



Proponent Testimony
Ohio House of Representatives
HB 224
May 21, 2019
Ohio Association of Advanced Practice Nurses

Good morning Chairman Merrin, Vice Chair Manning, Ranking Member Boyd, and members of the House Health Committee. My name is Joscelyn Greaves and I am the President for the Ohio Association of Advanced Practice Nurses (OAAPN).

I want to thank Representative Cross and Representative Wilkin for carrying this important piece of legislation.

Over the last decade, healthcare has evolved immensely and continues to change at a fast pace. Patients are experiencing access to care issues, mental health problems are on the rise, the opioid epidemic continues to worsen, and a primary care shortage of over 120,000 physicians is expected by 2030. While Ohio has made some progress in removing barriers for Certified Nurse Practitioners, Clinical Nurse Specialists, and Certified Nurse Midwives, it has not addressed the CRNA barriers to patient care.

Prior to the Attorney General interpretation of statute in 2013, CRNA's routinely ordered medications needed for their patients; subsequently, this interpretation has created a deficit, not just in pre and post operative care, but in the obstetrical ward and emergency rooms. This bill seeks to further clarify the current scope of practice for CRNAs, preventing the need for future interpretations of statute. Currently CRNA are prohibited from prescribing in the post-anesthesia area as well as pre-operative, obstetrical and ICU's. This bill aims to fix this lapse, returning authority for CRNAs to order necessary medications, tests, and treatments when providing care to patients but would not give them prescriptive authority like the other categories of APRN. In fact, HB 224 would outright prohibit a CRNA from prescribing a drug for use outside the facility or setting where the CRNA provides care. It would allow them to continue to care for a patient and order necessary medications that include anxiolytics, non-opioid pain alternatives and medications to control blood pressure in consultation with a physician.

Additionally, CRNAs are highly qualified and educated professionals that begin with a Bachelor of Science in Nursing along with at least 2 years of patient care training, before 2.5 – 3 years of nurse anesthesia training at a Masters or Doctorate level, culminating in over 8 years of patient care experience, with 2.5 – 3 years specific to anesthesia. CRNAs are also required to have over 90 hours of pharmacology education. Numerous studies in fact have shown no difference in outcomes when comparing CRNAs solely to other anesthesia models with anesthesiologists. In fact, there have been no complaints filed in Ohio regarding CRNA's causing harm or injury. This proves how safe the patient care is provided by CRNA's.

Lastly, the bill is permissive, allowing hospitals and other facilities to control the utilization of their own workforce, one that helps them keep costs under control, while improving access to care. This bill allows hospitals and other facilities to decide what model of care works best for them.

As an Association representing the over 16,000 APRNs in Ohio, OAAPN believes HB 224 would maintain consultation with a physician, retain the ability for facilities to control how their practitioners are utilized, and clearly delineates a CRNAs scope of practice. We respectfully request the committee support the passage of HB 224.

Respectfully,

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President, OAAPN