



The Ohio Society  
of Anesthesiologists

**Senate Bill 275 (Burke)-Certified Registered Nurse Anesthetist Scope of Practice  
Senate Insurance and Financial Institutions Committee  
Statement of Neutrality  
May 22, 2018**

Chairman Hottinger, Vice-Chairman Hackett, Ranking Minority Member Brown and members of the Senate Insurance and Financial Institutions Committee, on behalf of the Ohio State Medical Association and the Ohio Society of Anesthesiologists, we are writing to inform you that our organizations are **neutral** on the introduced version of Senate Bill 275, which expands the practice for Certified Registered Nurse Anesthetists (CRNAs).

Senate Bill 275 is the result of years of conversations and meetings among physicians, CRNAs and hospitals on whether CRNAs should select, order, and administer drugs other than anesthesia in the immediate post-operative period. Senator Burke has diligently listened to the concerns of all the parties and has crafted legislation that will expand the scope of practice for CRNAs while maintaining the team-based model of care.

Senate Bill 275 contains several key provisions:

1. Maintains the current law supervisory relationship between physicians and CRNAs;
2. Permits CRNAs to select, order and administer drugs for a patient in the immediate post-operative period in a hospital, an entity owned by a hospital and an ambulatory surgical facility;
3. Provides that the drugs selected, ordered and administered by the CRNA are from a protocol developed by the facility's medical director, nursing director and pharmacy director or its pharmacy designee;
4. Limits the drugs listed on the protocol to those drugs that treat nausea, pain or respiratory conditions related to the administration of anesthesia;
5. Prohibits CRNAs from selecting and ordering a controlled substance;
6. Permits the supervising physician, podiatrist or dentist to select and order the drugs for the patient as is done under current law if it is in the patient's best interest to do so.

It is important to note that this bill is a compromise piece of legislation and one that our organizations worked very hard to achieve consensus on. Critical to this bill is the provision allowing the supervising physician to determine that the physician, not the CRNA, will order the necessary drugs for the patient in the immediate post operative period. While CRNAs gain great flexibility to order drugs for the patient under the bill, the supervising physician may still want to order the drugs for the patient based on the type of surgery involved or the patient's acuity level.

In conclusion, we appreciate the leadership Senator Burke has shown on this issue. We believe this bill significantly moves CRNA practice forward by allowing them to order drugs pursuant to a protocol for the immediate post-operative period and to also allow them to direct others to administer drugs they have ordered during that time. While many of our association members have questioned the need for this bill as there are no documented problems with the current model of anesthesia care in Ohio, we understand the interest in moving scopes of practice forward. Senate Bill 275 maintains the important team-based model of care for patients while still expanding the scope of practice for CRNAs. Thank you for your consideration of our position.

Sincerely,



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