

Testimony of:

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Supporting S.B. 61

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Chairman Schuring, Vice Chairman Rulli, and Ranking Member O'Brien, thank you for the opportunity to present proponent testimony in support of Senate Bill 61, introduced by Senator Dave Burke.

Senator Burke's legislation would authorize a certified registered nurse anesthetist (CRNA) to select, order, and administer drugs other than anesthesia in the immediate post-operative period, under certain conditions. The Ohio State University Wexner Medical Center (OSUWMC) appreciated the opportunity to provide input as the sponsor drafted the first version of this legislation last General Assembly. We believe one of the most important components of this legislation is the flexibility for institutions and physicians to work with CRNAs to determine, based on a CRNA's experience and the complexity of a patient case, the best delivery of care.

One of the nation's leading academic medical centers, OSUWMC offers healthcare services in virtually every specialty and subspecialty in medicine. Thousands of patients come to us each month for treatments and services they cannot find anywhere else. We are dedicated to improving health in Ohio and across the world through innovation in research, education and patient care.

CRNAs are one of five advanced practice providers serving at OSUWMC and function as integral members of patient care teams. The teams provide patient care and supportive services that are directed toward the achievement of quality patient care outcomes, improvement of service levels, reduction in length of hospitalizations and reduction of cost.

The CRNA is a registered, professional advanced practice nurse who demonstrates excellence in all areas of anesthesia practice including but not limited to anesthesia case management, staff education and clinical research. CRNAs actively collaborate with anesthesiologists, surgeons, and other nursing personnel at our institution to manage complex, unpredictable anesthesia situations. They must be competent in technical and interpersonal skills required to serve those patients receiving anesthesia care and services. CRNAs practice within the Medical Center, anesthesia, and nursing standards of practice.

Senator Burke's legislation would provide additional flexibility to hospitals to manage their patient anesthesia needs in the way that works best for each facility. The medical staff of each hospital or

ambulatory surgical facility would grant the nurse appropriate clinical privileges to meet patient care needs and as best fits its patient care model. Each facility's medical, nursing, and pharmacy directors would develop a protocol to identify which drugs other than anesthesia the CRNA may select, order, and administer to treat nausea, pain, or respiratory conditions related to the administration of anesthesia, and would specify procedures to be followed by the nurse under the protocol. Importantly, protocols could not allow a CRNA to select and order a controlled substance. In addition, if a supervising physician determines it is not in his or her patient's best interest for a CRNA to utilize this new authority, a CRNA is prohibited from doing so.

We support allowing each facility to determine the best way to provide patient care that utilizes the skills and knowledge of the CRNA and ensure appropriate team-based interaction between the CRNA and physicians in the anesthetic care of each patient. We appreciate that the bill does not create a one-size-fits-all standard, since large quaternary care centers like OSUWMC may have different needs and patient care models than a small, rural hospital that relies solely on the anesthesia care provided by CRNAs.

We believe this legislation is a strong step forward in promoting team-based models of care. I commend Senator Burke for introducing this legislation and encourage the committee to support SB 61.

I am happy to answer any questions the committee may have.