HB 318 (Plummer, Swearingen) Anesthesiologist Assistants
Proponent Testimony
May 31, 2022

Thank you Chairman Lipps, Vice Chair Holmes, Ranking Member Liston and members of the House Health Committee for the opportunity to testify in support of Substitute House Bill 318 for a second time. I am Zachary Barsman, CAA and the Immediate Past President of the Ohio Academy of Anesthesiologist Assistants My testimony today will focus on the changes to the Sub Bill the Committee accepted.

As a reminder, the intention of this bill is to update the 22 year old legislation governing our practice as well as to maintain a general scope of practice parity between certified anesthesiologist assistants and nurse anesthetists. The adoption of Amended Substitute House Bill 197 in 2020, created a disparity in scope of practice between these two groups. This has resulted in confusion at hospitals where both groups work side by side, performing interchangeable duties under the medical direction of a supervising physician anesthesiologist, as well as creating an unfair advantage in the job market for nurse anesthetists. We want to ensure that CAAs can work to the fullest extent of our licensure and training, while ***always*** working under the direct supervision of a physician anesthesiologist.

The changes made in this version of the sub bill are intended to address concerns raised by committee members and clear up the confusion the last draft created. These changes are as follows: Removing the definition of "direct supervision and in the immediate presence" and maintaining it within the Ohio Administrative Code (OAC). This change was originally offered to address concerns raised by the CRNAs at the initial IP meeting. However, because CRNAs continue to oppose the bill, we believe this definition is best left in the OAC. And more importantly, wherever the definition exists, CAAs will be required to practice under the medical direction of a supervising anesthesiologist

- Add back in the requirement that the supervising anesthesiologist be a "physician who is actively engaged in the clinical practice of medicine". The original removal of this language was an LSC change, and both Rep. Liston and OSA have requested it be maintained
- Add clarifying language to ORC 4760.09(B) that activities CAAs are authorized to engage in can only be done if the supervisory requirements are met. This has always been the intent of the legislation, and we believe this change helps enforce that fact.
- Add the word "assist" to ORC 4760.09(B)(1). While nothing in the bill our current law would allow a CAA to independently develop and/or implement an anesthesia care plan, assist is being added to make that abundantly clear.
- Add language in ORC 4760.09 restricting the prescriptive authority for use only in a health care facility setting. This will clarify that CAAs cannot write prescriptions for a patient to take home.

Taken together, we believe these changes reinforce the core intent and purpose of the legislation – to ensure all midlevel anesthesia providers working under the medical direction of a supervising anesthesiologist are able to engage in the same activities and practice at the highest level of their education and training.

To understand why this is important, you need to understand the extent to which CAAs and CRNAs work together and collaboratively. If you were to walk through the operating rooms in the major academic centers at Ohio State University's Wexner Medical Center, University Hospitals Cleveland Medical Center, MetroHealth Medical Center, University of Toledo, Miami Valley Hospital or Dayton, Cleveland Clinics' regional hospitals, as well as many other smaller hospitals around the state, you wouldn't be able to tell the difference between the CAAs and CRNAs providing anesthesia care.. You would see a physician anesthesiologist directing up to 4 midlevel practitioners in 4 different operating rooms. The CAA and CRNA would have the same credentials and privileges. The job they would be doing would be identical. We are only asking that the legislation governing that practice be equivalent. We are not asking for independence from physician anesthesiologist led care. Nothing in HB 318 would change the fact a CRNA can be supervised by any physician, from an anesthesiologist to a dentist or podiatrist, while ensuring CAAs will NEVER practice without an anesthesiologist's involvement.

In January of 2023, Ohio Dominican University will open a new CAA Master's program affiliated with University of Cincinnati's school of medicine. That will join Case Western Reserve University's program as well as NEOMED's which affiliated with Ohio State University's school of medicine. We will be graduating between 60 and 70 new CAAs every year, many of whom would opt to stay and work in Ohio if possible. The job market is very competitive nationally and if we want to retain these medical providers, we need a fair system that minimizes barriers to employment and utilization of CAAs. Many other states already allow for the practice we are proposing in this bill. The Ohio Society of Anesthesiologists has been involved in every stage of the drafting of this bill, and they are satisfied with the language. We've made sure to include language which is clear in maintaining physician anesthesiologist involvement in every aspect of care we provide. Please help us achieve our goal and continue our 52 year tradition of providing safe anesthesia care for our patients here in Ohio. Thank you again for your time and please consider voting yes on HB 318.