



To: House Health and Human Services Committee

From: Rachelle Colombo, Director of Government Affairs

Date: February 18, 2019

Subject: HB 2295; anesthesiology assistant licensure act

The Kansas Medical Society appreciates the opportunity to appear today in support of HB 2295, the anesthesiology assistant licensure act. Much discussion has already occurred about whether this issue is consistent with KMS principles and how it differs from the multiple issues brought before this committee to establish scope of practice for health care providers.

First and foremost, the Kansas Medical Society, which represents physicians of all specialties from across the state, not just anesthesiologists, believes this is sound policy that is consistent with our mission of ensuring access to high quality care delivered by a physician-lead team for Kansas patients. We support an integrated, team-based approach to health care delivery that includes the array of advanced practice providers, trained in varying models for a comprehensive approach to health care delivery. For most physicians, whether they practice general surgery or family medicine, their team includes other physicians, nurses, and physician assistants skilled in their specialty. HB 2295 would allow anesthesiologists to grow their teams to include assistants specifically trained in anesthesiology that work under direct supervision.

Often, these types of policy proposals are viewed as “turf wars” which put legislators in difficult decisions of determining whether medical professionals have the appropriate education and training to provide the level of care for which they are seeking licensure. KMS has consistently supported efforts to ensure that where delivery overlaps into the practice of medicine, professionals work in collaboration or under the supervision of a physician. For those individuals seeking to practice independently and without limitations on the scope of practice, we believe that the standard of care must be the same regardless of provider type and that these individuals should meet the same educational and regulatory requirements.

As established by HB 2295, anesthesiology assistants will work under the direct supervision of a licensed anesthesiologist and must meet educational and training requirements equivalent to other physician assistants. HB 2295 in no way limits the scope or practice of other providers or creates inconsistent standards for supervised practice. Unlike their nurse anesthetist counterparts, AAs cannot work off-site or for a physician that does not practice anesthesiology. It is our expectation that CRNAs and AAs will work seamlessly and in a complimentary fashion as they do in other 16 states that have passed AA licensure, filling the growing demand for qualified health professionals in this field.

We respectfully request that the committee favorably consider passage of HB 2295. Thank you.