

Testimony re: HB 2046

House Health and Human Services Committee

Presented by Trent Blackwill

on behalf of

Kansas Association of Nurse Anesthetists

Date: 1/27/17

Mr. Chairmen and members of the committee,

My name is Trent Blackwill, I am a 3rd year SRNA student at the University of Kansas Medical Center. I am speaking on behalf of the Nurse Anesthesia students that may be affected by this legislation. I firmly oppose HB 2046.

Growing up on a farm in rural western Kansas, I was exposed to difficulties with access to health care in the rural areas. Fortunately, our county hospital served and to this day still serves numerous counties in the area with exceptional health care including a full time CRNA. At a young age, I knew I wanted to give back to these rural communities in desperate need of anesthesia providers. Being a predominately rural state and the fact that over 80% of hospitals with surgical services rely solely on CRNA's for anesthesia care, I chose to pursue a career in this profession.

I graduated from nursing school at the University of Kansas and fulfilled my minimum two years of ICU experience at the University of Kansas Hospital. While working nights full time in the ICU, I continued to take classes focusing on Anatomy, Physiology, Pathophysiology, Biochemistry, and Organic Chemistry in preparation for applying to Nurse Anesthesia school. I still remember being overcome with excitement opening that acceptance letter.

Three short years later, hundreds of thousands of dollars in debt, I am preparing to graduate with a doctoral degree and take that next step in my career. I believe my clinical training has been exceptional and am confident in my abilities. Nearly eighteen months of my clinical training was spent primarily at the University of Kansas Hospital. The other twelve months of clinical were scattered in Kansas, Oklahoma, Nebraska, and Missouri.

This last month has been spent at Children's Mercy on Hospital Hill. My expectations for this rotation were very high. However, this last month has been a disappointment in all aspects of my educational experience. We share this rotation with one SRNA student from Truman. Each morning we meet to choose which CRNA we would be with for the day. Unfortunately, most of the time there has only been two CRNA's there. This leaves us with little to no choice on which cases we would like to experience. On several occasions, only one CRNA is available and that means alternating cases with the other SRNA. Multiple times, I have been called to stay home from clinical because no CRNA's would be available that day. Over the length of the rotation, this results in a severely diminished case load. Fortunately, I could attain my pediatric numbers while at the University of Kansas Hospital. If I had to rely on my pediatric rotation at Children's Mercy, I would be very short of that number.

To graduate, we are expected to meet the minimum total number of cases as well as a minimum number of cases in a variety of areas including but not limited to pediatrics, obstetrics, intracranial, hearts, lungs, nerve blocks, central lines, and fiber optic intubations. Obstetrics is an example of one of the types of cases that we get absolutely zero numbers at our primary clinical site. I spent a month in Tahlequah, Oklahoma doing nothing but Obstetrics and women's health.

My concern if this legislation is passed is the detriment to clinical experience of future SRNA students, the livelihood of the program, and the future of anesthesia services in rural Kansas. By bringing AA's to Kansas, you are helping the less than 20% of hospitals able to utilize AA's. On the other hand, you will undoubtedly undercut the education and clinical experience of future Nurse Anesthetists. The hospitals utilizing AA's will be the same hospitals that the clear majority of our clinical experience comes from. We currently spend months away from our families and friends to fulfil our clinical requirements because we are competing with residents for our numbers. Adding in another provider to the mix is going cause even more strain. Inevitably, if this happens, the nurse anesthesia program is going to have to add additional clinical sites. Distant clinical sites can and will be a deciding factor for many students comparing programs.

In a few short months, I will be working as a CRNA. Working a few weeks in a large urban hospital while traveling to the smaller rural Kansas communities for the other week a month is an ideal situation. I have verbally committed to a contract that this is possible but have yet to sign because of this abrupt pop up in legislation.

Thank you for allowing me to testify and I would be happy to yield to questions.