

Proponent Testimony on Substitute House Bill 52

**Dr. Russ Churchwell, Chief Medical Officer Kettering Network Soin & Greene Hospital,
System Anesthesia Director TeamHealth Anesthesia
Ohio House Health Committee**

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

Thank you for the opportunity to testify in support of Substitute House Bill 52.

My name is Dr. Russ Churchwell, and I am a physician anesthesiologist, Chief Medical Officer of Kettering Health Network's Soin and Greene Hospitals, and System Medical Director for TeamHealth Anesthesia. Kettering Health is a faith-based, nonprofit health system serving western Ohio. Since 2017, I've held successive leadership roles within our anesthesia department, including Facility Medical Director at Kettering Health Hamilton and Director of Anesthesia at Kettering Health Dayton. In addition to clinical care, I also play an active role in training physician residents and student nurse anesthetists in a hospital-based teaching environment.

At Kettering Health, our anesthesia team provides care across a wide range of surgical specialties, including general, orthopedic, gynecologic, vascular, and cardiothoracic procedures. We use all models of anesthesia delivery—from physician-CRNA teams to CRNAs practicing as the sole anesthesia providers in collaboration with surgeons. Regardless of the model, our guiding principle is teamwork built on mutual respect, clinical excellence, and collaboration.

CRNAs are essential to our system, particularly as we serve both urban and rural populations across 9 hospitals, 14 medical centers, and 120 outpatient sites. They are often the primary anesthesia providers in our rural locations, where recruiting and retaining qualified anesthetists can be a challenge. The workforce shortage is real—driven by provider burnout, an aging workforce, training bottlenecks, and rising surgical demand. These pressures affect timely care delivery, particularly in underserved regions.

Substitute House Bill 52 offers a long-overdue update to Ohio's CRNA statutes, aligning state law with modern clinical realities. Current statutory language is outdated, fragmented across four separate code sections, and relies on the undefined and unhelpful terminology. It offers no clarity of roles, responsibilities, or authorities—hindering our ability to deploy CRNAs efficiently and safely. We have had to rely on legal interpretations of the CRNA code to help guide practice among our anesthesia workforces. Our providers and facility administrators would greatly appreciate a concise regulatory structure and defined scope.

HB 52 addresses this by consolidating CRNA scope of practice into a single, coherent section of the Revised Code. It establishes clear regulatory authority, requires a

collaborative relationship with physicians, dentists, or podiatrists, and affirms physician-led control over patient care. Importantly, it does not mandate changes to existing practice models, nor does it expand the scope of CRNA practice. Rather, it reinforces the collaborative, team-based care we already provide and depend on.

This bill strengthens patient safety, supports workforce flexibility, and respects both the training of CRNAs and the clinical leadership of physicians. By modernizing our statutes, we can better meet the growing demand for anesthesia services across Ohio—without compromising quality or access.

Thank you for the opportunity to provide testimony in support of HB 52. I welcome your questions.