



# **OHIO STATE CORONERS ASSOCIATION**

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**Statement to the House Health Committee  
HB 191-Certified Registered Nurse Anesthetist Scope of Practice  
Opponent Testimony Ohio State Coroners Association  
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Good morning, Chair Huffman; Vice Chair Gavarone, ranking member Antonio and members of the Health Committee, and thank you for the opportunity to present written testimony in opposition to Substitute House Bill 191 today. My name is David Corey, and I am the Executive Director of the Ohio State Coroners Association. Coroners are licensed physicians who investigate sudden and/or suspicious deaths and perform autopsies in connection therewith as well as those licensed physicians who investigate such death but do not perform autopsies. Our members consist of all 88 county coroners and medical examiners.

Although we are testifying on behalf of OSCA and Ohio's 88 county coroners, coroners are all physicians first and the purpose of this testimony is to express our concerns with the expansion of scope of practice in Substitute House Bill 191.

As you're aware we have a major opioid problem in Ohio and Ohio's coroner death investigation system is being overwhelmed and a few provisions in Sub. HB 191 in particular could make this problem even worse by broadening the scope of practice for a Certified Registered Nurse Anesthetists (CRNAs) and adding them as additional prescribers.

First, this bill would allow CRNAs to order and administer any pain relief medication, including opioids, during the "perianesthesia period". This time period is not defined in the bill and is not a term used among any in the medical community. What is the timeframe they are referring to? We are unsure. Allowing CRNAs any type of scope expansion to prescribe or administer additional drugs has the potential to be extremely harmful to the patient's safety. Any drugs a patient needs before or after surgery is already pre-established and monitored by the patient's primary physician.

Second, CRNAs are claiming they need to be able to prescribe medications when doctors are not on site, or easily accessible following a medical procedure with a patient. Under Sub. HB 191 CRNAs would not be required to be present with the patient when ordering drugs, test, treatments or fluids. This would permit them to do exactly what they have said is a problem.

Every physician across the state strongly values the roles and responsibilities of the allied practitioners they work with. But, unfortunately, Sub. HB 191 makes undefined changes to the role of the CRNA and as a result, OSCA believes this legislation is an overreach and potentially placing patient's safety at risk as well as attempting to solve a problem that doesn't seem to exist.