

# KANSAS PRACTICING PERFUSIONIST SOCIETY

TO: House Health and Human Services Committee -  
*Representative Brenda Landwehr, Chairperson; Representative Owen Donohoe, Vice Chairperson; Representative Geraldine Flaharty, Ranking Minority Member; Representative Steve Alford; Representative Bob Bethell; Representative Barbara Bollier; Representative Terry Calloway; Representative Dave Crum; Representative Jim Denning; Representative Phil Hermanson; Representative Ann Mah; Representative Peggy Mast; Representative Kelly Meigs; Representative Bill Otto; Representative Tom Phillips; Representative Ed Trimmer; Representative Jim Ward; Representative Brian Weber; Representative Valdenia Winn;*

FROM: Kelly Hedlund, Secretary/Treasurer, Kansas Practicing Perfusionist Society

DATE: Thursday, March 1<sup>st</sup>, 2012

RE: Testimony regarding Senate Bill No. 5 -  
*An act concerning the Kansas Board of Healing Arts; relating to licensure and education of perfusionists; establishing perfusion council*

To all distinguished members of this committee,

I stand before you this afternoon in full support of Senate Bill No. 5. With your kind indulgence, I would like to outline a few of the reasons why the state of Kansas should regulate and license practicing perfusionists. To begin, I am a practicing perfusionist myself, with over 25 years of experience. Compared to other allied healthcare workers, our profession is fairly young. In 1977, the American Medical Association recognized perfusionists as bonifide allied healthcare professionals. As a young and rapidly growing specialty, the practitioners of our craft spent their energies during the 1980's and 1990's constructing and consolidating agencies necessary for a medical profession to exist; namely, educational societies, scientific journals, and a voluntary national certification board. Today, however, perfusion has evolved to a point where

governmental regulation is the next obvious step in protecting the public from the high liability of unqualified practitioners.

Open-heart surgery is one of the most commonly-performed operations in the United States. Perfusionists are responsible for operating the heart-lung machine and other life support equipment during these surgical procedures. The heart-lung machine takes over the function of the patient's heart and lungs. Perfusionists, therefore, must use split-second skills during the crucial time when the patient's cardiac and pulmonary functions are replaced. The improper management of these sophisticated perfusion devices generally leads to severe impairment or death of the patient. In fact, according to one recognized source\*, the number of severe injuries or death from a perfusion-related accident is 1 per 1,000 cases performed. Since there are approximately 3,500 open-heart surgeries performed in the state of Kansas each year, it's likely that 3 or 4 patients die or are injured annually in the Sunflower State as a direct result of the perfusionist's actions.

The marketplace has failed to adequately regulate the perfusion profession. First, as an entity, perfusion is very low in profile. Most open-heart surgery patients are unaware of the existence or importance of the perfusionist. In general, a poor patient outcome due to a perfusion-related accident is more likely to reflect on the surgeon's abilities, rather than on the perfusionist's incompetency. While the surgeon may exert some control over the perfusionist's future employment, there are no state regulatory processes in place to keep an incompetent perfusionist fired by Hospital A from moving down the street to practice at Hospital B. Clearly, the public's safety and welfare is better served by preventative measures rather than retrospective punishment, when the risk to the patient is so high. Secondly, the only mechanism currently in

\* *Kurusz M et al. Perfusion Accident Survey. Proceedings of the American Academy of Cardiovascular Perfusion Vol. 7 January 1986.*

place to protect the public from unqualified perfusionists is the Joint Commission on Accredited Healthcare Organization's (JCAHO) requirement that hospitals "credential" all healthcare workers and physicians. For perfusionists, this credentialing process generally consists of completing an application form; nothing more. Perfusionists are not only few in number (approximately 3,000 in the United States; 45 in Kansas), but their scope of practice is not legally defined. In general, hospitals do not have access to criteria on which to judge a perfusionist's education, training, or performance. As a result, it's the perfusionists themselves who often determine their own criteria for employment and performance. Surely, public safety cannot be assured when the range of control is so broad. Furthermore, it must be stressed that the national certification process for perfusionists is VOLUNTARY. As such, hospitals are not mandated to require this credential of their practitioners. At least 3 professional societies have published ethical standards for perfusionists. While these standards are useful as guideposts, membership in these societies is, once again, VOLUNTARY. In addition, these standards deal primarily with fraudulent record keeping, the inappropriate use of credentials, and adequate staffing of personnel, not the safe performance of perfusion (or lack thereof). While these standards serve to educate and unify the perfusion community to a degree, there is no assurance to the public that the local perfusionist applies these recommended safeguards in his or her daily practice.

California was the first state to enact perfusion legislation in 1992 (Titling Act). Since then, 16 additional states have begun licensing perfusionists. In essence, over half the perfusionists working in the United States today require a license to practice in their respective states. Kansas is virtually surrounded by states that have previously enacted laws for licensing

perfusionists; Nebraska, Missouri, Arkansas, and Oklahoma. At present, there are 10 additional states (Kansas included) with licensure initiatives at work.

Perfusion is a demanding profession, requiring a unique combination of highly specialized medical and mechanical training. Senate Bill No. 5 will serve to protect the citizens of Kansas from untrained and unqualified practitioners. Currently, all cardiac surgery team members are recognized by the state of Kansas EXCEPT perfusionists. Essentially, the person who can do the most harm to the patient is at present unregulated. Enactment of Senate Bill No. 5 ensures that all citizens of Kansas enjoy the benefits of knowing that all members of the cardiac surgical team are qualified.

- ◆ Licensing perfusionists **WOULD** establish minimum standards of education, training, and competency for persons engaged in the practice of perfusion in the state of Kansas.
- ◆ Licensing perfusionists **WOULD** assure that the health and safety of the citizens of Kansas are protected from unqualified practitioners, or from the unprofessional practice of perfusion.
- ◆ Licensing perfusionists **WOULD** assure that in the future anyone entering Kansas to work as a perfusionist would meet Kansas' legislated high standards of patient care.
- ◆ Licensing perfusionists **WOULD NOT** permit perfusionists to privately bill for their services.
- ◆ Licensing perfusionists **WOULD NOT** prohibit the employment of anyone currently working in the state of Kansas.

- ◆ Licensing perfusionists **WOULD NOT** increase the cost of healthcare in the state of Kansas by requiring hospitals to hire more expensive professional employees.

Perfusion practitioners make judgments of consequence, independently, on a daily basis, and continually during operation of the heart-lung machine. Although the surgeon-in-charge supervises the perfusionist and may provide protocols as a guide, the actual decision-making is taking place at the heart-lung machine by the perfusionist on a minute-to-minute basis. When problems occur, split-second analysis and response is required without time for consultation with the surgeon. While a nurse anesthetist can call the anesthesiologist, and a physician's assistant can call their supervising physician, the perfusionist does not enjoy this luxury. In many centers, perfusionists work totally alone. The growth in complexity of perfusion as a discipline, and the proliferation of mechanical device options and equipment, combine to warrant strict regulation and oversight of this healthcare specialty. The citizens of Kansas who undergo open-heart surgery rarely ask about the expertise of the surgical team members. The assumption is that each is suitably qualified to perform his or her respective job. Senate Bill No. 5 will mandate minimum educational and training standards for all perfusionists working in the state of Kansas. If enacted, this legislation will help guarantee that all Kansans receive the highest quality perfusion care.

The Kansas Practicing Perfusionist Society respectfully asks for your support in passing Senate Bill No. 5. Thank you.