

Testimony re: HB2046

House Health and Human Services Committee

Presented by Sharon Niemann DNAP, CRNA on behalf of Kansas Association of Nurse Anesthetists

January 30, 2017

Mister Chairman, Members of the Committee:

My name is Sharon Niemann and I am the Program Director of the Newman University Nurse Anesthesia Program in Wichita, KS and a member of the KANA (Kansas Association of Nurse Anesthetists). Newman University is one of only two programs for in nurse anesthesia in Kansas. I am offering written testimony in opposition to HB 20146 authorizing the licensure of AA (Anesthesia Assistants) in Kansas. My opposition to AA licensure in Kansas is two-fold. As an the Program Director at NU, I have been involved in the education and training of more than 240 CRNAs (Certified Registered Nurse Anesthetists) in Kansas with over 170 staying in KS as CRNAs. CRNAs practice throughout KS, providing anesthesia service in 80% of KS counties as the only anesthesia providers. The licensure and practice of AAs in Kansas would have devastating implication to nurse anesthesia education in Kansas. SRNAs (Student Registered Nurse Anesthetists) are trained and educated by both CRNAs and anesthesiologist. SRNAs may not receive training from AAs, making any cases done by AAs not available for SRNA training. The accrediting body for CRNA education, the Council on Accreditation for Nurse Anesthesia Education, require specific types and numbers of clinical cases to meet the standards for completion of a CRNAs education (similar to the requirements by the UGME for resident anesthesiologists). As AAs can only practice under the direct supervision of an anesthesiologists, they would be found in the mostly urban areas of the state, which would have very negative impact on the education of nurse anesthetists, particularly in those mandatory specialty cases (obstetrics, neuro, pediatrics, cardiovascular, etc.). With training opportunities for SRNAs dramatically reduced, the number of CRNAs in KS could be markedly decreased. This would have impact on both urban areas (where the number of CRNAs is double that of anesthesiologists) but even more importantly, in those 80% of Kansas counties who rely solely on CRNAs for anesthesia and obstetrical services.

Thank you for allowing me to submit this written testimony.

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