

**Written Testimony**  
**Ohio House of Representatives, Health Committee**  
**HB 191-Certified Registered Nurse Anesthetist Scope of Practice**  
**Written Testimony by Amy Burkett M.D.**  
**Vice/Legislative Chair, American College of Obstetricians and Gynecologists, Ohio Section**  
**November 14, 2018**

Chair Huffman; Vice Chair Gavarone, ranking member Antonio and members of the Health Committee, and thank you for the opportunity to provide written testimony in opposition to Substitute House Bill 191 today. My name is Amy Burkett, M.D., and I am the current Vice and Legislative Chair of the American College of Obstetricians and Gynecologists, Ohio Section

I strongly value the team-based approach of patient care and the role allied health practitioners play on the patient care team. I work with various practitioners on a daily basis and see firsthand the optimal the care they provide to patients. I believe the team-based approach provides Ohioans with the best care possible. However, patient safety is always my ultimate goal, and I believe this legislation leaves too many questions unanswered.

The bill grants CRNAs authority to order drugs, tests, treatments and fluids for patients. The bill does not specify what drugs, tests, treatments or fluids the CRNA may order. This lack of specificity could lead to increased health care costs with unnecessary or duplicative ordering of drugs, tests and treatments for patients. The bill also allows this broad and undefined drug ordering authority during the “perianesthesia” period. As a physician, I am unfamiliar with the term “perianesthesia” period; this is not a term currently used in any health care setting or by any current provider. I am unclear as to when the “perianesthesia” period begins or ends and what is ultimately meant by this new term.

Finally, I have serious concern that the bill does not require the CRNA to be with the patient when ordering drugs, tests, treatments or fluids or even in the facility when giving these orders. The CRNAs have stated they need ordering authority, as physicians are not always present with the patient or easily accessible to give orders for patients. However, this bill permits them to do exactly what they have said is a problem as it does not require them to be with the patient or even in the facility when giving orders for patients. This is anesthesia care and this broad ordering authority, especially when away from the patient, will not enhance patient care or create a better anesthesia care model for Ohio.

I appreciate the opportunity to express my apprehensions with Sub. HB 191. I hope that the committee takes into consideration my concerns and the concerns of my colleagues and not pass this legislation.