

To: Rep. Brenda Landwehr
Chair, Health and Human Services Committee

re: HB2295

My name is Christian Jackson and I am a Certified Registered Nurse Anesthetist (CRNA) living in the Kansas City area. Though I live on the Missouri side of the State Line I have maintained a license to practice anesthesia in the great state of Kansas since 2006 and worked in your state as late as December 2016. I'm a jayhawker by birth.

I am writing this letter to you concerning the debate over AA licensure in Kansas. I find myself in a unique position of having worked at Saint Luke's Hospital of Kansas City for nearly 12 years, the last three having worked directly with Anesthesiologist Assistants (AAs). Prior to my leaving Saint Luke's I was the Chief Anesthetist and having been in the position of Chief I was directly involved in the interviewing/hiring of CRNAs and AAs that applied to the hospital. I reviewed resumes of both types of applicants and found the training and experience of the CRNAs to be far superior to that of the AAs. Typically the CRNA applicants would have worked for several years as intensive care nurses, bringing years of patient care experience with them, along with a solid work history and 3 years of training in a Graduate Program. Conversely, the AA applicants had little to no work history, having received their BS degree and proceeding directly into their 27 month AA graduate program. So they brought little work history and no patient care history either. In my opinion, we ended up passing over better qualified CRNA applicants for no other reason than to fill a quota system that was desired by the leadership of the department, all of which are AA supporters, politically. Many on the side of the AAs that will testify in front of this committee will attempt to paint a rosy picture of CRNAs and AAs working together in some harmonious situation, that CRNAs and AAs are interchangeable. However, none of the CRNAs at Saint Luke's viewed ourselves as interchangeable with AAs. By statute and by training we are not even remotely interchangeable. As a CRNA I can perform an anesthetic completely on my own. An AA cannot. This simple yet profound fact makes the argument for AAs as a solution to staffing problems in Kansas a ridiculous notion in a CRNA-dependent, mostly rural state. In fact, a Physician Anesthesiologist that I previously worked with remarked that "it was a mistake for Luke's to hire AAs. CRNAs are far better trained and better to work with."

Over the last five years the Saint Luke's Plaza location has seen an exodus of CRNAs. By last count 24 CRNAs have left the hospital for varying reasons in those three years: 2 retirements, 2 for FMLA/permanent disability, 2 relocating. The rest have left to find better jobs and/or escape the increasing tensions being created by the influx of AAs into the Anesthesia Department and the adversarial environment it created. On the surface, the CRNAs and AAs coexisted peacefully but there was an underlying divide that has fractured the department such that CRNAs are seeking any employment that will get them away from the situation. Division, distrust, and dissatisfaction were what remained at Saint Luke's-Plaza when I left. Since then Saint Luke's has struggled to hire any experienced CRNAs, despite positions being available. The word is out in the CRNA community that Saint Luke's is no longer a favorable place to work for CRNAs. If AAs enter Kansas is this the future of KU Medical Center and its satellites? I myself have left Saint Luke's after nearly 12 years. I did not do this because I was dissatisfied with Saint Luke's

itself; to the contrary, I loved Saint Luke's. But the work environment became so toxic that it could no longer be sustained. Much of this could have been avoided had we not hired AAs to begin with. There are/were plenty of CRNAs to fill the positions, but no longer as CRNAs are staying away.

You will likely hear from Physician Anesthesiologists make claims that they have staffing problems because of their 1) Inability to recruit and hire CRNAs and, 2) The inability of certain hospitals (based in Missouri) to send AAs to their Kansas satellite locations because of licensure issues. Both of these claims are bogus and a function of their own fostering of poor working conditions at these hospitals because of their political push for AAs making the work environment hostile to CRNAs, and as such, creating a workplace that no one wants to work at. These hospitals in particular created this problem by hiring AAs in the first place. Those Physician Anesthesiologists are very politically motivated and have shown to be adversarial towards CRNAs, many of them working through the Missouri State Legislature to restrict CRNA practice any way they can. I can tell you from personal experience, bringing AAs into Kansas will create hostile work environments to hospitals that hire them and a 100% chance that CRNAs will leave causing a shortage. This has happened to all three hospitals in the KC Metro that employ AAs. All struggle to hire CRNAs.

Saint Luke's also is a training site for Student Registered Nurse Anesthetists (SRNA) from UMKC/Truman Med. Center School of Nurse Anesthesia (a school that supplies CRNAs to Kansas as well). Because of the dwindling number of CRNAs at Saint Luke's the SRNAs are getting less and less opportunities to perform necessary cases that are required for their education, depriving them of the training they were expecting when they rotate to that site (AAs are barred from training SRNAs). Eventually I foresee the SRNAs being pulled from the site and opportunities found elsewhere for training. A sad day as Saint Luke's could provide an excellent training opportunity. Again, bringing in AAs caused the outflow of CRNAs resulting in staffing and training deficiencies. The two CRNA training schools in Kansas will suffer the same fate. Be advised: Physician Anesthesiologists that are pushing for AA licensure are AGAINST CRNA practice and training and will do all they can to limit their training. I have seen this. I know this to be true.

One of the (many) concerns with AAs is their lack of training and the lack of flexibility they provide to any practice. For one, they have little experience in the area of Obstetric Anesthesia, the placing of Labor Epidurals and Spinal anesthesia for Caesarian Sections, something for which CRNAs have extensive experience. At Saint Luke's, in an effort by the department to have CRNAs and AAs appear to be equal, the AAs (along with CRNAs) will also be assigned to Labor and Delivery on a daily basis, providing these services to our wives and daughters. Before I left Saint Luke's I spoke to one of our long time Obstetricians who lamented me leaving and the influx of AAs and remarked "I've never seen so many spinal headaches in my life as I've seen over the past couple of years." Is this a coincidence or a result of the lack of experienced providers performing procedures they are under-qualified to perform? Patient safety?

During my last three years at Saint Luke's, as our AA numbers rose, the department went about changing the staffing model for the OR's which they do on a daily basis. In Missouri, one anesthesiologist can supervise a total of 4 CRNAs or 4 AAs or a combination of each (the Anesthesia

Care Team or ACT). From a cost perspective, this is the model that is most cost effective to the hospital (under ACT model). However, Saint Luke's staffs 1:2 (instead of 1:4) for all providers. To do so the hospital needed to hire more and more anesthesiologists, dramatically increasing the costs to the hospital. Before 1/1/14, the anesthesia provided at Luke's was contractual with a private group. The staffing model was 1:3 or 1:4 and the ORs ran very smoothly. Once we became hospital employees after 1/1/14 that model change to 1:2 as we hired more and more AAs. One member of the department leadership remarked to me when I was Chief that the AAs we hired required "a lot more hand holding" than their CRNA counterparts. Coincidence that we would start to staff 1:2? I also observed that AAs were NOT assigned to some of our bigger cases because of trust in that provider, despite the 1:2 staffing ratio. Patient safety?

In the end, AAs have not brought experience, greater skill, flexibility, or cost effectiveness to Saint Luke's in the five years since they began hiring them. All that has been brought is a political environment that have driven CRNAs away from the practice. Do not let this happen to the great hospitals that are found in Kansas.

Sincerely
Christian Jackson, CRNA