

House Bill 224 – CRNA Practice
House Health Committee
June 11th, 2019

Chairman Merrin, Vice Chair Manning, Ranking Member Boyd, and Members of the House Health Committee—

Thank you for the opportunity to provide comments regarding House Bill 224, which seeks to modify the scope of practice for nurse anesthetists (CRNA's). As the leading voice for surgeons in Ohio, we appreciate the opportunity to provide comments on this legislation.

At this time, the Ohio Chapter of the American College of Surgeons is unable to support HB 224. While we appreciate the intent of the legislation and the willingness of the bill sponsors proponents to discuss concerns with stakeholders, we believe that more changes are needed. Any proposed changes to the scope of practice for a provider must be balanced against patient care and safety. As it relates to surgical care, we want to ensure that surgeons have the ability to manage the care of patients and instruct other providers as appropriate.

The practice of surgery varies between facilities, driven largely by differences in acuity and patient diagnosis as well as the types of providers working with a surgeon. As Ohio surgeons have debated CRNA scope of practice, we have heard a variety of perspectives from both urban and rural surgeons. Overall, the majority of surgeons who are fellows of the Ohio Chapter remain concerned over the broad and ambiguous language in HB 224. However, we all agree that more can be done to increase flexibility and allow for more local discretion for surgeons. HB 224 seeks to accomplish this goal, though we maintain that the bill needs additional refinement. We believe the following changes are needed in order to strengthen HB 224 and address the concerns of Ohio surgeons—

Clarify Supervision and Consultation Requirements

HB 224 requires CRNA's to work under the supervision of and in consultation with a physician. While this is an improvement over previous CRNA scope of practice bills, we believe that additional clarifying language is needed. As it relates to a surgical procedure, supervision of CRNA's is fairly straightforward. However, HB 224 would allow CRNA's to perform additional services outside of the pre- and post-surgery timeframe. This would result in the supervising physician being someone besides the surgeon or anesthesiologist. This would create confusion over who the CRNA would be consulting with and who would be supervising. We believe that clarity needs to be added to this provision.

Specify Hospital Policy and Protocols

As previously noted, hospitals utilize CRNA's differently depending on their setting and individual patient needs. We support the inclusion of language similar to Senate Bill 61 (Burke) that would require each facility to adopt a policy or protocol related to CRNA practice. This policy should be developed with input from the clinical leadership at the hospital and would clarify the types of drugs and tests that CRNA's can order, how conflicts between a physician and CRNA order would be addressed, and which physicians would supervise and consult with a CRNA depending on the action being performed.

Create Standard Care Arrangement Structure

We recommend exploring the creation of a standard care arrangement structure similar to existing laws governing APRN's. Under this proposal, a CRNA would enter into a formal relationship with a physician or multiple physicians that would document drugs and exams that can be ordered and provide additional guidance on other actions that can be taken. The goal would be to provide clarity while affording CRNA's and surgeons more flexibility.

We understand that the Ohio State Medical Association and the Ohio Society of Anesthesiologists, as well as other physician organizations, have offered testimony on HB 224 as well. Given that HB 224 will not only impact surgeons, but all physicians working in a healthcare facility, we encourage you to carefully review those comments and concerns as well. It is our hope that we can work together to craft a bill that physicians and CRNA's can support.

While we cannot support HB 224 at this time, we are committed to discussing this matter further. Thank you for your time and consideration.

Sincerely,

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