January 27, 2017

To the Members of the House Health and Human Services Committee:

My name is Dr. Kathy Perryman. I am a pediatric anesthesiologist at Children's Mercy Hospital in Kansas City and Overland Park, KS. I am a resident of Leawood, KS. I am here to speak in support of House Bill 2046, which would provide licensure for Anesthesiologist Assistants. My knowledge and experience in anesthesia care is multi-faceted, which I believe gives me unique perspectives on many aspects of this proposal. I started my career as an ICU nurse, then pursued further education at KU to become a nurse anesthetist. I practiced as a nurse anesthetist for several years before deciding to become a physician. I went on to medical school, then completed a residency and fellowship to enter practice at Children's Mercy. Nurse anesthetists have always been a part of my practice and are valued members of our anesthesia care team.

In 2003, I was the President of the Missouri Society of Anesthesiologists when a bill was passed to license Anesthesiologist Assistants. Since then, a master's program for AAs was started in Kansas City. AAs have joined the care team in our hospital and work side-by-side and interchangeably with our nurse anesthetists. They have been well-accepted by the entire surgical team and are indistinguishable from their anesthetist colleagues in their jobs. AAs enter their profession by a pre-med educational track, rather than a nursing track, so their professional education is specialized after completing a scientific background and comparable to the specialization for nurse anesthetists after nursing school. Additionally, AAs are required to be supervised by an anesthesiologist on site, whereas in Kansas, nurse anesthetists may practice without supervision. The only difference between the function of AAs and nurse anesthetists in our practice and others in our area is that our nurse anesthetists practice with our team in Missouri and Kansas and our AAs can only practice in Missouri. This limits the flexibility of the nurse anesthetists' schedules and may also limit the exposure of our nurse anesthetists to more complex anesthesia cases if they must spend more time at our outpatient facility than downtown in the higher acuity facility. Adding licensure for anesthesiology assistants will not adversely impact nurse anesthesia training because we are not proposing a new AA school in the State of Kansas and there is no shortage of complex cases for students to fulfill their training requirements. The US population continues to age and the acuity of care of surgical patients continues to increase. Coupled with the forecasted looming shortage of healthcare providers throughout the US, this ensures that students will have the proper exposure during training.

This bill enables us to add another highly trained professional to our anesthesia care team. It also increases the tax base in Kansas with the addition and retention of high-paying professional jobs in Kansas that pay taxes, contribute to the tax base, and contribute to the local economy. While AAs are new to Kansas, they are well-established in many other states and have proven that they are valuable additions to our teams. Many of the AAs working in the Kansas City metropolitan area live in Kansas, but they must cross the state line to work in their profession. The experience in other states in which AAs work also demonstrates that both nurse anesthetists and anesthesiologist assistants remain

important members of the anesthesia care team, and retention of this model is essential to maintain quality anesthesia care for Kansans. This is not an attempt to displace nurse anesthetists; rather, it is expanding our ability to provide care for our patients with a professional with an alternative background, like a specially trained physician assistant. Anesthesiologists intend to continue to work with and employ both nurse anesthetists and anesthesiologist assistants. There are more than enough jobs to employ both.

Sincerely,

Kathy Perryman, M.D.

Representing the Kansas Society of Anesthesiologists