



**Statement to the House Health Committee
HB 191-Certified Registered Nurse Anesthetist Scope of Practice
Written Opponent Testimony Presented by Christine Jaworsky M.D.
President, Ohio Dermatological Association
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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 Christine Jaworsky M.D., and I am the current president of the Ohio Dermatological Association (ODA) and staff physician at MetroHealth Medical Center in Cleveland.

I strongly value the role allied health practitioners play in our health care system. I work with them and see firsthand the optimal care they provide to patients. I believe in a team-based approach to care with every provider practicing in order to provide Ohioans with the best care possible. At the end of the day, it is up to the state of Ohio and this committee to determine the scope of practice for allied practitioners. After reviewing Sub. HB 191, I hope that the committee agrees with me that the scope of practice proposed by the Certified Registered Nurse Anesthetists (CRNAs) goes too far and could have a harmful impact on patients.

First and foremost, 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. 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.

Another question I have regarding the bill is what is meant by “clinical functions”? This term is vague and loosely defined. It is unclear what additional authority would be granted to a CRNA with this provision. If patient safety is the ultimate goal, I fail to see how that is accomplished by allowing this scope of practice expansion.

Lastly, this 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.

Thank you for giving me the opportunity to express my concerns with Sub. HB 191. I hope that the committee takes into consideration my views and the views I know several of my colleagues share and not pass this legislation.