

House Health and Human Services  
Chair Rep. Brenda Landwehr

Honorable Representative Landwehr:  
Honorable Representative Committee members:

Last October I started my 42nd year of private, independent practice as a Certified Registered Nurse Anesthetist (CRNA). All my education was provided by CRNAs. As a Southwest Kansas native, I represent CRNAs who cannot speak because of fear of retaliation and job loss. CRNAs have been threaten and CRNAs have lost jobs because of their position on CRNA practice. Please understand that.

**The Anesthesiology Assistant (AA) legislation is a solution in search of a problem. If there is a shortage of providers, train more CRNAs!** This is and has been an ugly , decades long, nationwide effort by the American Society of Anesthesiologists (ASA) to control the practice of anesthesia and eliminate CRNA competition. **If it is so critical that physician anesthesiologists control anesthesia, why don't they personally give all anesthetics?** The answer is they can make more money by controlling four anesthesia providers working at the same time and taking a percentage of each anesthetic charge. That's five anesthesia provider costs involved in four surgeries. Physician anesthesiologists demand hospitals pay stipends to increase their income over what third party payers reimburse for anesthesia services. Increasingly, hospitals are recognizing that it makes no sense and don't want to pay the extra \$150,000 to \$200,000 per operating room for this billing model. They are contracting with CRNAs instead. This is competition in the market place that physician anesthesiologists want to eliminate with AAs.

In 2016, U.S. New and World Report and Business Insider each listed **physician anesthesiologist** as the highest paying job in America. That doesn't happen if you are personally administering anesthesia to one patient at a time as CRNAs do. Physician anesthesiologists take half or more of four CRNAs generated income per case and demand a financial subsidy from hospitals to get the income they desire. CRNAs can practice alone and keep the money they generate. AAs by the design of anesthesiologists have to be supervised by anesthesiologists. Physician anesthesiologists want to limit competition. **CRNAs are the ones there second by second with the patient. We aren't supervising several anesthetics at the same time. We are there. Not one state in the U.S. requires a CRNA be supervised by a physician anesthesiologist.**

If physician anesthesiologists are successful in getting their legislation passed, there will be fewer clinical sites to train **fully** capable CRNAs for **ALL** of Kansas and the military. Physician anesthesiologists control CRNA training sites in urban hospitals and **they do not want to train a competitor.** Fewer CRNAs educated means access to care issues particularly in rural Kansas. AAs cannot practice independently in any hospitals in Kansas. The military does not recognize or use AAs. Most military anesthesia providers deployed to the front lines are CRNAs. Former military CRNAs in public practice do not deserve to be displaced by AAs. This is reprehensible! The only anesthesia providers

listed on the Viet Nam memorial wall are Certified Registered Nurse Anesthetists! Our history goes back to the Civil War. Nurse Anesthetists have a 150 year history of providing quality anesthesia services.

In the Yearbook of Anesthesiology and Pain Management 2001, Editor in Chief Dr. John Tinker stated the following: QUOTE "I am troubled with the current focus on battling our professional colleagues, the nurse anesthetists: along with the current tendency to seek **legislative solutions** to problems related to compensation and safety **in the absence of compelling data**. Defamation, sloganeering, and lobbying legislators are ineffective at least, and worse as has been recently demonstrated to anyone who will set aside animosity long enough to think this through. The honor of taking responsibility for a patient's very life, second by second, during some of the most critical times imaginable for the patient, remains to me paramount." END QUOTE

The American Society of Anesthesiologists invented AAs so they could control and benefit financially from them. **When AA training started in the mid 60s, one stated goal was to ensure that the new anesthesia professional (AA) would always be under the supervision of a physician anesthesiologist.** This will not work in most Kansas hospitals. Access to affordable care will be adversely impacted. Rural Hospitals cannot afford the \$400,000–500,000 a year for a physician anesthesiologist to supervise a AAs in a rural facility. AAs would be able to work in only a **small** number of hospitals in Kansas.

As a Kansas taxpayer, I RESENT the fact that the American Society of Anesthesiologists, the Missouri Society of Anesthesiologists, the Kansas Medical Society, and the Kansas Society of Anesthesiologists are encouraging institutions like the Kansas University Medical Center to use **taxpayer money** to fight a turf battle for control of the practice of anesthesia as well as the money involved. They are pouring hundreds of thousands of dollars into this fight in Kansas because they know CRNAs are being utilized more as healthcare dollars become scarce. They know we provide quality care that is second to none.

Many conscientious physician anesthesiologists agree with much of what I have presented here. They enjoy their working relationships with their CRNA colleagues. The drumbeat from various organizations driven by fear over the future has driven the move to grab as much political and financial control as possible as reimbursement continues to decline.

Most of you on this committee are from urban areas that don't have difficulty accessing healthcare. The same can't be said for rural Kansas. **There is no savings or benefit to Kansans in this legislation. It reduces competition.**

**Ladies and gentlemen, after 42 years, I'm proud of the success that has resulted from CRNA care in Kansas. I would ask that CRNAs continue to have a level playing field for competition that we have earned since the Civil War.**

Do the common sense thing and reject Anesthesiology Assistant legislation that will increase costs, not improve quality, and decrease training sites for fully capable Certified Registered Nurse Anesthetists.

Thank you.

Jerry Campbell, CRNA

Specializing In Rural Care Since 1977.