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Senate Bill 61
Senate General Government and Agency Review Committee
Chairman Schuring
Sponsor Testimony - Senator Dave Burke
April 3, 2019

Chairman Schuring, Vice Chair Rulli, Ranking Member O'Brien, and members of the Senate General Government and Agency Review Committee, thank you for allowing me to speak to Senate Bill 61. This bill would allow Certified Registered Nurse Anesthetists (or CRNAs) to select, order, and administer drugs other than anesthesia, and to direct other licensed individuals to administer drugs other than anesthesia in the immediate post-operative period.

About 10 years ago, there was confusion among the Ohio Board of Nursing about whether or not CRNAs had the authority to select, order, or administer drugs other than anesthesia or if they were allowed to direct other licensed professionals to administer drugs other than anesthesia in the immediate post-operative period. As a result of this confusion, the Ohio Attorney General's office released an opinion which stated that CRNAs were not permitted to do this under current law. This inability to select, order, and administer drugs other than anesthesia has led to inefficient and more expensive patient care across the state.

I have been actively meeting with interested parties on this subject since 2011 and as a result of those meetings, have come to what I believe is a reasonable solution to the original problem. This bill assures that quality care will continue to be delivered to patients in an effective and efficient manner. It will increase promptness of care and allow for a more streamlined delivery of care

This legislation creates specific perimeters under which CRNAs may select, order, and administer drugs other than anesthesia or direct other licensed professionals to administer drugs according to a protocol. This proposal is permissive in its structure; institutions may choose whether or not they would like to implement this practice.

The bill states that the CRNA may select, order, and administer drugs or order another licensed professional to administer certain drugs *only* in the immediate post-operative period, because this is when these drugs are needed to treat side effects of anesthesia.

Additionally, the medical director, nursing director, and pharmacy director or consulting pharmacist of each institution that chooses to implement the use of these perimeters must create a protocol that outlines the specific drugs that may be selected, ordered, and administered by CRNAs in the immediate post-operative period. This protocol is left up to each institution to design and decide which, if any, drugs CRNAs would be allowed to select, order, and administer.

The original draft of this legislation required the supervising physician, podiatrist, or dentist to develop this protocol, but after discussing this concept with Dr. Andrew Thomas, the Chief Medical Officer of the Ohio State University Wexner Medical Center, and hearing concerns from the Ohio State Association of Nurse Anesthetists, we decided that it would be more appropriate if the protocol was determined by the medical director, nursing director, and pharmacy director or consulting pharmacist of each institution.

Furthermore, the bill explicitly prohibits the CRNA from selecting, ordering, and administering or ordering another licensed professional to administer controlled substances. This exception was placed in the bill in order to alleviate any concerns that allowing CRNAs to select and order certain drugs may contribute to the opioid crisis currently impacting Ohio.

One major concern that was expressed to our office by the Ohio Society of Anesthesiologists was that CRNAs do not possess the skillset to perform these actions. I brought that concern to the Ohio State University's College of Pharmacy and requested that the training of CRNAs be evaluated with regards to the bill draft to determine if this concern is valid. The Dean of the College of Pharmacy, Henry Mann, worked with four senior faculty members from the College. They provided us with very thorough feedback of the training CRNAs undertake and the conclusion that CRNAs possess the medication use training necessary for the activities covered in the bill.

Building a collaborative agreement between anesthesiologists and CRNAs will ultimately benefit patients by allowing more well-trained and licensed individuals to provide care.

Thank you again for your time and consideration of Senate Bill 61. I would be happy to answer any questions you may have at this time.