My name is Kristin Rohde. K-R-I-S-T-I-N R-O-H-D-E.
I'm here representing the Nebraska Association of Nurse Anesthetists, a statewide organization of more than 500 members. Our membership provides anesthesia in every hospital in the state of Nebraska except one. We also provide anesthesia services in 78 of the 93 Nebraska counties, 67 of those counties are serviced only by Certified Registered Nurse Anesthetists (CRNAs). CRNAs contribute a critical component to the healthcare delivery system, especially in rural Nebraska.

Before CRNAs opted out of physician supervision, there was no requirement that the supervising physician was an anesthesiologist in rural Nebraska. In 67 counties, the supervising physician could be any MD or DO physician in the hospital or on-call at the time. It could be a family practice physician, an obstetrician, a general surgeon, none of whom could actually provide the anesthesia for the patient whose chart they were signing. It just had to be a physician. That physician could then bill for supervising the anesthesia care.

Nearly 20 years ago, our senior CRNA colleagues were at a public hearing of Health and Human Services on a bill which removed the requirement for CRNAs to be supervised by a physician. At that hearing they heard testimony very much like I suspect you will hear today. They literally said, “Prepare for coffins to line the streets and there will be enough dead bodies to line the Interstate from Omaha to Lincoln.” They were told that it would be dangerous for patients undergoing anesthesia. If the proposed legislation was passed, harm and death would be a certain result.

In 2020, 18 years later, I can tell you that certainly has not been the case. CRNAs have had full practice authority—practicing under the authority of their own licenses since 2002. Research shows that our safety record is no different than when CRNAs were supervised by physicians.

Nebraska has become an attractive venue for nurse anesthetists to advance their careers and live a good life. We strengthen and improve healthcare, and increase access to quality anesthesia care in Nebraska. Some critical access hospitals would not be able to offer surgery and other procedures without access to CRNA anesthesia providers. All one has to do is look at the future population projections in our state, and the accessibility and affordability of healthcare to understand the critically important role of advanced practice registered nurses (APRNs).

I know that none of the members of this committee were serving during the 2001-2002 legislative sessions when our practice was changed to allow independent CRNA practice. However, the senators involved in that decision at that time deserve our consideration today. They considered and examined a controversial healthcare issue and decided to make a change. A change that not everyone was pleased with, but one that has improved healthcare for Nebraskans, thus improving the quality of life in our state. The Nebraska Association of Nurse Anesthetists urges this committee to undertake the same course of action for our APRN colleagues. Thank you for the opportunity to be heard. I'm happy to answer any questions.