

**Proponent Testimony on Substitute House Bill 52
Sonya Selhorst, President, Mercy Health – Defiance Hospital
Ohio House Health Committee**

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Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee thank you for the opportunity to testify in support of Substitute House Bill 52.

My name is Sonya Selhorst, and I serve as President of Mercy Health – Defiance Hospital. I speak today on behalf of my hospital and Bon Secours Mercy Health (BSMH), one of the largest health systems in Ohio that includes 21 hospitals across the state.

As a registered nurse with a career in clinical practice and executive leadership—including roles as Chief Nursing Officer and Chief Operating Officer—I have seen firsthand the critical role Certified Registered Nurse Anesthetists (CRNAs) play in providing safe, high-quality anesthesia care, especially in rural communities like mine.

At Mercy Defiance, like many other facilities in Ohio, CRNAs are the sole credentialed anesthesia providers. Our CRNAs collaborate directly with surgeons to deliver care across the full anesthesia spectrum—including surgical cases, trauma stabilization, emergency procedures, clinical functions, and acute surgical pain management.

Despite meeting the same clinical standards as physicians, Ohio’s current statutory framework makes it difficult for us to use CRNAs to the full extent of their education, training, and board certification. The law is outdated, contains a fragmented regulatory structure across multiple code sections, and lacks clarity around their scope of practice. This creates operational inefficiencies and unnecessary barriers to care in facilities like ours.

For example, currently our administration and medical staff must rely on legal interpretation and an analysis of four separate code sections to determine what CRNAs can do as part of their scope of practice. A CRNA can currently order pre-op fluids for an epidural in the surgery department, but not in the OB department for labor. CRNAs can order a chest x-ray to verify placement of a central access vascular device if they perform it in the surgery department, but not if it is done separately or in another department. We believe all CRNA lawful activities should be combined into one section and governed in the exact same manner – as outlined in Sub. HB 52. This type of clinical and operational inefficiency can be addressed without creating the unnecessary and often costly workarounds we currently employ by the uniform regulatory structure proposed in the bill.

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Sub. HB 52 modernizes the law by consolidating CRNA scope into a single code section and establishing a clear, collaborative, and physician-led relationship with physicians, dentists, and podiatrists—reflecting the team-based model we already use. Importantly, the bill does not mandate any changes to existing hospital practices. It simply enables each facility, through its own credentialing and privileging process, to make informed decisions about how to best use CRNA expertise.

To be clear: granting privileges under this bill would still follow Mercy Health's rigorous credentialing process, which includes verification of education, licensure, references, clinical experience, and board certification. Each individual privilege is then granted based on those steps and are consistent with clinical practice at our facility. We wouldn't offer surgical privileges to a provider if we didn't provide surgical services, for example. Every CRNA is reviewed by our credentialing committee and medical staff leadership before final approval by our governing board, ensuring proficiency, including both adult and pediatric care. Sub. HB 52 affirms and preserves this local control.

By removing outdated barriers, this legislation empowers hospitals—especially in rural areas—to meet rising surgical demand, respond to workforce shortages, improve operational efficiency, and continue delivering high-quality, cost-effective anesthesia care.

Bon Secours Mercy Health previously submitted a letter of support for this bill, and we urge your support of this commonsense, clinically grounded legislation.

Thank you for your time and consideration, and I am pleased to answer any questions you may have at this time.