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Senate Bill 301 Sponsor Testimony
Senate Health, Human Services and Medicaid Committee
November 27, 2018

Good afternoon Chairman Burke, Vice Chair Beagle, Ranking Member Tavares and members of the Health, Human Services and Medicaid Committee.

SB 301 was drafted as Senate companion legislation to HB 191 sponsored by Rep. Anne Gonzalez, currently pending in the House Health Committee. The bill was drafted in recognition of challenges that Certified Registered Nurse Anesthetists (CRNA) face practicing and providing cost-effective, efficient, high-quality, and safe anesthesia outcomes to Ohio patients.

CRNAs are Advanced Practice Registered Nurses (APRN) that are highly educated, trained and nationally certified to deliver the full scope of anesthesia care in any setting and with all patient populations. According to the American Association of Nurse Anesthetists (AANA) 2016 Practice Profile Survey, CRNAs safely administer approximately 43 million anesthetics to patients each year in the United States.

CRNAs are not new to the medical landscape of the US. They have been providing services for roughly 150 years in every setting imaginable including traditional hospital care, dental offices, for plastic surgery, Public Health Services, and the U.S. military. Ohio is presently home to approximately 2,200 CRNAs and seven CRNA programs that are developing future generations of anesthesia providers.

In the State of Ohio today, there are three basic models of anesthesia care at work. First is the Anesthesia Care Team (ACT) model in which an anesthesiologist supervises a CRNA who administers the anesthesia. Next is the hybrid MD-CRNA model where a facility uses anesthesiologists in some cases and CRNA's in others. The final method is the all-CRNA model in which the CRNA is supervised by a surgeon while serving as the primary provider of anesthesia care, but unlike the hybrid model, no anesthesiologists are employed by the facility.

The all-CRNA model is commonly used in rural Ohio and enables healthcare facilities in these medically underserved areas to offer obstetrical, surgical, pain management and trauma stabilization services. There are over 150 of these kinds of facilities in Ohio in at least 31 of Ohio's 33 Senate districts. Like in many states, Ohio's CRNAs are the sole providers of anesthesia care in rural hospitals. However, regardless of the model used by facilities or the setting in which services are provided, CRNAs are held to the rigorous standards of care mandated by their national certification.

Recently, strict interpretations of Ohio's vague scope of practice statute by the Board of Nursing and Attorney General have restricted the practice of CRNAs. During a time when Ohio is expanding the use of APRN's, it makes little sense to stifle such an important component of the health care profession due to a lack of clarity.

SB 301 seeks to eliminate this ambiguity by clarifying the defined scope of practice for CRNAs with language that directly correlates to their education, training and national certification. In the interest of time I will not detail every function that the scope of practice entails, however it is important to note that while the bill enables a CRNA to prescribe medication in the course of their duties, it confines this ability to only those drugs being used while within the confines of the facility were care is being provided.

In closing, Senate Bill 301 clarifies Ohio's vague scope of practice laws to enable CRNAs to function as the health care professionals that they are. By ensuring that the Revised Code is clear, we enable Ohioans to better choose the providers best able to render the services they need.

Thank you for your consideration and I ask for your support of SB 301.