

Nebraska Department of Health and Human Services  
Licensure Unit  
Attn: Technical Review Committee  
PO Box 95026  
Lincoln, NE 68509-5026  
Attn: Technical Review Committee, Board of Health, and Dr. Anthonie,

As president of the Kansas Association of Nurse Anesthetists (KANA), I am writing to correct *egregious misinformation* about anesthesiologist assistants (AAs) practicing in Kansas which is being disseminated to the review committee as part of an effort to gain support for allowing AAs to practice in Nebraska.

Here are the facts, which are easily verifiable:

- AAs *do not work* in Kansas now and *have never worked* in Kansas. There is no legislation or delegated authority that permits AAs to practice in our state. Further, there is no shortage of anesthesia providers—specifically Certified Registered Nurse Anesthetists (CRNAs) and physician anesthesiologists—in Kansas that would necessitate AAs working there.
- AAs are legally permitted to practice in only 16 states and the District of Columbia. Again, *Kansas is not one of the 16 states.*
- In states where AAs are permitted to practice, an AA must work with a physician anesthesiologist in a medically directed model that requires both providers to meet 7 different requirements of the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA). Put another way, an AA simply cannot practice independent of a physician anesthesiologist. Given that 80% of Kansas is rural and few physician anesthesiologists work there, AAs would not be able to practice in most of the state. Likewise, in Kansas' larger metropolitan areas this anesthesia delivery model is not widely used by facilities where CRNAs and physician anesthesiologists work together, therefore AAs would not be able to practice in those locations either. These limitations make the role and value of AAs in the Kansas healthcare system negligible at best.
- In Kansas, CRNAs are not required by state or federal law to work with physician anesthesiologists when providing anesthesia and related care to patients. The ability to practice independent of physician anesthesiologists makes CRNAs far more valuable to the Kansas healthcare system than AAs could ever be because A) it gives CRNAs the flexibility to work in *any* facility across the state that requires anesthesia for surgical and other services, and B) spares these facilities the financial burden of employing highly paid physician anesthesiologists primarily to direct the practice of other providers (AAs).
- Kansas currently has 3 nurse anesthesia educational programs that produce approximately 65 new CRNAs per year by agreement of KANA and the Kansas Society of Anesthesiologists (KSA). When preparing to become CRNAs, student registered nurse

anesthetists (SRNAs) receive their classroom education and clinical site training from CRNAs and physician anesthesiologists; SRNAs cannot be educated or trained by AAs. Therefore, it stands to reason that the introduction of AAs into Kansas and the establishment of an AA educational program there (if such a notion were to be entertained) would reduce the number of clinical sites available for CRNA preparation and dramatically impede the output of new CRNAs who, unlike AAs, have the flexibility to practice anywhere in the state, thereby ensuring convenient, cost-efficient anesthesia care for all Kansans.

Although proponents of allowing AAs to practice in Nebraska argue that the presence of AAs would not have a negative impact on the state's SRNAs, as KANA president I can provide a specific example of how AAs have impacted Kansas SRNAs that strongly contradicts the misinformation being spread in Nebraska. The situation I am referring to is taking place right now at Children's Mercy Hospital on the Missouri side of Kansas City, a major metropolitan area that is split between Missouri and Kansas. Missouri is one of the 16 states that allows AAs to practice. **This past year several AAs have been hired to replace CRNAs at Children's, and because AAs cannot participate in the education of SRNAs, students from Kansas's nurse anesthesia educational programs have been sent home from their clinical rotation or have had to share procedure rooms with other SRNAs so they could be instructed by a CRNA or physician anesthesiologist. There is no question that the presence of AAs at Children's is limiting the pediatric experiences of the Kansas SRNAs there.**

- At present, Kansas has approximately 900 practicing CRNAs vs. 430 physician anesthesiologists and 0 AAs. The increased output of new CRNAs from our state's 3 nurse anesthesia educational programs in recent years has improved Kansas's ranking for anesthesia providers per capita from 12<sup>th</sup> to 8<sup>th</sup> in the nation. **It is important to note that in neighboring states where AAs have been allowed to practice, the number of anesthesia providers per capita has actually declined.**

Please understand that in most clinical settings across Kansas, CRNAs and physician anesthesiologists work harmoniously to provide the best patient care possible. Quality patient care is, after all, at the heart of what we do. But there are always those who seek to create disruption for their own benefit, and the drivers behind ongoing efforts to bring AAs into Kansas and upend this history of collegiality and cooperation between our state's established anesthesia providers are special interest groups within the Kansas physician anesthesiologist community. *Fortunately, Kansas lawmakers, and more importantly their constituents, have repeatedly rejected legislation to allow AAs to practice in Kansas, enabling our state to maintain its place in the top-10 for anesthesia providers per capita.*

I must conclude, however, by stating emphatically that any information you receive about AAs being allowed to practice in Kansas is unequivocally false. This should also raise a red flag about other messages you receive from these misinformation disseminators in support of allowing AAs to practice in Nebraska. Our opposition is rooted in facts.

Thank you for your time and consideration on this matter of great importance to the well-being of Nebraska's anesthesia patients.

Sincerely,

A handwritten signature in cursive script that reads "Brian Fleeman". The signature is fluid and elegant, with the first letters of "Brian" and "Fleeman" being significantly larger and more decorative than the rest of the letters.

Brian Fleeman, DNAP, APRN, CRNA, NSPM  
President  
Kansas Association of Nurse Anesthetists