

PROPONENT TESTIMONY S.B. 301 – OHIO SENATE HEALTH, HUMAN SERVICES, AND MEDICAID COMMITTEE
DR. Pamela Robinson-Pilbeam, MD

Good afternoon. Chairman Burke, Vice Chairman Beagle, Ranking Member Tavares, and members of the Senate Health, Human Services, and Medicaid Committee. I appreciate you allowing me to speak to you today as a proponent of SB 301, which is important companion legislation to HB 191, currently residing in the House Health Committee.

I am a board-certified physician anesthesiologist. I obtained a Bachelor of Science in Biology from the Ohio State University, where I also completed my Medical School training. I went on to complete my residency in Anesthesiology at Ohio State University Hospital. I worked in a very large Columbus hospital as a staff anesthesiologist for over 24 years. I am currently the Medical Director of Findlay Surgery Center in Findlay, Ohio.

I wrote a personal letter to each member of the House Health Committee on May 30, 2017 explaining the reasons why I support HB 191 and I support SB 301 for the same reasons. I have worked with Certified Registered Nurse Anesthetists throughout my career. CRNAs are fully capable, and have the needed education and training to write preoperative and postoperative orders on their patients. I do not understand why CRNAs, who have five times more clinical training hours than other Advanced Practice Nurses and much more training than physicians assistants are unable to do this today.

I believe it is in the best interests of patients that CRNAs be allowed to practice to their level of education and training. CRNAs undoubtedly have the skills to administer important intravenous, perineural and intrathecal anesthetic medications to patients, but Ohio law does NOT allow them to ask a Registered Nurse to administer medications of any kind- including Tylenol and Aspirin. We need to fix this.

No portion of SB 301 is mandatory for any facility, but it does allow flexibility in a rapidly growing healthcare environment. From a logical perspective, CRNAs should be able to order or delegate the administration of fluid, medications, and diagnostics for their patients to whom they are administering anesthesia or clinical functions. Allowing CRNAs this authority does not change a surgeon's authority or a physician anesthesiologist's authority as we are considered their physician supervisor.

SB 301 defines activities inherent in CRNA practice and scope. In the past, CRNA practice and scope were left to interpretation by the attorney general; it now requires the legislature to clarify its intent. I would like to point out that both physicians and CRNAs thought that ordering authority was inherent in their scope of practice, and CRNAs were writing orders and giving verbal orders throughout the state of Ohio. During this time, there were no clinical concerns or negative patient outcomes. I look forward to SB 301 passing and making a difference in our busy surgery center in Findlay, Ohio. I respectfully ask that you allow our medical staff at the local level to decide if our CRNAs can practice to this recognized scope.