

Chairman Merrin, Vice Chair Manning, Ranking Member Boyd and committee members, I am honored to be before you today to give testimony on HB 224.

As my Joint Sponsor, Rep. Cross, has told you about his district and what this bill does, I to want to tell you about my district.....and what this bill does not do.

In the 91st District nearly all of the anesthesia care provided to my constituents is provided by CRNAs. I also toured these facilities and found that the doctors not only rely on but trust these trained professionals as well. It is clear the patients in my rural district depend on CRNAs for access to anesthesia at the hospitals and surgery centers in my district.

Simply put, a CRNA's ability to practice to the full extent of their training is a must for anyone wanting to put patient care as their first priority. That is the need in my district as well as many districts across the state of Ohio. It is something I would think each and every one of us would want.

As we discuss the bill it is very important that we also outline what this bill DOES NOT DO. Oddly enough, this bill does nothing...., that's right; this bill does nothing without the approval of the facility and the medical staff where the CRNA professional practices. Let me explain:

- This bill does not remove or change the requirement of supervision and direction by a physician, dentist or podiatrist. Period.
- It does not expand the current CRNA scope of practice beyond their education, training, certification, and anesthesia care standards. The bill also maintains the current statutory requirements that CRNA patient care must consistent with their education and certification, in accordance with rules adopted by the Board of Nursing, and with the supervision and direction of a physician as mentioned above.
- It does not mandate a particular type of anesthesia care model. No state in the country, including Ohio, requires a CRNA to work with or under an anesthesiologist. This is especially important in rural and underserved areas of the state like my district. Without CRNAs, my constituents and many of yours simply would not have access to anesthesia.
- It does not mandate or require any change to the way physicians and facilities currently provide anesthesia care to their patients. Clarifying their scope of practice in statute gives CRNAs the authority to perform the functions laid out, but it does not give them the right or permission to do so. Each hospital and ambulatory surgery center maintains a demanding and rigorous credentialing process that allows the medical staff to determine the aspects of care each individual CRNA is qualified to perform and which services they may provide at that facility. Facilities and their medical staff maintain the

ability to restrict CRNA privileges and determine what functions they may perform. Nothing changes in regards to this process.

- It does not allow “unlimited” ordering authority by CRNAs. CRNAs administer anesthesia and provide anesthesia care for patients. If a CRNA orders anything outside their scope of practice, rules established by the Board of Nursing, inconsistent with education, training, national certification, credentialing and privileges, or outside of the supervision and direction of the supervising physician – they will not be a CRNA much longer! They also require a state license to practice in Ohio.
- It will not contribute to the opioid crisis. Rep. Cross made clear the difference between ordering authority for CRNAs in this bill, and prescriptive authority. HB 224 provides CRNAs with the ability to order medications necessary to perform anesthesia care and clinical functions, but they will be absolutely prohibited from prescribing any medication to be filled at the pharmacy for use at home. It bears repeating, no patient will leave a CRNA’s care with opioids or any medication whatsoever.

In conclusion, HB 224 simply clarifies a CRNA’s scope of practice and gives permissive authority to the facility at which a CRNA works the ability to utilize their skill to provide the best patient care possible.

Thank you and we would be happy to answer any questions from the committee.