Ohio's 54th House District

Norwalk | Willard | New London

Wellington | Grafton | Oberlin

Vermillion | Monroeville

South Amherst | Lagrange

Contact Our Office

77 S. High Street

Columbus, Ohio 43215

(614) 466-9628

Rep54@ohiohouse.gov

State Representative Kellie Deeter

54th House District

Chair Schmidt, Ranking Member Somani, and members of the House Health Committee:

Thank you for the opportunity to provide sponsor testimony on Substitute House Bill 52, which modernizes the language in the Ohio Revised Code for Certified Registered Nurse Anesthetists (CRNAs)**.**

I am dually board certified as a nurse practitioner and nurse anesthetist, and I hold a Doctorate in Nursing, which is now the entry-level degree required to practice as a CRNA. I've practiced anesthesia specifically for 18 years across all models of anesthesia care in Ohio—urban and rural, as both a sole provider and as part of a care team. I have a unique perspective regarding how the statute initiated 106 years ago effects practice and patient care.

CRNAs are one of four Advanced Practice Registered Nurses (APRNs) in Ohio, delivering every type of anesthesia, for every type of surgery or procedure, in every setting, across all patient populations and acuity levels. In many rural facilities, critical access hospitals, ambulatory surgery centers (ASCs), and obstetric units—while always working collaboratively with physicians, dentists, or podiatrists—CRNAs are often the only credentialed anesthesia providers, ensuring access to vital surgical, obstetrical, and trauma stabilization services.

CRNAs have served as primary anesthesia providers since 1919, when the Ohio Legislature first recognized and codified anesthesia as the practice of nursing. That original statute was vague, with very few updates over a century leaving some ambiguity, undefined terms, and statutory language subject to interpretation. In 2013, the Ohio Attorney General concluded that the CRNA nurse practice act was *NOT* explicit and needed clarification. While efforts were underway to address this, they were interrupted by the COVID-19 pandemic. A portion of that work and clarification was included in the emergency covid relief legislation. Sub. HB 52 completes that unfinished work.

CRNAs are the predominant anesthesia providers nationwide and in Ohio, with 3,000 Ohio licensees working in collaboration with surgeons, dentists, podiatrists, and physician anesthesiologists. According to CMS and Ohio Medicaid billing data:

- **37%** of anesthetics in Ohio are delivered by CRNAs as sole providers for surgeons, dentists and podiatrists
- **53%** of anesthetics in Ohio are delivered in care teams, meaning CRNAs and physician anesthesiologists working together
- **Combined, 90%** of anesthetics in Ohio are administered solely or in part by CRNAs

While large independent research studies have confirmed that all models of anesthesia care deliver equally safe, effective outcomes – actuarial science and actual determination of risk related to

anesthesia providers underscores this point**.** There is ONE standard of care in anesthesia, met exclusively by both CRNAs and physician anesthesiologists—whether practicing together or independent of one another.

Sub. HB 52 does not expand CRNA practice—it explicitly recognizes and clarifies it. The bill:

1. **Modernizes and streamlines the CRNA statute**
   By consolidating the labyrinth of CRNA practice authority currently scattered across four sections of the Revised Code into a single, clear section aligned with CRNA education, training, and national certification. It does so while preserving the authority of collaborating physicians and healthcare facilities to define CRNA authority locally—nothing in the bill removes that discretion.

2. **Provides a clear and consistent regulatory framework**
   The current code uses ambiguous, undefined terms. For instance, "supervision" is defined as "direction," but "direction" is not defined. Sub. HB 52 replaces these unclear terms with "collaboration" and provides a precise and meaningful definition. It retains the requirement for "physical presence" during key phases of anesthesia care and **defines** what that means in terms of distance, which is not currently done.

3. **Maintains physician-led care**
   Anesthesia is an adjunct to surgical or obstetrical care overseen by the admitting physician. Sub. HB 52 codifies that CRNAs may only practice within their scope upon the request—verbal or written—of a collaborating physician, dentist, or podiatrist. The bill also makes clear that both the healthcare facility and the collaborating provider determine CRNA practice activities consistent with their training, education and delineation of privileges, without mandating or altering any model of care.

To reach this point, I've met individually with multiples stakeholder groups and held joint interested party meetings. These discussions have resulted in five bill drafts and the current substitute version, which reflects consensus and, in all cases, neutrality or support from all groups.

During proponent and interested party testimony, you will hear directly from these stakeholders. You'll also learn about CRNA education, anesthesia care models, facility credentialing, and how CRNA privileges are granted in practice.

Thank you for your time and consideration of this important legislation. I welcome your questions.