

Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio and members of the House Health Committee thank you for the opportunity to share with you concerns with House Bill 191 on behalf of the American College of Emergency Physicians, Ohio Chapter (Ohio ACEP). Ohio ACEP is a state medical specialty society representing emergency medicine with more than 1,600 emergency physician members. Ohio ACEP is committed to advancing emergency care through continuing education, research and public education, and assuring access to high quality emergency care for the people of Ohio.

In the Emergency Department, airway management is a necessary skill. Patients in acute respiratory distress may need an endotracheal tube and a ventilator to help them breath. These are high risk situations. Occasionally, there are patients with difficult airways and the emergency department physician needs to consult with an anesthesiologist. In this circumstance the patient's life is likely in the balance and minutes count. Consequently, it is critical that a physician with specialized training is available to assist in these cases. Ohio ACEP's member leaders see no issues with the current anesthesia care team model which has a physician at the head of the team, working in conjunction with any Certified Registered Nurse Anesthetist's (CRNA). HB 191 seeks to change this and does not clearly define the roles of CRNA's working in or around the emergency setting, and for us that is concerning.

As Emergency Physicians we often send our patients off for Emergency Surgery. These patients are quite ill and not yet resuscitated. We rely on the anesthesia care team to continue the care and manage some of the most complex patients (medical and trauma) that require emergency surgery. It is a major patient safety risk and a detriment to our patients to expand the scope of practice for CRNAs that may be assisting with these high acuity patients. Physician anesthesiologists go through 14 years of education with over 12000 to 16000 hours of training while CRNAs get 5 to 7 years of education after high school with 2500 hours of training. Clearly with the complex disease and pathophysiology that is required in the care of this specific patient population it is to the patients' benefit to continue having the physician anesthesiologists leading that team.

Our main concerns with HB 191 are the very vague and undefined scope expansion provisions for CRNAs. When a patient's life is on the line we need clearly defined and outlined scopes. Not vague rules that do not specify what the functions of a CRNA are or when and under what circumstance they can administer drugs to a patient. We fully embrace and support the concept of a patient care team. The extreme scope expansion recommended for CRNA's in HB 191 decreases this team approach and could further put our most vulnerable patients at risk.

We respectfully ask the House Health Committee to support the team based approach and ensure that all patients get the highest quality collaborative care they deserve and need.

Mr. Chairman, thank you for allowing Ohio ACEP to voice concerns with House Bill 191.

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