

Testimony re: HB 2046
House Health and Human Services Committee
Presented by Benjamin Anderson
on behalf of
Kansas Association of Nurse Anesthetists
January 30, 2017

Good afternoon, Chairman Hawkins, Vice-Chair Concannon, and the members of the Kansas Health and Human Services Committee. I consider it an honor to be here. Please consider my response to the proposed HB 2046 and its implications on frontier healthcare delivery systems.

I am the CEO of Kearny County Hospital, a comprehensive frontier health delivery complex located Lakin, Kansas (pop. 2,200), on the Colorado border and approximately 260 miles west of Wichita. At KCH, we serve people from 20+ counties, including refugees from some of the most challenged parts of the world. In the past several years, we have successfully recruited over a dozen medical providers by allowing each of them extended time off that is often spent serving in some of the same countries from where our newest neighbors originate. These Millennial physicians cover each others' absences, travel overseas together, and collaborate to serve locally as well. They share a deep sense of compassion for vulnerable people and a relentless commitment to social justice. They are choosing to move to our area because of the diversity and human suffering that persists there.

Because of the presence of these physicians, we have gone from delivering less than 100 babies per year a decade ago to just shy of 250 now, from over a dozen counties. Over 100 of them each year come from Garden City out to Lakin to deliver. Every one of these deliveries requires the presence of a highly-trained CRNA.

We are also home to what may be the only ENT surgeon between Wichita and Pueblo, CO. Despite our successful efforts to expand access to her services with two Physician Assistants, patients are still waiting over seven months for an appointment with her. Every one of her surgeries requires the same CRNA coverage. Our CRNAs, and the others in our frontier region, provide excellent patient care.

If this bill moves beyond this committee and is eventually approved by the State Legislature, it would significantly hinder the training and subsequent access to CRNAs in Kansas. Anesthesiology Assistants and CRNAs would both be competing against Anesthesia residents for high-volume clinical rotations, which are already limited. Because of our unusual case load, Kearny County Hospital has committed to training SRNAs. That said, most rural Kansas sites cannot offer the volume to match the experience SRNAs are receiving in urban areas. The approval of HB 2046 would discourage some of Kansas' brightest CRNA candidates from remaining in Kansas for training.

This morning, I traveled here from Memphis, TN, where I was recruiting a CRNA in training to replace one of ours, who will be retiring this summer. As we continue to grow, we will be

recruiting more of these providers. I would prefer to recruit CRNAs who are from Kansas and trained in Kansas.

Whereas CRNAs have effectively served in both urban and rural areas for decades, AAs are only able to function in the presence of Anesthesiologists, which are almost exclusively located in urban areas. Currently, only 19 Kansas counties have Anesthesiologists who could supervise AAs. In 64 counties, the only access to Anesthesia coverage is by CRNAs. In all the blue areas in the map provided to you, which represent the vast majority of our state, AAs would be useless. If HB 2046 is approved, rural Kansans would be the ones who would suffer most.

Finally, I would like to invite each of you to come to southwest Kansas to witness firsthand the necessity of continuing to train highly-qualified CRNAs. Thanks for your consideration.

-Benjamin Anderson