

Chairman Merrin, Vice Chair Manning, Ranking Member Boyd and members of the House Health Committee - thank you for the opportunity to present testimony this morning regarding HB 224 I recently introduced with joint-sponsor Representative Shane Wilkin.

Recently, I had the opportunity to visit hospitals and surgery centers, including a brand new state-of-the-art orthopedic surgery center, in my district and learned of a specific problem related to anesthesia care in Ohio. I spoke directly to physicians, anesthesiologists, and health care administrators who expressed that recent limitations on CRNA practice have led to inefficient patient care and barriers to practice for Ohio Certified Registered Nurse Anesthetists (CRNAs) - especially in the period immediately preceding and following a surgical episode or procedure.

### The Problem

Several years ago, opinions by the Ohio Board of Nursing (BON) and the Ohio Attorney General (OAG) interpreted a vague scope of practice statute for Ohio Certified Registered Nurse Anesthetists (CRNAs) that has restricted these anesthesia experts from practicing to the top of their education and training.

Specifically, the OAG opinion restricts a CRNA from ordering a medication to be administered by another health care provider because they have not been granted explicit authority to do so by the legislature. A CRNAs current scope of practice states vaguely that a CRNA may perform "preanesthesia preparation and evaluation" and perform "post anesthesia care". The problem explained to me by physicians and anesthesiologists in my district is simple: what does "preanesthesia preparation and evaluation" and "postanesthesia care" mean? There is no clarity in the current CRNA scope of practice statute for these functions.

In this instance, ordering medications directly related to the administration of anesthesia both preceding and following a surgery is a basic and inherent function of anesthesia practice. It is an example of a practice function that is consistent with CRNA education, training, national certification, and anesthesia standards of care that they are clearly qualified to perform. Preparing and evaluating a patient to receive anesthesia (anesthesia they will be directly administering to a patient) and managing a patient's anesthesia care following a surgery is precisely what they are consulted by a physician to do.

However, the current scope of practice does not explicitly state that a CRNA may "order medication directly related to the administration of anesthesia" in the Ohio Revised Code. The BON and OAG opinions construing the statute restricted CRNA practice for this reason. This means that any inherent function of CRNA practice that is consistent with their education, training, and certification, but not explicitly stated in the code, is subject to restriction.

It is important to note that the legislature never voted to restrict CRNA practice. No interest groups such as hospitals, physicians groups, or health care advocates appealed for CRNA

practice to be limited. These opinions do not address CRNA education, training and certification, or contemplate what is in the best interest of patients. Rather they were strict interpretations of the vague language in current statute.

The result of the opinions, however, is that hospitals, ambulatory surgical centers, physicians, and surgeons in my district, and across Ohio, cannot utilize CRNAs to the top of their education and training to provide the best anesthesia care possible. The bottom line is: CRNAs need a clear scope of practice.

Ultimate decisions about patient care and what is in the best interest of patients should always come first. The healthcare providers, the medical staff, and the facilities that are responsible for patient care should decide what is best for their patients; not bureaucratic opinions. It is now both timely and appropriate for the Ohio General Assembly to modernize the statute to address this issue.

## WHAT IS A CRNA AND WHAT DO THEY DO?

- Nurse anesthetists have provided anesthesia to patients for over 150 years, literally since the Civil War.
- CRNAs are Advanced Practice Registered Nurses (APRN) **that requires a doctorate degree for entry level into practice.**
- They are trained and nationally certified to deliver the full scope of anesthesia care and administration independently.
- CRNAs provide anesthesia to all patient populations, in every healthcare setting, and safely administer approximately 43 million anesthetics to patients each year in the United States.
- Ohio has over 2,200 CRNAs and there are seven accredited CRNA programs educating and training the next generation of anesthesia providers.
- **CRNAs are primary providers of anesthesia** who work directly with surgeons, obstetricians, dentists, podiatrists, and other medical professionals -- **they are not assistants to anesthesiologists.**
- They practice in every setting in which anesthesia is delivered: traditional hospital surgical suites and obstetrical delivery rooms; critical access hospitals; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, plastic surgeons, gastroenterologists, and pain management specialists; Public Health Services, Department of Veterans Affairs facilities and the U.S. military where CRNAs provide anesthesia services for front line combatants in forward surgical teams.
- **In over 150 facilities in Ohio today, including in my district, CRNAs are the sole anesthesia providers,** meaning these facilities do not employ or contract with anesthesiologists for anesthesia services. Utilizing CRNAs enables these healthcare facilities to offer obstetrical, surgical, and trauma stabilization services especially in rural and underserved urban areas of the state.
- **There is no different standard of anesthesia care based on provider or facility.** My constituents and the healthcare facilities in my district that rely exclusively on CRNAs for anesthesia adhere to the exact same standards of anesthesia as every other facility in this state.

## HOW DOES HB 224 IMPROVE ANESTHESIA PATIENT CARE?

Healthcare facilities and physicians can utilize CRNAs with a clear scope of practice as they see fit to provide anesthesia to their patients:

- Current Ohio law requires CRNAs work with the supervision and under the direction of a physician. Line 36: HB 224 makes absolutely no change to this requirement. Physician supervision and direction of CRNAs is maintained exactly as in current statute. In addition, the bill requires consultation with a physician for CRNAs to initiate anesthesia care;
- Line 60: Clarifies that pre-anesthetic preparation and evaluation (as described in current statute) includes: (a) performing and documenting evaluations and assessments including ordering and evaluating diagnostic tests and consulting with other health professionals, (b) establishing anesthesia care plans, (c) determining if planned anesthesia is appropriate, and (d) obtaining informed consent for anesthesia care;
- Line 66: maintains a CRNAs ability to administer anesthesia (as in current statute): (e) in the immediate presence of a physician, podiatrist, or dentist, select and administer anesthesia and perform anesthesia induction, maintenance, and emergence;
- Line 69: (f) Specifies that a CRNA may select, order and administer fluids, treatments and drugs – and (g) select , order, and administer pain relief therapies for conditions related to the administration of anesthesia;
- Line 73: Maintains a CRNA’s ability to (h) perform and document postanesthesia care preparation and evaluation (as in current statute);
- Line 75: (i) describes a CRNA’s ability to direct registered nurses, licensed practical nurses and respiratory therapists to assist in patient management;
- Line 84: (j) maintains CRNAs ability to perform clinical functions (as described in current statute) but ties them to the standards established for nurse anesthesia education programs adopted by Board of Nursing. And (j): order fluids, treatments, drugs and diagnostic tests to complete the clinical function.

## PRESCRIPTIVE AUTHORITY vs. ORDERING AUTHORITY

I want to be very clear about one point: HB 224 does not grant CRNAs full prescriptive authority. The bill grants CRNA ordering authority: ordering a medication to be directly administered to a patient inside of the facility while providing care. HB 224 explicitly prohibits a CRNA from prescribing a drug for use outside the facility.

INSERT ATTACHMENT #1: Ordering vs. Prescribing

Providing CRNAs ordering authority, not prescriptive authority, means no patient will leave a CRNA's care with opioids or any medication whatsoever. No health care professional is confused by this concept, and any doubt about this distinction can be addressed directly by the State of Ohio Board of Pharmacy or the Drug Enforcement Agency.

INSERT ATTACHEMENT #2: List of Prescribers

This chart shows current providers that the legislature has granted full prescriptive authority, including: Physicians, Advanced Practice Registered Nurses, and Physician Assistants. Currently absent from this list is the APRN with the most advanced pharmacological education, clinical training, and anesthesia specialization: CRNAs. This simply does not make sense.

I will turn it over to joint-sponsor, Rep. Wilkin for comments.

## HB 224 EXPANDS THE DEFINITION OF PRESCRIBERS TO INCLUDE CRNAs BUT LIMITS THEIR AUTHORITY TO ORDERING ONLY

PRESCRIBER	ORDERING Administer medicine IN the care setting	PRESCRIPTIONS Prescription pad to be administered outside of the care setting	AUTHORITY
<b>DOCTORS</b>			
Physicians	✓	✓	Current Law
Dentists	✓	✓	Current Law
Optometrists	✓	✓	Current Law
Veterinarians	✓	✓	Current Law
<b>ADVANCED PRACTICE NURSES</b>			
Certified Nurse Practitioners	✓	✓	Current Law
Clinical Nurse Specialists	✓	✓	Current Law
Certified Nurse Midwives	✓	✓	Current Law
CRNA's	✓	X	HB 224
<b>NON-DOCTOR/NON-NURSE</b>			
Physician Assistants	✓	✓	Current Law

CRNAs are added to the definition of prescribers, "but only to the extent of the nurse's authority under division (B) of section 4723.43 of the Revised Code."—Lines 286-290.

Section 4723.43 (B)(2) states, "Division (B)(1) of this section does not authorize a certified registered nurse anesthetist to prescribe a drug for use outside the facility or other setting where the certified registered nurse anesthetist provides care."—Lines 94-97.

HB 224 includes CRNAs in the list of PRESCRIBERS,  
but limits their authority to ORDERING.  
They are prohibited from writing PRESCRIPTIONS.

## ORDERS - YES

For immediate administration  
to patient IN the facility



## PRESCRIPTIONS - NO

For use by patient OUTSIDE the facility

Sec. 4723.43 (B)(2) states, "Division (B) (1) of this section does not authorize a certified registered nurse anesthetist to prescribe a drug for use outside the facility or other setting where the certified registered nurse anesthetist provides care."

