

## **Proponent Testimony on Substitute House Bill 52**

### **Ohio Senate Health Committee**

**October 22, 2025**

Chair Huffman, Vice Chair Johnson, Ranking Member Liston, and members of the Ohio Senate Health Committee — thank you for the opportunity to testify today in strong support of Substitute House Bill 52.

My name is Angela Milosh. I am a Certified Registered Nurse Anesthetist, or CRNA, the director of one of Ohio's nine nurse anesthesia educational programs, and a member of the government relations committee for the Ohio State Association of Nurse Anesthetists, representing more than 3,000 licensed CRNAs across Ohio.

As a program director, I oversee the rigorous educational journey that transforms experienced critical care nurses into CRNAs. To even apply, a nurse must hold a Bachelor of Science in Nursing, be licensed as a registered nurse, and have at least one year — and often three or more — of experience managing critically ill patients in high-acuity settings.

Once accepted, students enter a demanding, accredited doctoral program that combines advanced coursework with extensive hands-on clinical training. This education ensures they are fully competent in every aspect of anesthesia care: preoperative evaluation, anesthetic selection and administration, intraoperative management, postoperative recovery, and complication management. CRNAs are trained to care for patients across the entire lifespan — from premature newborns to frail elderly adults — and across every type of procedure, from routine surgeries to complex transplants.

What's important to understand is that CRNA educational standards are not tied to any one anesthesia delivery model. Instead, they prepare providers for the full scope of anesthesia care, inside and outside the operating room — from labor epidurals and nerve blocks to emergency airway management and trauma care. After completing their doctorate, every CRNA must pass a national board certification exam to practice and maintain ongoing competency through continuing education and assessments by the National Board on Certification and Recertification of Nurse Anesthetists. And beyond national standards, every facility where a CRNA applies to practice must verify individual proficiencies through a formal delineation of privileges process.

Ohio has recognized anesthesia as part of the practice of nursing since 1919 — even before the 19th Amendment granted women the right to vote. Over the past century, healthcare has advanced dramatically, and CRNAs have evolved right alongside those changes. Unfortunately, the Ohio Revised Code has not kept up, leaving us with outdated and often ambiguous language that no longer reflects how modern anesthesia care is delivered.

Substitute House Bill 52 is a thoughtful modernization of CRNA statutes. It clarifies CRNAs' collaborative role with physicians, podiatrists, and qualified dentists; aligns statutory scope of practice with the education and national board certification CRNAs already meet; and codifies

clear, consistent oversight by healthcare facilities and collaborating providers. Importantly, this bill does **not** expand CRNA scope of practice — it updates the terminology to reflect today’s clinical realities while preserving the physician’s leadership role and supporting healthcare systems in addressing today’s workforce challenges.

We sincerely appreciate the collaboration of stakeholders such as the Ohio State Medical Association and the Ohio Society of Anesthesiologists in helping craft balanced, patient-centered policy. Substitute House Bill 52 recognizes the depth of CRNA education and training, modernizes outdated statutes, and supports Ohioans’ access to safe, high-quality anesthesia care.

Thank you for your time and consideration. I would be happy to answer any questions.