

Dr. Tom Mark, MD
PROPONENT TESTIMONY – Sub. SB 301
Ohio Senate Health, Human Services and Medicaid Committee

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 Substitute SB 301, which is important companion legislation to HB 191, currently residing in the House Health Committee.

I am currently a board-certified physician anesthesiologist. I received my Bachelor of Science in Biology and Medical Degree from NEOUCOM, now NEOMED, in a combined BS/MD program with the University of Akron in northeast Ohio. I went on to complete my residency in Anesthesiology at the Cleveland Clinic. I stayed with the Cleveland Clinic as a staff anesthesiologist for just under 2 years before joining Summa Health Systems in Akron, where I currently work. I am the Chairman of the Department of Anesthesiology for Summa Health and the Medical Director of Process Improvement for Surgical Services as well.

Let me be clear that in my testimony, I am not a political advocate in any way for MD political groups such as the OSA or the ASA and I am not a political advocate for any CRNA political group such as the OSANA or AANA. I am here giving testimony in support of Substitute SB 301 because it supports and enables a significant improvement in patient care, increases patient safety, and would be a valuable tool for groups and facilities to improve all efficiencies organizationally.

The Anesthesia Department that I chair is a large group consisting of 12 MDs, 80 CRNAs, 3 RNs, 2 NPs, and multiple anesthesia technicians. We are a clinical training site for 2 large CRNA programs. One of the foundational pillars which I insist that we adhere to in our daily practice is to “practice at the top of your license”. While we have created an amazing culture of teamwork, Sub. SB 301 is a much needed and common-sense tool to further enable the ability for our CRNAs to practice at the top of their licenses by allowing the CRNA to help positively affect the surgical episode pre-operatively and immediately post-operatively, no different than they do in the intra-operative period. This will directly affect patient safety, improve quality care, and improve operational efficiencies. I see examples of this every day and we create processes to work around this care deficit that currently exists in our practice.

This legislation would enable a CRNA to work within the scope of practice for which they have been trained and could work more effectively in. The difference is this bill allows them to care for their patients just prior to entry through the operating doors and just after leaving those doors as they enter recovery. The practice of anesthesia should not be limited to the physical doors that our patients pass through as they progress through their surgical episode. At Summa and many other places in this state, the Department of Anesthesiology works to affect our patient’s care through the entire continuum of their surgical episode.

This bill also helps to create improved surgical services teamwork, allowing for CRNAs and RN’s to work more closely together where appropriate, again leading to improved patient care, both in quality and efficiencies. This ability to improve teamwork is critical. When all of surgical services work together as an integrated team, quality and safety are improved.

Sub. SB 301 is a very good piece of legislation which has the chance to advance patient safety and quality for this state along with creating positive savings for anesthesia departments and facilities around the state. In my opinion and by all demonstrable measures, this does not change the scope of practice by CRNAs, but instead, allows them to more completely practice within the current scope that exists. In essence, it allows them to practice closer to the “top of

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their license”. I also believe that there is nothing controversial in this piece of legislation. It truly just represents a common-sense proposal, unless politics is allowed to creep into the conversation, which should never be allowed to stand in the way of patient safety and quality care. Patient care should always come first.

Thank you for the opportunity to speak to you today and as you do the important work of considering this bill or any other piece of surgical / anesthesia legislation, I will always welcome questions, visits to our institution if it is helpful, and any other type of assistance that I can provide.