

Dr. Thomas Mark, MD
PROPONENT TESTIMONY - HB 224
Ohio House Health Committee

Good afternoon. Chairman Merrin, Vice Chair Manning, Ranking Member Boyd, and members of the Health Committee. I appreciate you allowing me to speak to you today as a proponent of House Bill 224.

My name is Dr. Thomas Mark. I am currently a board-certified physician anesthesiologist. I received my Bachelor of Science in Biology and Medical Degree from NEOUCOM, now NEOMED, in a combined BS/MD program with the University of Akron in northeast Ohio. I went on to complete my residency in Anesthesiology at the Cleveland Clinic. I stayed with the Cleveland Clinic as a staff anesthesiologist for just under 2 years before joining Summa Health Systems in Akron, where I currently work. I am the Chairman of the Department of Anesthesiology for Summa Health and the Medical Director of Process Improvement for Surgical Services as well.

Let me be clear that in my testimony, I am not a political advocate in any way for MD political groups such as the OSA or the ASA and I am not a political advocate for any CRNA political group such as the OSANA or AANA. I am here giving testimony in support of HB 224 because it supports and enables a significant improvement in patient care, increases patient safety, and would be a valuable tool for groups and facilities like mine to improve all efficiencies organizationally.

The Anesthesia Department that I chair is a large group consisting of 12 MDs, 80 CRNAs, 3 RNs, 2 NPs, and multiple anesthesia technicians. We are also a clinical training site for 2 large CRNA programs. One of the foundational pillars of patient care that I insist we adhere to in our daily practice is to “practice at the top of your license”. While we have created an amazing culture of teamwork at Summa, HB 224 is a much needed and common-sense tool to further enable the ability for our CRNAs to practice at the top of their license. The legislation will enable our CRNAs to help positively affect the surgical episode for patients both pre-operatively and immediately post-operatively, no different than they do in the intra-operative period.

The practice of anesthesia should not be limited to the physical doors that our patients pass through as they progress through their surgical episode. At Summa and many other places in this state, the Department of Anesthesiology works to affect our patient’s care through the entire continuum of their surgical episode. CRNAs provide our patient’s anesthesia care directly. Inside the operating room, they do so without restriction. Their inability to do so before and after anesthesia affects patient safety, the quality of care, and operational efficiencies that lead to the best patient outcome. I see examples of this every day, and we create processes to work around this care deficit that currently exists in our practice.

In this day and age of the opioid crisis, we have instituted a team of CRNAs who implement multi-modal therapies for our patients in place of opioids. The CRNAs perform regional nerve blocks every day for nearly every surgery that we can possibly do them for, with the goal of performing opioid reduced and even opioid free anesthesia. In this goal, we have been incredibly successful. Today, we are doing almost 90% of our surgeries without narcotics. This has a huge benefit to patients and to the institution. However, due to current CRNA restrictions of practice, there are inefficiencies relating to this process and many others. For example, the CRNAs who are performing these pain blocks, which are within their scope, cannot ask the RN assisting them to simply push the syringe of medication as they perform the block. The CRNA is

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literally performing the block using both of their hands, and they cannot ask a licensed provider to help.

Another example is that a CRNA can take great care of a patient, within the scope of their care in the operating room, and then pass through doors ten feet away into a recovery room. Currently, they can't continue to take care of the patient's needs during this anesthetic based phase of care. The period of time when a CRNA should be able to provide care should be throughout the continuum of the surgical episode, which is from the time they are consulted by a physician to provide anesthesia until the patient is discharged from the recovery process. The scope of care that a CRNA has trained for and holds a license for directly relates to and covers that entire period.

With H.B. 224, the CRNA can positively impact patients' care and safety throughout this entire surgical period. Without this ability, there are huge costs and huge inefficiencies. These things really do have real world effects. When a CRNA delivers a patient into the recovery room, if the patient needs to have a medication or treatment, they have to have someone else, an MD or even a physician assistant, order that treatment for them. This delays care and many times can create a safety issue. Furthermore, a physician assistant with no direct anesthesia care contact with a patient currently has the ability to order treatments, medications, fluids, and tests directly related to the administration of anesthesia that a CRNA, the actual anesthetists with proper training, cannot. At Summa, we have to take on the extra expense of hiring a non-anesthesia trained prescriber when we have CRNAs who are trained and are experts on this matter.

This bill also helps to create improved surgical services teamwork, allowing for CRNAs and RN's and MDs to work more collaboratively together, again leading to improved patient care, both in quality and efficiencies. This ability to improve teamwork is critical. When all of surgical services work together as an integrated team, quality and safety are improved.

HB 224 is a very good piece of legislation which has the chance to advance patient safety and quality in this state along with creating positive savings for anesthesia departments and facilities around the state as well. In my opinion, and by all demonstrable measures, this does not change the scope of practice of CRNAs. Instead, allows them to more completely practice within the current scope that exists. In essence, it allows them to practice closer to the "top of their license". I also believe that there is nothing controversial in this piece of legislation. It truly just represents a common-sense proposal, unless politics is allowed to creep into the conversation, which should never be allowed to stand in the way of patient safety and quality care. Patient care and patient safety should always come first.

Thank you for the opportunity to speak to you today and as you do the important work of considering this bill or any other piece of surgical / anesthesia legislation, I will always welcome questions, visits to our institution if it is helpful, and any other type of assistance that I can provide.