368
Voice 785-296-1086 Fax 785-296-1562

- Criterion IV is recognized as asking for documentation on why registration and certification or other, less regulatory means, are not effective in protecting the public from harm. Evidence was provided which indicates that the level of credentialing of registration or certification is not adequate to protect the public from harm. Thus Criterion IV is found to be met.

- Licensing the occupation appears to have minimal impact on the cost of health care. Criterion V is met.

- Licensing the occupation appears to have minimal impact on the availability of health care personnel providing services. Thus, Criterion VI is met.

- The scope of practice of the occupation is identifiable. Criterion VII is met.

- From the information provided, it appears that the licensure of perfusionists would have minimal effect on the scope of practice of other health care personnel. Therefore, Criterion VIII is met.

- Nationally recognized standards of education for perfusionists exist and are identifiable. Criterion IX is met.

- With the first nine criteria having been found to be met, credentialing of the profession to protect the public from the documented harm is appropriate. Licensure was determined to be the least regulatory means of ensuring that the public is protected from the documented harm.

The Secretary of Health and Environment's Findings, Conclusions and Recommendations Are:

- After consideration of the technical committee's report and the evidence and testimony presented to the committee, I concur with the technical committee's findings and conclusions. I find that the first nine criteria have been met.

- I concur that sufficient evidence was presented to warrant credentialing of perfusionists in order to protect the public, and that licensure is the appropriate level of credentialing to ensure protection from the documented harm.

- I concur that the Kansas Board of Healing Arts is the appropriate regulatory body.

- I recommend that legislative action be taken on the credentialing application

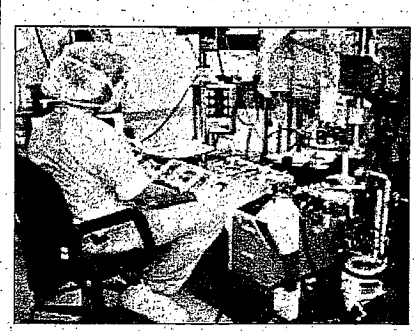
Roderick Bremby

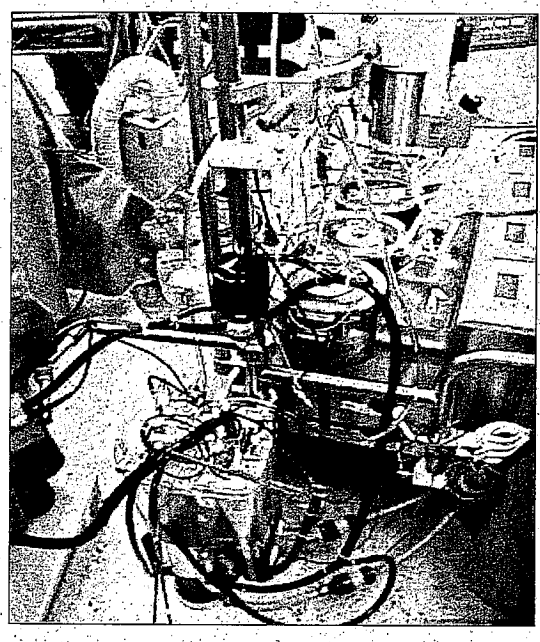
Roderick L. Bremby, Secretary

7/7/09

Date

A GUIDE TO CLINICAL PERFUSION IN KANSAS





PRESENTED BY THE

KANSAS PRACTICING PERFUSIONIST SOCIETY

OUR MISSION

The Kansas Practicing Perfusionist Society is a professional organization of perfusionists dedicated to enhancing professionalism, promoting standards of perfusion practice to better serve the needs of society, and providing a forum for interaction and exchange of ideas related to perfusion. In addition, the purpose of our corporation is to engage in any lawful act or activity (such as monitoring legislation which may affect the practice of perfusion) for which not-for-profit corporations may be organized under the Kansas General Corporation Code. The Kansas Practicing Perfusionist Society was first organized in 1991, and was incorporated in 1995.

WHAT IS A PERFUSIONIST?

A perfusionist is a skilled person, qualified by academic and clinical education, who operates extracorporeal circulation (meaning blood outside of the body) equipment during any medical situation where it is necessary to support or replace the patient's cardiopulmonary / circulatory functions. The perfusionist ensures the proper management of the patients' physiologic functions by monitoring the necessary variables. The perfusionist is knowledgeable concerning the variety of equipment available to perform extracorporeal circulation functions and is responsible, in consultation with the attending physician, for selecting the appropriate equipment and techniques to be used during clinical practice.

The perfusionist may be administratively responsible for purchasing supplies and equipment, maintenance of the equipment, and personnel and department management. Management duties may include development and implementation of hospital policies and procedures, quality assurance measures, and staff development.

Education and research are a fundamental part of the perfusionist scope of practice.

Perfusionists, known in the early days as 'Extracorporeal Technologists', were recognized as allied health professionals by the American Medical Association in March of 1977.

DID YOU KNOW?

- There are thousands of cardiac surgical procedures performed in Kansas hospitals, with each procedure requiring the services of a perfusionist. Several thousand additional invasive cardiology procedures are performed that potentially need a perfusionists' services on an urgent or emergency basis. Few hospitals nationwide perform coronary angioplasty, atherectomy or intracoronary stent placement without access to cardiac surgery, therefore requiring access to a perfusionist.

- Historically, the number of cardiac surgical procedures performed world-wide grows larger and larger each year.

- During most heart surgery, to sustain the patient's life, the heart must be made to stop beating. While this occurs, the patient's blood is diverted outside the body (extracorporeal) and circulated through the heart-lung machine. In effect, the machine assumes the function of both the patient's heart and lungs. ***This machine is operated by a perfusionist.***

- The state of Kansas currently ***does not*** recognize or regulate perfusionists. Kansas ***does not***, in any way, set minimum standards for employment of such individuals. Currently, there are twenty (20) schools that educate perfusionists in the United States. None of these schools are in Kansas. Therefore, persons coming into this state as practicing perfusionists get their education elsewhere, with ***no current Kansas law*** setting minimum standards necessary to work here.

- There are approximately fifty (50) perfusionists that practice in the state of Kansas on a regular or temporary basis, yet they impact the lives of thousands of Kansas citizens annually. ***Virtually every patient undergoing a cardiac surgical procedure requires the many services provided by a perfusionist.***

- Perfusionists administer medications and transfuse blood products through the extracorporeal circuit to patients under the supervision of the attending physician. Physicians, nurses, medical residents and other allied health professionals (e.g., physician assistants, respiratory therapists) who do these **same tasks must** have a Kansas license.

- Perfusionists also perform "point of care" testing procedures, analyze the results, and then implement a treatment plan to correct abnormalities. *Again, other allied health professionals who do these tasks in Kansas **must** have a license.*

- Perfusionists are also utilized in hospitals performing heart transplants, lung transplants, mechanical long-term circulatory support, and intra-operative blood recovery procedures.

- Perfusionists also perform ECMO (extracorporeal membrane oxygenation) on newborn infants, small children and occasionally adults. This form of ***extracorporeal support requires days to weeks of intense monitoring of the patient and life support devices.***

- ***24-7-365***. Perfusionists are available 24 hours per day. Perfusionists are required to be on call in order to provide services at any time they are needed.

WHAT REGULATION OF PERFUSIONISTS WOULD DO FOR KANSAS

- *It **WOULD** establish mandatory, verifiable minimum standards of education, training, and competence for persons engaged in the practice of perfusion in the state of Kansas.*
- *It **WOULD** assure that the health and safety of the citizens of Kansas are protected from unqualified practitioners, or from the unprofessional practice of perfusion. It would provide a screening process to discover any perfusionist having had a license revoked in another state.*
- *It **WOULD** assure that in the future anyone entering Kansas to work as a perfusionist would meet Kansas' legislated high standards for patient care.*

WHAT STATE REGULATION OF PERFUSIONISTS WOULD NOT DO

- *It **WOULD NOT** permit perfusionists to privately bill for their services.*
- *It **WOULD NOT** prohibit the employment of anyone currently working in the state of Kansas. Nor would it constrain the scope of practice functions of perfusionist or any other health care personnel.*
- *It **WOULD NOT** increase the cost of health care in the state of Kansas by requiring hospitals to hire more expensive professional employees.*
- *It **WOULD NOT** reduce or limit the labor pool of perfusionists in Kansas.*

AMERICAN SOCIETY OF EXTRA-CORPOREAL TECHNOLOGY

SCOPE OF PRACTICE FOR THE CLINICAL PERFUSIONIST

Purpose

The purpose of this document is to define the Scope of Practice for Clinical Perfusionist Professionals and to specify their role as members of the health care team, acting in the best interest of the patient. The scope of practice is a "living" document that will evolve as techniques and technology expand.

The scope of practice defined here and the areas specifically set forth describe the breadth of professional practice offered within the profession. Levels of education, experience, skill, and proficiency with respect to the activities identified within this scope of practice vary among individual providers; a Clinical Perfusionist does not typically practice in all areas of the field. As the American Society of Extra-Corporeal Technology Code of Ethics specifies, individuals may only practice in areas in which they are competent based on their education, training, and experience. However, Clinical Perfusionists may expand their current level of expertise. Certain situations may necessitate that the Clinical Perfusionist pursue additional education or training to expand their personal scope of practice.

The scope of practice statement does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. It may serve, however, as a model for the development or modification of licensure laws.

Clinical Perfusion is a dynamic and continuously evolving profession; listing specific areas within the scope of practice does not exclude emerging areas of practice. Although not specifically identified in this document, in certain instances Clinical Perfusionists may be called on to perform services (e.g., "multiskilling" in a health care setting, collaborative service delivery in schools) for the well-being of the individual(s) they are serving. In such instances it is both ethically and legally incumbent upon professionals to determine that they have the knowledge and skills necessary to conduct such tasks.

Definition of the Profession

The Clinical Perfusionist Professional is an individual qualified by professional credentialing and academic and clinical education to provide extracorporeal patient care services. The scope of practice of the Clinical Perfusionist Professional includes those procedures, acts and processes permitted by law, for which the individual has received education and clinical experience, and in which he/she has demonstrated competency.

Detailed Scope of Practice of the Profession:

1.1. Extracorporeal Support

1.1.1. Cardiopulmonary bypass for Adult, Pediatric, and Neonatal Patients.
1.1.2. Cardiopulmonary bypass for congenital and acquired cardiovascular disorders.
1.1.3. Extracorporeal circulatory support for renal, neurological, hepatic and vascular surgery.
1.1.4. Extracorporeal resuscitation.
1.1.5. Extracorporeal circulation for long term support of failing respiratory and/or cardiac function.

1.2. Associated Extracorporeal Support Functions

1.2.1. Myocardial protection.
1.2.2. Hemofiltration / hemodialysis.
1.2.3. Anticoagulation and hemostasis monitoring, analysis, and intervention.
1.2.4. Thermal regulation.
1.2.5. Blood gas and blood chemistry monitoring, analysis, and intervention.
1.2.6. Physiological monitoring, analysis, and intervention.
1.2.7. Administration of blood components, pharmaceuticals, and anesthetic agents.

2.1. Heart Failure Therapy and Support

2.1.1. Ventricular Assist Device management
2.1.2. Intra-aortic Balloon Counterpulsation
2.1.3. Temporary Pacemaker management
2.1.4. External counterpulsation
2.1.5. Transportation of Extracorporeal Supported Patients
2.1.6. Hemofiltration (i.e. "Aquapheresis")
2.1.7. Periodic flow augmentation therapy

3.1. Blood Management

3.1.1. Autotransfusion
3.1.2. Platelet Gel Production
3.1.3. Non-Differentiated Progenitor Cell Harvest
3.1.4. Acute Normovolemic Hemodilution
3.1.5. Phlebotomy
3.1.6. Hemostasis monitoring and analysis

4.1. Other Clinical

4.1.1. Isolated Limb/Organ perfusion
4.1.2. Isolated limb/organ delivery of chemotherapeutics, progenitor cells, gene therapy vectors.
4.1.3. Organ Procurement
4.1.4. Thermogenic lavage
4.1.5. Organ Preservation
4.1.6. Dialysis
4.1.7. Surgical assistance
4.1.8. Electrophysiological analysis

4.1.9. Therapeutic Hyperthermia
4.1.10. Therapeutic Hypothermia
4.1.11. Intravascular membrane oxygenation

5.1. Non-Clinical Responsibilities

5.1.1. Documentation of duties via the official medical record
5.1.2. Education, including the establishment and management of educational programs for new and current clinical perfusionists, other healthcare providers, and consumers.
5.1.6. Administration, including managing all aspects - technical, fiscal, workflow, and human resources of Clinical Perfusion operations.
5.1.7. Quality Control and Assurance
5.1.8. Regulatory Compliance
5.1.9. Competency/Performance Evaluation

6.1. Professional Performance

6.1.1. Obtains and maintains appropriate professional credentials.
6.1.2. Works in partnership with other health care professionals to provide the best medical care possible for all patients.
6.1.3. Adheres to the standards, policies, and procedures adopted by the profession and regulated by law.
6.1.4. Stays current with required continuing medical education (CME) in order to stay abreast of changes in the field of extracorporeal technology and to maintain professional credentials.
6.1.5. Participates in continuing education activities through professional organizations, to enhance knowledge, skills and performance.
6.1.6. Adheres to the accepted professional ethical standards as defined by the Code of Ethics.
6.1.7. Acts as a patient advocate supporting patient rights.
6.1.8. Design, coordination, and implementation of original investigation.
6.1.9. Critical evaluation of published research.

ORGANIZATIONS THAT REPRESENT THE PERFUSION PROFESSION

- The ***American Society of Extra-Corporeal Technology (AmSECT)*** was founded in 1964, and incorporated in 1968. It is the largest national society for perfusionists, representing over 2,000 members and individuals throughout the world and is dedicated to promoting the profession. The goals of the Society are diverse and include: national support of licensure through government relations, development of professional standards for perfusion, enhancement of perfusion scope of practice, development of continuing education programs on national and regional levels, support of educational programs for entering perfusionist, scientific dissemination of knowledge through the publication of information in the indexed Journal of ExtraCorporeal Technology, distribution of current information through publication of a monthly newsletter AmSECT Today. AmSECT serves no regulatory function and membership is optional.

- The ***American Academy of Cardiovascular Perfusion (AACP)*** was organized in 1979, with the primary mission of continuing education and research. The AACP has published position papers dealing with

topics such as perfusion training programs and re-certification, however their efforts center mainly on furthering the knowledge base of perfusion science. Membership is optional.

- The ***American Board of Cardiovascular Perfusion (ABCP)*** was established in 1975, and is the national certifying organization for perfusionists. Most perfusionists become certified by the ABCP and are awarded the "CCP" title – Certified Clinical Perfusionist. Maintaining the "CCP" credential currently requires meeting clinical activity and continuing education (CEU) requirements and submitting such to the ABCP office on an annual basis. Unless mandated by state law however, certification by the ABCP is voluntary.

- The ***Perfusion Program Director's Council (PPDC)*** was formed in 1976 to provide a forum for discussion of ideas, concerns, and issues related to perfusion education programs and the education of perfusion students.

- The ***Commission on Accreditation of Allied Health Education Programs (CAAHEP)*** is a non-profit agency that is the largest programmatic accreditor in the health sciences field. In collaboration with its committees on Accreditation, CAAHEP reviews and accredits over 2000 educational programs in nineteen (19) health science occupations (including perfusion training programs). CAAHEP was born in 1994 as a successor agency to the American Medical Association's Committee on Allied Health Education and Accreditation. CAAHEP is recognized by the Council for Higher Education Accreditation (CHEA).

- The ***Accreditation Committee–Perfusion Education (AC–PE)*** is a member of CAAHEP and reviews perfusion education programs based on self-study review and on-site evaluation. The AC-PE is jointly sponsored by the following organizations:

    - The American Society of Extra-Corporeal Technology
    - The American Association of Thoracic Surgery
    - The Society of Thoracic Surgeons
    - The American Board of Cardiovascular Perfusion
    - The American Academy of Cardiovascular Perfusion
    - The Perfusion Program Director's Council
    - The Society of Cardiovascular Anesthesiologists

The major role played by the AC-PE is protection of the perfusion student. Accreditation of perfusion education programs by CAAHEP is based largely on recommendations made by the AC-PE members who conduct the site visits and review the school's educational content.

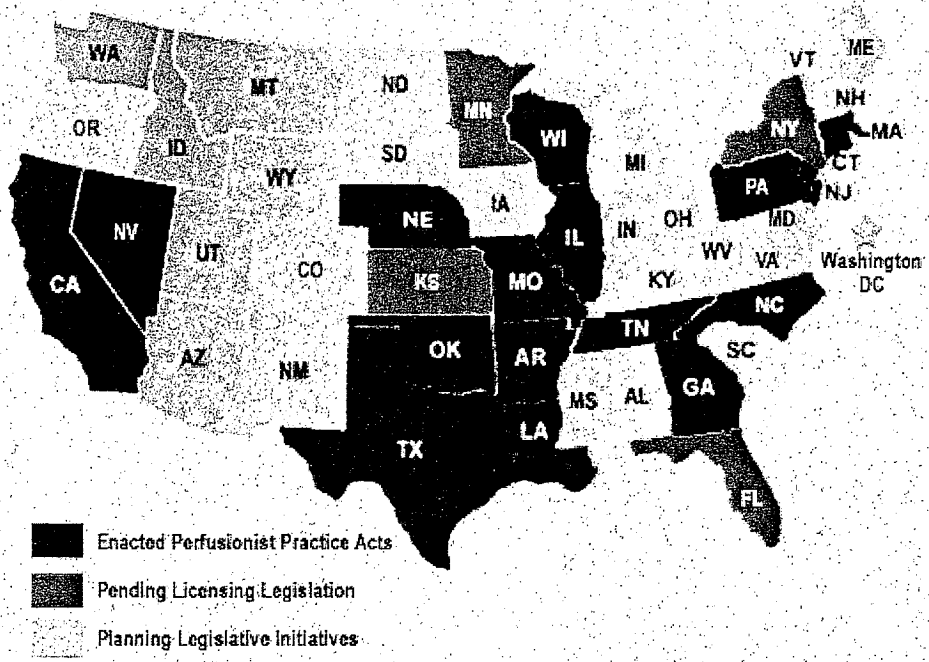
STATES REGULATING PERFUSIONISTS

Individual states are responsible for the credentialing of allied health care practitioners as well as the level of regulation requisite of those professionals.

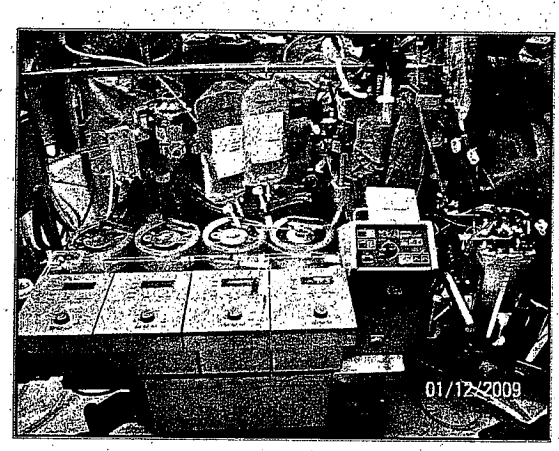
States currently regulating perfusionists:

Arkansas (licensure), California (titling), Connecticut (licensure), Georgia (licensure), Illinois (licensure), Louisiana (licensure), Massachusetts (licensure), Missouri (licensure), Nebraska (licensure), New Jersey (licensure), North Carolina (licensure), Oklahoma (licensure), Pennsylvania (licensure), Tennessee (licensure), Texas (licensure), and Wisconsin (licensure).

Legislation is pending in the state of New York, Minnesota, Florida and KANSAS.
Perfusionists are organizing in Oregon, Colorado, Virginia, Maine and Washington, DC.



The perfusionists in Kansas, as represented by the Kansas Practicing Perfusionist Society, wish to be credentialed at the level of licensure. This would help to ensure the safety and protection of patients, as well as set minimum standards for education, training, and competency for persons engaged in the practice of perfusion in Kansas.



AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

COUNCIL ON
MEDICAL EDUCATION

March 28, 1977

LeRoy H. Ferries, C.C.P.
President, American Society
of Extracorporeal Technology
2 Talcott, Suite 8
Park Ridge, IL 60068

Dear Mr. Ferries:

I am pleased to inform you that the Council on Medical Education of the American Medical Association at its March 11-13, 1977 meeting approved the application for recognition of the Extracorporeal Technologist, that was submitted by the American Society of Extracorporeal Technology and co-sponsored by the American Association for Thoracic Surgery and the Society of Thoracic Surgeons.

All three organizations are now invited to work with the Council on Medical Education to develop Essentials and accreditation procedures for educational programs for the Extracorporeal Technologist. Staff in the AMA's Department of Allied Medical Evaluation will assist you in this effort. Ralph C. Kuhli, the director of the department, or a member of his staff will establish contact with you soon to offer assistance.

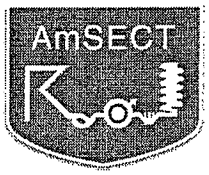
The Council extends its best wishes and looks forward to collaborating effectively in the work of accreditation in the days ahead.

Sincerely,

Richard L. Egan

Richard L. Egan, M.D.
Secretary

RLE/gg
cc: Ralph C. Kuhli, M.P.H.
Tom G. Wharton



AMERICAN SOCIETY OF EXTRACORPOREAL TECHNOLOGY

February 22, 2012

Kansas State Legislature
House of Representatives
Committee on Health and Human Services
Topeka KS 66612

Subject: SB 5 - Perfusion Practice Act

Dear Representatives;

On behalf of the American Society of Extracorporeal Technology (AmSECT), I am writing in support of professional licensure for clinical perfusionists in the State of Kansas.

The clinical perfusionist is an individual qualified by professional credentialing and academic and clinical education to provide a myriad of extracorporeal patient care services. Perfusionists apply these services through the use of complex medical devices and related technologies, such as the "heart-lung machine", to provide cardiovascular surgeons the means to successfully complete many types of cardiac and pulmonary surgical procedures. The demand for excellence from a perfusionist during surgery is substantial and continuous, since patient care and safety are top priorities.

We believe it is necessary that perfusionists should be recognized as licensed professionals that are held to the same professional standards and accountability as physicians, nurses, physician assistants and respiratory therapists. The recognition being sought in Kansas is not unique to other allied health care professionals in the State. Perfusionists are already licensed in seventeen States, representing 53% of practitioners nationally.

As the national professional association for perfusion professionals, we believe that it will be in the best patient safety interests of the citizens of Kansas that perfusionists be required to graduate from a nationally accredited training program, pass a national certification examination, and attend appropriate continuing educational programs to ensure that safe patient care is delivered in hospital operating rooms, and other hospital settings, to be legally permitted to practice our profession in any healthcare facility in Kansas.

Sincerely,

Susan Englert, RN,CNOR,CPBMT,CCP
President

National Headquarters
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Email: amsect@amsect.org | www.AmSECT.org

February 15, 2012

Representative Brenda Landwehr, Chairperson, House Health and Human Services Committee
Representative Owen Donohoe, Vice Chairperson, House Health and Human Services Committee
Representative Geraldine Flaharty, Ranking Minority Member, House Health and Human Services Committee
Distinguished Members of the House Health and Human Services Committee

Dear Esteemed Fellow Kansans:

I am writing this letter in support of the credentialing application for the Perfusionists in the State of Kansas. They are organized as the Kansas Practicing Perfusionist Society. I believe that licensure is a level of credentialing that should be appropriate and necessary for all Perfusionists in Kansas. At the present time, voluntary participation in the national certification process or voluntary participation and guidelines for perfusion practice or any of the other scope of practices or code of ethics by the American Society of Extracorporeal Technology is not appropriate. Statutory regulations in the form of licensure are necessary to provide for oversight and protection of the citizens of Kansas.

At the present time, Perfusionists include people, some of which have been registered nurses and then went on to study perfusion. Others have been physician's assistants who went on to study perfusion, still others have been physicians, medical doctors who went on to study perfusion and others have completed either bachelors degrees or masters degrees and studied perfusion without getting any healthcare degrees. This diverse level of background stresses the need for uniform supervision of these individuals. They administer medications and anesthetic agents and when necessary blood and blood products. Some of the professionals who administer drugs, agents, and blood products are required by Kansas Law to be licensed, whereas Perfusionists are not.

Perfusionists operate life-supporting devices, in particular the heart/lung machine and left ventricular assist devices, and artificial hearts and red blood cell scavenging machines, all of which fall within the purview of the health professions and involve both cognitive medical skill and ability to make independent decisions when operating these life-supporting devices.

The institutions which use Perfusionists in the State of Kansas have no uniform criteria by which to look for levels of excellence or basic minimum level of education. The Kansas Practicing Perfusionist Society is dedicated to providing this for the State of Kansas and acting as an agent of the supervision and licensing organizations for the members of its society.

I applaud the efforts of the Perfusionists who work in the State of Kansas who have seen the need for licensure arise over the last couple of years due to the increased complexity of their craft. I urge all of you to permit their organization to be credentialed and their members to be followed by the Kansas Board of Healing Arts.

Please do not hesitate to call me if you want additional information or testimony in these areas.

I remain,

William R. Murphy, MD, FACS, FACC, FAHA
Clinical Associate Professor of Surgery, University of Kansas School of Medicine, Wichita,
Practicing Cardiovascular and Thoracic Surgeon in the State of Kansas

cc: William Murphy, MD
P.O. Box 780105
Wichita, KS 67278

WM/ah

April 12, 2011

Kelly D. Hedlund, CCP
Kansas Practicing Perfusionist Society
1304 West 42nd Street
Hays, Kansas 67601

Dear Mr. Hedlund,

My office provides centralized verification for hospitals throughout the United States. Our corporate offices are located in Wichita, Kansas and one third of our client base comes from the state. We provide verification services for both physicians and allied health professionals and have recently been asked to perform verification for hospitals in Arkansas, Kansas and Oklahoma. Both Arkansas and Oklahoma require perfusionists to be state licensed. It is my understanding the state of Kansas does not have this provision.

Hospitals are required to verify licensure, registration or certification as a part of the credentialing process in meeting current CMS standards for hospital licensing requirements. I am attaching §482.22(a)(1) pp. 151-153 of the current Conditions of Participation for your reference. Many of our Kansas facilities credential allied health professionals as a medical staff member as many allied health professionals are providing what is considered primary patient care. The current verification available for perfusionists in the state of Kansas provides for a listing from the American Board of Cardiovascular Perfusion. This listing is limited in that it provides only a listing of practitioners. We are required to provide proof of current certification in the credentialing file. The current method of verification through the Board is not optimal in that it provides a listing and is not specific to the one practitioner file. In addition it is limited in detecting any disciplinary action taken on any one perfusionist. If I am interpreting the current status of CCPs in the state of Kansas, I would conclude the state does not have a provision for limiting the professional practice of a CCP. I would be interested to know what the current processes have been, if any, in pursuing Kansas state licensure for CCPs.

Sincerely,

Vicki L. Bond, CPMSM
President & CEO
Medical Staff Services, Inc.

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Jonathan M. Dort, M.D., FACS
Jacqueline S. Osland, M.D., FACS
Therese E. Cusick, M.D., FACS
Mark J. Niederee, M.D., FACS
Jeremy L. Howes, M.D.
Burn Surgery, Wound Care & General Surgery
Robert W. Bingaman, M.D.
Gary D. Jost, M.D., FACS*
Anjay K. Khandelwal, M.D.*
Trauma, Surgical Critical Care* & General Surgery
R. Joseph Nold, Jr., M.D., FACS*
James M. Haan, M.D., FACS*
Colon-Rectal & General Surgery
Michael G. Porter, M.D., FACS
Justin A. Reed, M.D., FACS
Organ Transplantation & General Surgery
Charles F. Shield, III, M.D., FACS
John L. Smith, M.D., FACS**
Hepatic Surgery**
Duane L. Osborne, M.D., FACS**
Pediatric Surgery
Philip J. Knight, M.D., FACS
Kimberly A. Molik, M.D., FACS
Peripheral Vascular Surgery
Alex D. Ammar, M.D., FACS
Steven A. Hutchinson, M.D., FACS
Thoracic & Cardiovascular Surgery: Cardiac Transplantation***
Gyan J. Khicha, M.D., FACS
Douglas J. Milfeld, M.D., FACS
Thomas H. Estep, M.D., FACS****
William R.C. Murphy, M.D., FACS
Walter W. O'Hara, Jr., M.D., FACS
Wade L. Fischer, M.D., FACS****
Matthew A. Arneson, M.D.
Sanjay G. Khicha, M.D.
Neurological Surgery
Nazih Moufarrij, M.D., FACS
John P. Gorecki, M.D., FACS
Administrator
Kari Clark

March 3, 2009

To Whom It May Concern:

This letter is being written in support for the Kansas Practicing Perfusionist Society credentialing application to obtain licensure in the state of Kansas.

I fully support licensure as the level of credentialing for Kansas perfusionists. At present, the public and citizens of Kansas are not effectively protected by the current status of purely voluntary participation in the American Board of Cardiovascular Perfusion certification process. Licensure, as for physicians and nurses, is necessary to provide appropriate protection to the Kansas public.

As a practicing Cardiothoracic surgeon, I am fully aware that the practice of perfusion involves a high level of cognitive medical skill. Perfusionists daily make split second decisions when operating life-supporting devices, particularly the heart lung machine, which directly affects patient outcomes during the performance of cardiac procedures. A perfusionist also administers medications, anesthetic agents and, when necessary, blood and blood products. Currently other professionals who engage in this activity as mentioned above are required by Kansas law to be licensed.

To reiterate, I fully support licensure for all perfusionists in the state of Kansas. Please allow this letter to become part of the public record.

Sincerely,

Douglas J. Milfeld, M.D., FACS

DJM/ss

KIMBERLY A. COLTON, C.P.A.

February 18, 2009

Members of the Technical Review Committee: Chairman Chris Cannon, Mr. Steve Irwin, Ms. Cindy Frey, Ms. Susan White, Ms. Jeanne Miles, Ms. Karla Werth, Mr. Gary Domer, Ms. Anna Flin

Roderick L. Bremby, Secretary Kansas Department of Health and Environment

Brenda Landwehr, Chairperson: Kansas House Committee: Health and Human Services

Jim Barnett, Chairperson: Kansas Senate Committee: Public Health and Welfare

Kathleen Sebelius, Governor

To Whom It May Concern:

Thank you for accepting this letter of support for the Kansas Practicing Perfusionist Society credentialing application.

Let it be known that I fully support licensure as the level of credentialing for Kansas perfusionists. The public and citizens of Kansas are not effectively protected by the current status of purely voluntary participation in the American Board of Cardiovascular Perfusion certification process, or by voluntary adherence to the American Society of Extracorporeal Technology Scope of Practice, Code of Ethics, or the Guidelines for Perfusion Practice. Statutory regulation in the form of licensure is necessary to provide appropriate protection to the Kansas public.

The practice of perfusion involves a high level of cognitive medical skill. Perfusionists make split second decisions when operating life-supporting devices, particularly the heart-lung machine, which directly affect patient outcomes. During procedures requiring extracorporeal circulation, a perfusionist is responsible for the administration- into the extracorporeal circuit- of intravenous solutions, medications, medical gases and blood products. Perfusionists infuse specially formulated solutions directly into the heart, either through the aortic root, coronary ostia or via the coronary sinus. Usually, medication administration and blood transfusion can only be performed by a licensed medical professional. Perfusionists have a direct and immediate impact on patient outcome and mortality, especially during procedures requiring chemically induced (and the reversal of) cardiac arrest. The citizens of Kansas are best served by a perfusion community requiring state licensure.

Please allow this letter of support to become part of the public record.

Sincerely,

Kimberly A. Colton, C.P.A

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