Opponent Testimony

Ohio House of Representatives

Health Committee

House Bill 224-Expand Scope of Practice for Certified Registered Nurse Anesthetists

June 11, 2019

Paul Wojciechowski, MD Ohio Society of Anesthesiologists

Chairman Merrin, Vice-Chairman Manning, Ranking Minority Member Boyd and members of the House Health Committee, my name is Dr. Paul Wojciechowski. I am a current board member and past President of the Ohio Society of Anesthesiologists and a practicing physician anesthesiologist in Ohio. Thank you for taking the time to listen to my testimony on House Bill 224. The Ohio Society of Anesthesiologists opposes House Bill 224 in its current form as it moves Ohio from a safe and predictable anesthesia model of care to a model of care that is vague, open to interpretation and will ultimately cause confusion that impacts patient care.

I work with certified registered nurse anesthetists (CRNAs) and respect their role in providing anesthesia care to patients in the team-based of model of care. In the team-based model, CRNAs are supervised by a physician, who may or may not be an anesthesiologist, or they can be supervised by dentists or podiatrists in the appropriate setting. As patients are extremely vulnerable during the surgical period, it is important to have a team in place ready to respond to <u>any</u> situation that may arise. As the head of the surgical team, physicians are responsible for ordering the drugs, diagnostic tests, treatments and fluids for patients during this critical period. You may think the bill before you will only impact minor surgical procedures but it does not –*every surgery for every patient of every age and health care status could be impacted by this bill.* As a result, the details matter and this bill lacks many of them.

If there are problems with Ohio's model of providing anesthesia care and patients are adversely impacted, we want to address the situation with you and be part of any solution. In looking at specific provisions of the bill, many questions arise that will create confusion amongst health care professionals trying to interpret the statute. You have heard that the bill expands the scope of practice for CRNAs by authorizing them to order (prescribe) drugs, diagnostic tests, treatments and fluids for patients but the bill does not specify what these are, when they can be ordered or for what conditions. The bill does not address any time frame for ordering under

the expanded scope. Without specificity or direction in the statute, the interpretations will widely vary and confusion will occur. This is not safe anesthesia care.

The time before, during and after surgery can be treacherous for patients. Physician involvement during all phases of surgical and anesthesia care, especially when it comes to prescribing medications, is critical for maintaining patient safety and optimal outcomes. Patients come to surgery in all states of health, including patients with acute health care needs and a vulnerable senior population This underscores the need for clarity and specificity. We recognize that supervision of CRNAs is currently in the bill for the expanded scope of ordering drugs, tests, treatments and fluids for patients. However, there are no parameters established in the bill for the physician supervising the ordering of drugs, tests, treatments and fluids by the CRNAs. Is the supervising physician required to be in the facility when the CRNA is ordering drugs for the patient? Can the supervision occur remotely? We are aware that the CRNAs testified in April before the Board of Nursing Advanced Practice Registered Nursing Advisory Committee that they may have between 50-100 different supervising physicians. This statement alone should give the committee pause as to what you may believe the bill intends and how it will actually be implemented. The confusion that will result is staggering. Why do we want to put an uncertain system in place over a certain, safe and predictable model that currently works?

Even more confusing is the language in the bill permitting CRNAs to order drugs, diagnostic tests, treatments and fluids while performing "clinical functions." The bill states that CRNAs may perform clinical functions that are either specified in clinical standards established for nurse anesthetist education programs or completed pursuant to a physician consultation**.** The bill then goes on to state that CRNAs may order drugs, treatments, fluids or tests, and evaluate the results of the tests, all while performing these clinical functions. Interestingly, ordering drugs, tests, treatments and fluids for the patient is **not** tied to any conditions related to the administration of anesthesia. This begs the question as to what exactly the CRNAs are trying to accomplish through the broad prescribing authority and what areas of practice they are trying to enter through this language. If the bill does not provide specificity on what clinical functions the CRNAs want to perform and order drugs, tests, treatments and fluids for and where in the facility these clinical functions are performed, the interpretations will again widely vary and lack consistency across the state.

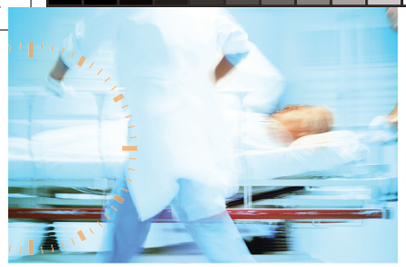
I also turn your attention to the language in the bill which states that CRNAs cannot prescribe a drug for use outside of the facility or other setting where the CRNA provides care. It is important to point out that while the bill would permit CRNAs to prescribe drugs for patients in the facility, the CRNA is not required to even be with the patient or in the facility when prescribing drugs, tests, treatments or fluids for the patient. The bill can certainly be interpreted to permit the CRNA to call in drug, test, treatment or fluid orders for patients from outside the facility. Keep in mind

that many CRNAs are not employees of a facility. They are independent contractors who often travel between different facilities to provide services. Given that the CRNAs indicated in an interested party meeting last General Assembly that they would like the flexibility to call in orders, there is nothing in the bill preventing them from doing so. As neither the supervising physician nor the CRNA is required to be in the facility when the CRNA is ordering drugs for the patient, how are we making patient care better or safer? The details matter and the complete lack of them in the bill will create confusion and jeopardize patient care.

I want to touch briefly on the education between a CRNA and an anesthesiologist as it has been brought up in a previous hearing. I have attached for you a document which outlines the difference in education between a CRNA and anesthesiologist. Despite claims to the contrary, there are significant educational differences. In addition, anesthesiologists cannot get their medical degrees through online educational programs. You can google CRNA schools with online programs to see the vast number that exist and the requirements in each. Some only require students to meet on campus 2-3 times per semester, some include coursework through podcasts and some can be completed in a much shorter period of time than others. This is far different from a medical education. I'll also quickly note that the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) in February of this year relaxed standards for the CRNA recertification program, including the ability to be assessed either remotely in the comfort of their home or place of choosing or a testing center. Relaxing recertification standards while seeking an expanded scope of practice is not prudent.

In closing, I question how this bill will improve patient care in Ohio. Consumers facing surgery are not asking for this bill and, quite frankly, they deserve better than the system this bill will create. While it may allow the CRNAs to practice in areas we can only imagine, it does nothing to improve anesthesia care in this state.

Thank you for your consideration. I will be happy to answer any questions you may have.





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Nurse Anesthetists

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Nurse Anesthetists

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1061 American Lane • Schaumburg, IL 60173-4973 • (847) 825-5586 • Fax: (847) 825-1692
1501 M Street, N.W. • Suite 300 • Washington, D.C. 20005 • (202) 289-2222 • Fax: (202) 371-0384 • www.asahq.org