



The Ohio House of Representatives Health Committee
Opponent Testimony on HB 191-Certified Registered Nurse Anesthetist Scope of Practice

Dr. Erica Stein

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Good Morning Chairman Huffman, Vice-Chairwoman Gavarone, Ranking Minority Member Antonio and members of the House Health Committee. Thank you for allowing me to testify this morning as an opponent to House Bill 191, which expands the practice for certified registered nurse anesthetists (CRNAs). I am Dr. Erica Stein, an anesthesiologist in Columbus, Ohio and a board member of the Ohio Society of Anesthesiologists.

In Ohio, CRNAs practice in a physician led anesthesia care team model that provides the most optimal outcome for the patient. People are living longer, with more complex medical problems and are undergoing increasingly complex surgical procedures. All patients having surgery, whether in a hospital or outpatient surgical setting, rural or urban, deserve and should receive the same physician led anesthesia care. Physician led anesthesia care should be the standard of care — during any surgery, a patient's medical condition can change quickly and appropriate medical treatment must be given as seconds count.

HB 191-version 5 retains the supervision of the physician but authorizes CRNAs to order medications, diagnostic tests, treatments and fluids for patients during a “perianesthesia” period. The term “Perianesthesia” is not a standard medical term; it is not defined in the bill nor is it defined in Ohio law begging the question When does the perianesthesia period begin and end? There is also no definition on what medications, tests, treatments and fluids CRNAs will order for patients. Therefore, interpretations will widely vary on these provisions.

Equally concerning is the lack of specificity on what clinical functions the CRNA will perform and what drugs, tests, treatments and fluids they will order while performing them. These provisions complicate a system that is currently working and potentially endangers the patient. Allowing CRNAs to enter orders would create the potential for incorrect, duplicate or contradictory orders to be written on a patient.

I also question why supervision is not defined for the expanded scope of practice. The way the bill is written, the supervising physician is not required to be on site when the CRNA gives orders for patients nor is the CRNA even required to be on-site while giving orders. Is this the system we want to create for anesthesia care in Ohio?

I supervise and teach residents as part of my practice as an anesthesiologist. Anesthesiology residents are doctors, who have graduated from medical school, and then spend 4 years providing anesthesia care for patients undergoing surgery — this includes assessing a patient's preoperative status and determining if the patient's medical problems are well managed before surgery. Determining what type of anesthesia is most appropriate for each patient for a particular surgery, as well as prescribing a pain control plan during the procedure and immediately afterward. Also,

residents learn to provide ICU care and chronic pain management. All of the specifics of the training and teaching that takes place would be too long to mention in this hearing, but whenever a resident is involved in a patient's care, it is my mandate (ethically and by CMS) to be involved in all critical portions and to be immediately available.

Respectfully, this bill does not enhance patient care during the time immediately surrounding and including surgery, in which a patient's medical condition can change quickly necessitating immediate medical treatment. For the safety of patients in Ohio, I respectfully request that you reject this bill. Thank you and I will be happy to answer any questions you may have.