**Representative DJ Swearingen**

**HB 318 Testimony**

Chairman Lipps, Vice-Chair Holmes, Ranking-member Russo, and members of the Health Committee; thank you for the opportunity to testify today on House Bill 318. The bill would enact changes to Chapter 4760 of the Revised Code, which governs the practice and oversight of CAAs.

These changes would mainly allow CAAs to practice at the top of their training and education by expanding their scope of practice for certain pre- and post-operative tasks. Currently, these tasks must be performed at the direction of a supervising physician anesthesiologist. This requirement often creates a burdensome process of unnecessary paperwork, sometimes completed after the task has been completed. With the expanded scope of practice authorized by the bill, supervision will still be required but CAAs would be allowed to undertake these tasks provided a patient gives informed consent.

The expanded scope of practice would allow CAAs to do the following: preform pre- and post-anesthetic preparation and evaluation, including other functions in the written practice protocol; perform and document evaluations and assessments, including ordering diagnostic tests; as necessary for patient management and care, to select, order and administer treatments, drugs and IV fluids related to the administration of anesthesia; and, as necessary for patient management and care, directing RNs, LPNs and respiratory therapists to provide supportive care or administer treatments related to the administration of anesthesia.

This bill is needed for several reasons. First, it modernizes the CAA scope of practice language to reflect current practices. These tasks are currently being performed, and this bill provides clear legal authority that such practices are safe and proper. This modernization is necessary to reflect the evolution in the practice since Chapter 4760 was first enacted 21 years ago. Ensuing licensed medical professionals practice in a manner consistent with their statutory authority should be a priority.

Second, changes to the Certified Registered Nurse Anesthetist (CRNA) scope of practice adopted last General Assembly by HB 197 has created confusion in those settings where CAAs and CRNAs work side-by-side. Under the Anesthesia Care Team (ACT) model, CAAs and CRNAs provide the same functions. This is supported by the conclusion in the American Academy of Anesthesiologist October 2017 *Statement Comparing Anesthesiologist Assistant and Nurse Anesthetist Education and Practice* that:

> Differences do exist between anesthesiologist assistants and nurse anesthetists with regard to the educational program prerequisites, instruction, and requirements for supervision in practice as well as maintenance of certification. These are the result of difference routes that the two professions took toward development, and the stated preference of anesthesiologists to work exclusively on teams with physician

anesthesiologists. **None of these differences, in the opinion of the [ASA], results in significant disparity in knowledge, technical skills, or quality of care.**

This bill would resolve the confusion by ensuring parity in scope of practice between CRNAs and CAAs. It is also consistent with the treatment of CAAs and CRNAs and equivalent providers by CMS.

Finally, this bill would not make any changes to the fundamental relationship between CAAs and the supervising anesthesiologist. It will not allow CAAs to practice under any physician other than an anesthesiologist, which is a core component of the profession and their training and the major practice difference between CAAs and CNRAs. It will not remove the requirement of immediate supervision, or allow "independent" practice by CAAs.

I encourage you to support this bill and move it to the House Floor. I will answer any questions you may have.