THE BUCKEYE INSTITUTE

Expanding Ohio's Supply of Medical Providers

Interested Party Testimony
Ohio House Health Committee
Ohio House Bill 52

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June 11, 2025

As Prepared for Delivery

Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the Committee, thank you for the opportunity to testify on the policies in **Ohio House Bill 52**.

My name is Greg R. Lawson, I am a research fellow at **The Buckeye Institute**, an independent research and educational institution—a think tank—whose mission is to advance free-market public policy in the states.

As Ohio's population ages its need for medical care will continue to increase. Although technological improvements in artificial intelligence (AI) and telehealth can meet some of the rising demand, more human medical providers are needed to meet Ohio's healthcare needs. The American Society of Anesthesiologists has already called the shortage of anesthesiologists a crisis and has suggested **several solutions**, including the expanded use of AI and increasing residency positions. More broadly, medical provider shortages can be especially acute outside of urban and suburban areas. Fewer care providers lead to rising medical costs and a limited or reduced range of services.

House Bill 52 will ease the pain of some care provider shortages by allowing certified registered nurse anesthesiologists (CRNA) to practice to the full extent of their medical training and collaborate with physicians. Currently, Ohio requires CRNAs to practice under the supervision of a doctor, even if the doctor is not a physician anesthesiologist. This bill will remove the onerous aspects of supervision and rely more on consulting agreements between CRNAs and physicians. Such teamwork is widely practiced in other fields and has helped modernize treatment. Most states have abandoned the more restrictive supervisory model and already allow CRNAs to practice to the full extent of their training and team with physicians to provide care.

The Federal Trade Commission (FTC) has warned against supervisory agreements that restrict nurses from using their full training, **noting** that "expert bodies have concluded that ARPNs [Advanced Practice Registered Nurses] are safe and effective as independent providers of many healthcare services within the scope of their training, licensure, certification, and current practice." The COVID-19 pandemic confirmed the experts' opinion. The U.S. Department of Veterans Affairs and nearly a dozen states suspended their collaborative supervision requirements for CRNAs during the pandemic. Several states permanently lifted the requirement so CRNAs could fill important gaps in the provider network.

A **California study** surveyed anesthesiologists after the state removed its supervisory requirements for CRNAs in Medicare. Anesthesiologists reported no change in work hours but a statistically significant change in how they worked. These doctors report spending more time inside and less time outside the operating room, meaning that patients received more direct contact with the doctor when most needed.

House Bill 52 defines a collaborative relationship with physicians, replacing the vague and outdated "supervisory" requirement. This change promotes team-based, physician-led care and aligns Ohio's law with current clinical practice. House Bill 52 will clarify Ohio's regulation of CRNAs, expand their authorization to practice, and help meet Ohio's growing medical needs.

Thank you for your time and attention. I would be happy to answer any questions that the Committee might have.

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