Testimony of Scott Wilhelm, MD, FACS

House Bill 191—House Health Committee

November 14th, 2018

Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio, and members of the House Health Committee, thank you for the opportunity to submit written testimony regarding House Bill 191. As President of the Ohio Chapter of the American College of Surgeons, I am offering this testimony on behalf of more than 2,500 Ohio surgeons. This testimony relates specifically to the latest substitute bill ('dash 5') being debated in committee. We appreciate the efforts of Representative Gonzales to bring stakeholders together, however more work is needed to fully address concerns with HB 191.

Nationally, we have seen a push for greater collaboration in health care; better coordination between all providers is vital to improving outcomes and lowering costs. As part of this movement, we have considered the appropriate role for physicians, nurses, and other providers in this new, team-based environment. There is no setting where collaboration is more critical than the operating room. Surgeons, anesthesiologists, nurse anesthetists, and other providers must be able to work together, and the education and expertise of each practitioner must be fully utilized to drive efficiency and ensure patients receive the care they need.

It is important to note that no evidence has been presented to challenge the current cooperative approach to surgery that recognizes the team-based approach between surgeons and nurse anesthetists. The American College of Surgeons has seen a national push by CRNA's to expand their scope. We are committed as a profession to resolving any problems with patient care. We are also respectful of our CRNA colleagues. However, that doesn't mean that we agree their scope should be expanded when we believe it could result in patient harm.

The latest version of HB 191 moves the bill in a more positive direction and begins to address the concerns raised by the Ohio Chapter of the American College of Surgeons and other physician advocates. I still believe that the substitute bill contains provisions that would erode the surgeon's role as the 'captain of the ship'. Surgeons are wholly responsible for the care of a surgical patient and the current supervision requirement in Ohio protects the surgeon- and physician-led approach to medicine. The 'dash 5' substitute bill still expands the scope of practice for nurse anesthetists and includes vague language that will ultimately lead to confusion.

Specifically, the bill grants CRNA's with undefined authority to order drugs, tests, and treatments for surgical patients. There is very little detail over what types of treatments and exams can be ordered by the CRNA and what role a physician plays in that process. The substitute bill also uses the term 'perianesthesia period', which is undefined and not a term generally used in clinical settings. I also believe that language around CRNA's performing 'clinical functions' needs greater clarity. Finally, while the 'dash 5' version reestablishes a supervision requirement for CRNA's, it does not provide enough detail into the structure of how supervision and collaboration will be carried out. This could lead to confusion, especially in facilities without an anesthesiologist. Physician supervision and oversight needs to be clearly defined to avoid misunderstandings and duplicative services and treatments.

House Bill 191 remains a solution is search of problem and I believe it would negatively impact the safety and health of surgical patients. On behalf of Ohio's surgeons, I respectfully ask that you oppose this measure. Thank you for your time and consideration.