# OPPOSE LICENSURE OF ANESTHESIOLOGIST ASSISTANTS

## CRNAS PROVIDE ACCESS TO ANESTHESIA CARE IN KANSAS

**Certified Registered Nurse Anesthetists (CRNAs) provide anesthesia services independently,** without supervision, across Kansas, in a safe and cost-effective manner. **CRNAs are currently the sole providers of anesthesia at 80% of hospitals in rural Kansas. (See map on back.)** CRNAs and Anesthesiologists (MDAs) are the only anesthesia providers authorized in Kansas and MDAs practice generally in urban areas. **Extensive research has demonstrated outcomes are the same between both CRNAs and MDAs.** Proposed legislation would introduce a third, less qualified, anesthesia provider in Kansas, an Anesthesiologist Assistant (AA). **AAs cannot practice independently and must be medically directed** by an anesthesiologist (MDA), costing Kansans more and limiting critical access to care.

## KEY REASONS FOR OPPOSITION TO AA LEGISLATION

### THERE IS NO CRITICAL SHORTAGE OF ANESTHESIA PROVIDERS IN KANSAS

- Kansas has **1,000+ CRNAs** working across the state and another **190 SRNAs** in the Newman, KU, and Texas Wesleyan CRNA Programs.
- Kansas graduates **MORE anesthesia providers (per 100,000 citizens)** than all of our surrounding states and is **9th in the nation of Anesthesia providers per 100,000.**
- The **two strong Kansas CRNA doctoral programs** have grown as Kansas has needed. KU now graduates **36 CRNAs per year** and Newman University graduates **25 CRNAs per year**. In addition, Texas Wesleyan trains **5-10 CRNAs** in Kansas each year and upon graduating many choose to stay in Kansas.

### PROTECTING OUR THRIVING KANSAS CRNA PROGRAMS

- **Permitting AAs:**
  - **Would undermine the education of SRNAs**. SRNAs and Anesthesiology residents compete for limited educational opportunities. AAs would exacerbate the shortage of training opportunities for speciality cases. If SRNAs cannot get their required case numbers, programs would have to downsize.
  - **Causes Kansas CRNA programs to send students out of state for training.** As students train out of state, they are at higher risk to take post graduation jobs in the other state.
  - **Hurts Rural Hospitals**. As our Kansas CRNA graduates decrease, the anesthesia rural workforce will follow (**CRNAs are sole providers of 80% of all anesthesia in rural Kansas**).

### MAINTAIN COMPETITION IN THE ANESTHESIA MARKETPLACE

- **AAs are NOT free market.** They are a mechanism to decrease competition. **AAs were opposed by anesthesiologists** until the early 2000's when CRNAs started achieving separation from Medicare physician supervision rules.
- **ONLY anesthesiologists can medically direct AAs**. In fact, they MUST direct them, requiring two anesthesia providers for every surgery increasing costs markedly compared to efficient models of anesthesia.
- **AAs provide zero anesthesia** within the **Veteran's Health Administration**, the nation's largest Healthcare system.
- **AAs provide zero anesthesia** in our nation's **Armed Forces**, dominated overwhelmingly by **independent CRNA practice**

### MEDICAL DIRECTION OF AAs INCREASES RISK OF FRAUDULENT BILLING

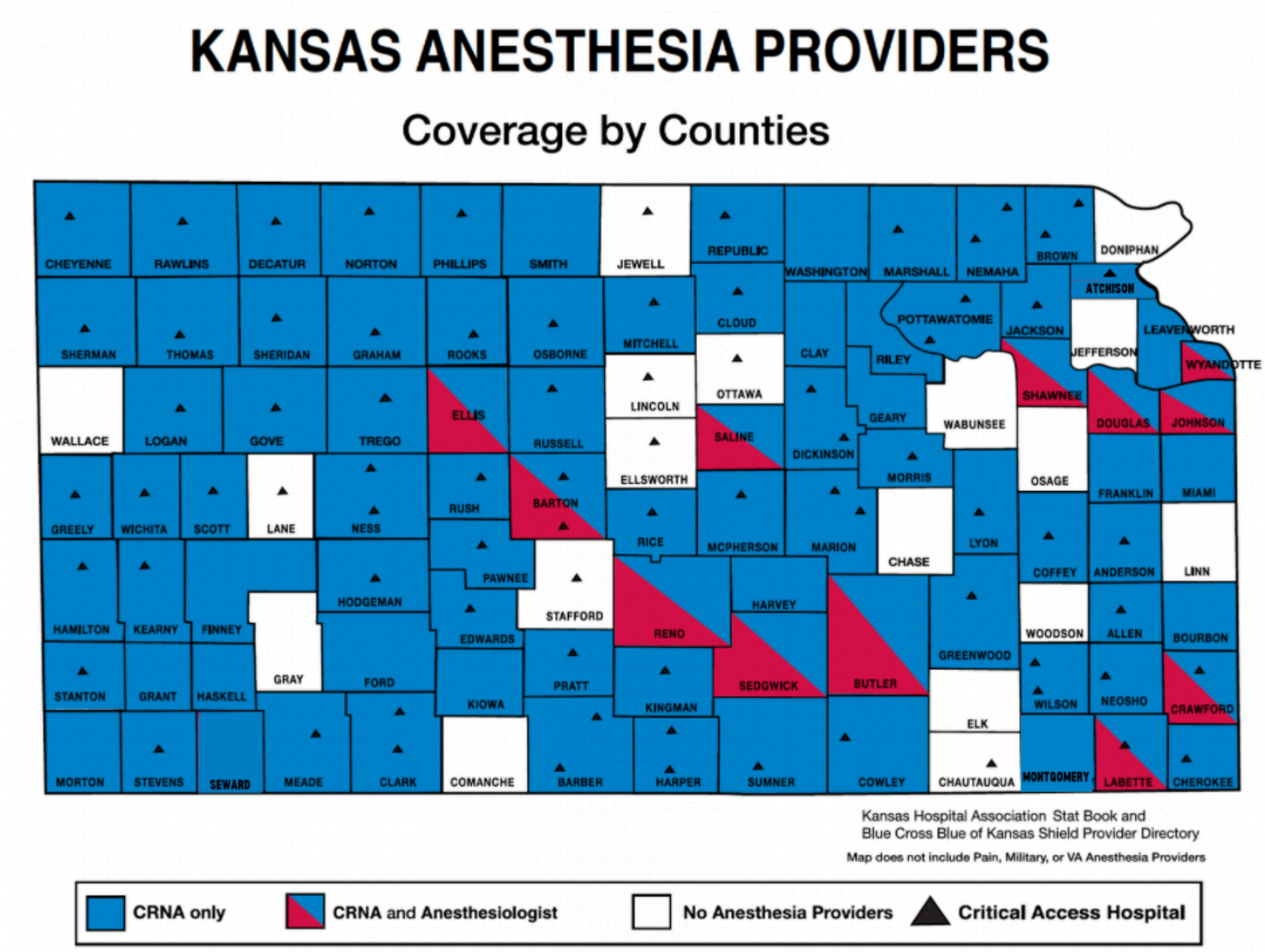
- **Dependent AAs must be medically directed** by an anesthesiologist, and the TEFRA rules require the MDA to personally perform seven key steps of anesthesia care, Peer-reviewed analyses show these models create situations in which **compliance is not met**. Federal enforcement history demonstrates these models carry meaningful **fraud-and-abuse exposure.**
- **Lapse of medical direction compliance increases liability** of the surgeon and hospital if an MDA is not available to rescue patient.

### KEEP ANESTHESIA COSTS MANAGEABLE FOR KANSAS HOSPITALS AND PATIENTS

- An AA medically directed by an MDA is one of the **highest cost anesthesia models.** Increasing healthcare costs to Kansans makes no sense.
- **AAs cause displacement of CRNAs** driving CRNAs from states that license AAs to those that don't license AAs.
- Only 18 states license AAs (not 22 as they deceivingly state). Nationally, there are only 4,000 AAs vs **68,000+ CRNAs, and 50,000+ MDAs.**

# OPPOSED LICENSURE OF ANESTHESIOLOGIST ASSISTANTS

## MAPS UPDATED DECEMBER 2025




## Anesthesia Assistants in Kansas?

