

Testimony in support of SB 112, CRNA Modernization

Senate Public Health and Welfare Committee

Submitted by David W. Hart, DNP, CRNA, NSPM-C, Major, USA (ret)
Atchison, Ks

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To Chair Gossage, Vice Chair Erickson, Ranking Member Pettey, and members of the Senate Public Health and Welfare Committee, thank you for this opportunity to provide the following proponent testimony for Senate Bill 112.

My educational background includes a Master's degree in Anesthesia, a Doctor of Nursing Practice and a Post Graduate Certification in Nonsurgical Pain Management. I have provided anesthesia for close to 20 years in medical centers, community hospitals and Iraq as an active-duty soldier and now consider Kansas my home.

I currently live and practice in Atchison County at a critical access hospital serving Atchison and the surrounding counties with a population estimated at just over 16,000. This is a small 25 bed facility where I provide anesthesia services for obstetrics, surgery, critical and life-saving interventions in our emergency department and both acute and chronic pain management.

The current statute, 65-1158, actively restricts my practice to provide anesthesia services to podiatric patients, provide airway or vascular access to patients in the emergency department or assess and provide pain relief to patients with acute or chronic pain conditions. Statute 65-1158 states when "Upon the order of a physician or dentist" I am able to provide anesthesia services, however, there are instances where this is not applicable.

Our emergency department is often staffed in the evening by physician assistants or advanced nurse practitioners. If a critically ill patient requires advanced airway management, intubation, advanced circulatory access, pain relief with ultrasound guided nerve blocks or sedation, there are no physicians immediately available to provide orders for the intervention. Furthermore, the time necessary to obtain an order may result in delayed care or, worse, a poor outcome.

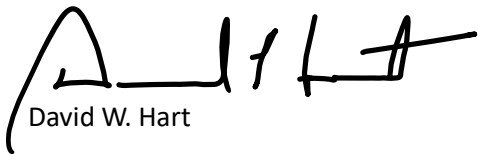
Podiatrists frequently utilize our surgical services and cannot order anesthesia for their patients. To provide anesthesia to a podiatric case we require a physician, who is not a part of the patient's surgical team, to perform a history and physical and write orders for anesthesia. This practice is cumbersome and entirely unnecessary.

Finally, I provide pain management services to my community through referrals from physicians, physician assistants and advanced nurse practitioners. I attended the Advanced Pain Management Fellowship at the University of South Florida and passed the national board certification in nonsurgical pain management with the hopes of providing my community relief from chronic and acute pain states. All my referrals are initiated by primary care providers (physician assistants, nurse practitioners and physicians). Statute 65-1158 restricts referrals from physician assistants and advanced nurse practitioners to pain management due to the absence of an order from a physician or dentist. This

results in unnecessary referrals to a physician, delayed care, increased commute time to St. Joseph, Topeka or Kansas City and unnecessary suffering.

Statute 65-1158 must be updated to reflect the changes in American healthcare, advanced training of the certified registered nurse anesthetist and the unique challenges of rural healthcare. Removing restrictive language of the current statute allows the certified registered nurse anesthetist to practice as they have been trained/certified and can only benefit the facilities and communities where we serve.

Respectfully,

A handwritten signature in black ink, appearing to read "D. W. Hart". The signature is stylized with a large initial "D" and a horizontal line extending across the middle.

David W. Hart