

Dear Ms. Thiele-Cirka and, Members,

I will be brief.

I am a Nurse Anesthetist practicing in Pendleton, Oregon at a rural critical-access hospital.

We have not had an anesthesiologist practice at this hospital in over 12 years.

(All anesthetics for our community are provided by independently-licensed Nurse Anesthetist, who require no supervision under state law.)

HR 2295 is unlikely to benefit the people of rural Oregon, because income potential for anesthesiologists in rural practices is about half of what it is in large urban centers, and they are not working out here.

(In cities, anesthesiologists work primarily by overseeing cases being performed by others, for which they receive half of the case fee.)

There are simply too few cases here to justify the additional expense of anesthesiologists, and rural hospitals do not hire them, and they do not come on their own.

Therefore, HR 2295 will not increase anesthesia access in rural Oregon.

Sincerely,

John Pozar, CRNA