

**Opponent Testimony
Before
Ohio House of Representatives
Health Committee**

**HB 224
June 10, 2019**

By

Patty J Davidson, M.D.

Good morning, Chair Merrin; Vice Chair Manning, Ranking Member Boyd and members of the Health Committee, my name is Patty Davidson and I am a physician anesthesiologist here in Columbus. I started my career after residencies in pediatrics and anesthesiology and a fellowship in pediatric anesthesiology at Nationwide Children's Hospital. There I cared for children who were undergoing surgical or other procedures or who were experiencing acute or chronic pain. I also taught student nurse anesthetists, resident physicians, fellows and others during their rotations with us. After 15 years I changed positions and worked at a freestanding surgery center.

In my experience pediatric anesthesia is a place where the team of physicians and nurses caring for patients needs to work exceedingly well. I'd like to walk you through a typical day. In my practice the nurse anesthetist usually obtains and sets up the needed equipment and medications for the day in that OR. I interview patients and parents and do my physical exam in the pre op area. On the day of surgery, I write the necessary orders to optimize the post op period and, lastly, the sedation as needed. I find that often less sedation is required after this swift but thorough getting-to-know the child and family.

Into surgery we go with a happy "loopy" child and sometimes their parent for the induction of anesthesia. In children because of their size and metabolism they can be induced by breathing the anesthesia gas rather than having to endure an IV start in the pre op area. This is one of those times however where two sets of anesthesia hands comes in very handy. While the nurse anesthetist is above the patient's head starting to have the child breathe the gas I am usually facing the child, putting on monitors and holding their hands for reassurance. Sometimes we all sing a little song together of the child's choice. As the child loses consciousness I start the IV and administer the 2-4 drugs necessary to complete the induction of anesthesia. I carry a "walky talky" as do all the anesthesia providers for immediate communication of problems, questions or need for help when we leave the OR to see the next patient or the last one in the recovery room. At all times one of us stays with the patient.

I am greatly concerned how HB 224 will impact the delivery of anesthesia care for children. The bill's ambiguity and how it takes a one size fits all approach, whether for adults or children, is simply not safe. I understand that some of you have visited

ambulatory surgical facilities to witness minor adult procedures. While I will allow others to comment on how the bill will impact a fragile adult or elderly population, I can say that this bill will have serious consequences for the delivery of care for the pediatric population. It is not necessary and may actually be harmful for children through the confusion it will create.

In closing I ask you this: Have parents expressed concern to you about the anesthesia care their children received during surgery and the perioperative period? Are they asking for the changes in this bill? If not, it tells you the system we have in place works. I hope that we will leave it intact for the sake of our children's health care needs.

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I'd be happy to answer any questions you may have.

Patty Davidson, MD FAAP