Good Morning Committee Members. My name is Mercedes Englehart and I come to express my opposition to this proposed bill as a Licensed Perfusionist in North Carolina, and as the Government Relations liaison for our National Perfusionist Society, AMSECT. I would like to start by expressing my sincere appreciation for allowing the opportunity to be heard.

It is not uncommon for those in and outside of healthcare not to know exactly what a Perfusionist is or what they do. Oftentimes, people will associate us with percussion instruments and enunciate our name as Profusionists or Percussionist, but I assure I do not play drums well. Rather, as a Perfusionist, I work in the open heart surgery arena where I am part of an intricate team providing vital and at times emergent care to patients undergoing open heart surgery. Please refer to the AMSECT brochures I have handed out which provide detailed information about our profession.

I could provide you with the numerous responsibilities Clinical Perfusionists have in patient care, but I think it would be best conveyed in a typical scenario. So, for a second committee members, please follow me through this scenario. You are out to eat dinner with friends and family. You feel a sudden onset of excruciating pain in your chest. You collapse and are rushed by ambulance to an emergency room. In the ambulance on your way to the hospital, with the help of licensed EMTs, you are revived through CPR and drugs. Once you arrive at the emergency room and are assessed by a licensed Medical Doctor, you are told you must go to surgery immediately, because you have had a heart attack and the main artery in your heart is blocked. Once in surgery, you receive IV lines and are sedated by a licensed Anesthesiologist. This licensed Anesthesiologist will also intubate your airway and place you on a ventilator. Everything is moving so quickly, and your body is draped and prepped for surgery. Time is of the essence. The licensed heart surgeon has reviewed your cath report and prepares to saw open your chest to attach to you a heart lung machine with tubes in order to stop your heart, so he can operate on it. The surgeon will be unable to fix your heart or complete the surgery without a heart lung machine also known as a bypass machine for your commonly known "bypass surgery"

Your currently licensed Clinical Perfusionist, will prepare your heart lung machine with fluid and drugs, and after the surgeon instructs them to go on bypass, the Anesthesiologist will stop the ventilator, because your body's organs, including your brain, kidney, lungs, and liver will all be managed and taken care of by your Licensed Perfusionist. At the direction of the heart surgeon, the Perfusionist will stop your heart with a solution high in potassium, known as cardioplegia, so the surgeon can have time to repair the blocked artery in your heart. During the procedure, your Perfusionist will give you drugs to control your blood pressure, and control the flow of blood and oxygen through all of your organs. They will also control your temperature to allow the surgeon time to complete the repair. The Perfusionist will cool your body with another machine called a heater/cooler that is attached to the bypass machine. They will give you anesthesia to prevent you from waking up while your chest is still cracked open as you lay on the operating table. They will even give you a blood transfusion if you need it. At the end of the surgery, the Perfusionist will restart your heart by refilling your heart with your own blood from the heart lung machine.

With this scenario in mind, please ask yourself the difficult questions of, how would you feel if your heart surgeon was not licensed? How about the anesthesiologist? Better yet, the Registered Nurse in

the room bringing the correct supplies (sutures and instruments) and ensuring that none are left inside you after the surgery is also licensed. If you feel strongly that all those professionals in the room taking care of you or your loves ones are licensed, why would you not want the Perfusionist, who is directly managing your health during the surgery to be licensed.

Apart from working in surgery, Perfusionists also transport patients nationwide on helicopters, ambulances, and airplanes for heart and lung transplantations. We also transport newborn babies from smaller hospitals to our state of North Carolina, where we lead the nation with the top 4th Cardiothoracic Surgery program in the United States at Duke University Hospital.

Everyone here today is in the business of public service, whether through patient care, or politics. In this era of limited budgets and limitless public needs, I'm not saying changes are not warranted. I just believe decisions should be approached carefully, with all facets considered within the framework of public safety. As I illustrated, Perfusion is a profession with a small margin for error and a high level of competence. That is why as a profession, we feel a mandate that facilitates a minimum level of education and competency is paramount in North Carolina. For those who feel that licensure prevents economic growth by limiting Perfusionist employment opportunities within the state, I say that is not the case. In fact, licensure protects the people of this state from Perfusionist with checkered professional histories and sets a high standard of care for the people in this state.

I commend the sponsor of this bill for an attempt at reducing budgetary expenditures. However, one final point to consider is the math. According to data provided by the NC Medical Board, the expenses associated with the licensing of Perfusionists is $12,800 annually. Therefore, the cost to the state would be $25,600 for issuing a bi-annual license. Perfusionists pay $350 for a license. With approximately 100 perfusionists practicing in the State, that means North Carolina collects $35,000 over the course of that time. That is $9,400 (or $4,700 annually) surplus in the State's favor. So from a financial standpoint, removing the licensure requirement for perfusionists will not help the State's bottom line; and it opens up the possibility of jeopardizing patient care.

At the end of the day we all have to face ourselves in the mirror and ask the tough questions of whether our actions are serving the greater good or a limited few.