



THE OHIO SOCIETY OF ANESTHESIOLOGISTS INC.

November 19, 2025

Ohio Senate Health Committee

HB 52 Interested Party Testimony

Dr. Keith Roller, President, Ohio Society of Anesthesiologists

Thank you for allowing me to speak about HB 52 this morning. My name is Dr. Keith Roller MD, and I am the current President of the Ohio Society of Anesthesiologists (OSA), a statewide association representing over 1200 anesthesiologists.

As you may know, we were initially opposed to HB 52 as introduced and want to thank Representative Deeter for her willingness to make changes based on many discussions over the past several months.

We agree that anesthesia patient care should continue to be physician led. We also agree that a Certified Registered Nurse Anesthetist (CRNA) scope begins with an order or request from a physician.

While our membership did not initiate this legislation modifying the CRNA scope of practice, we worked with the sponsor and believe the HB 52 in current form includes several positive changes from the introduced version.

The Anesthesia Care Team is the standard of care for patients receiving anesthesia. The care team includes a physician anesthesiologist with one or more of the following: CRNA, certified anesthesiologist assistant or anesthesia resident working together under the supervision of the anesthesiologist.

Equally important, anesthesiologists often provide anesthesia care personally to patients. While some anesthesiologists have some administrative responsibilities, the majority of our members provide direct care to patients undergoing procedures or surgeries. We also know that in certain situations a non-anesthesiologist physician supervises a CRNA providing anesthesia.

All practitioners are important in providing the appropriate level of anesthesia care to Ohioans. While our physicians work with all practitioners in the care team, we wanted to share information about the training of both Anesthesiologists and CRNAs for your reference.

Understanding these differences can help individuals decide which career path aligns with their goals and interests.

Education Path for Anesthesiologists

1. **Bachelor's Degree:** Complete a 4-year undergraduate degree, typically in a science-related field.
2. **Medical School:** Attend medical school for 4 years to earn an MD (Doctor of Medicine) or DO (Doctor of Osteopathic Medicine) degree.
3. **Residency:** Complete a 4-year residency in anesthesiology, gaining hands-on experience in the field.
4. **Fellowship (Optional):** Some anesthesiologists may choose to complete an additional fellowship for specialized training, which can take 1-2 years.

5. **Licensure and Certification:** Pass the United States Medical Licensing Examination (USMLE) and become board-certified by the American Board of Anesthesiology.

Education Path for CRNAs

1. **Bachelor's Degree:** Complete a 4-year undergraduate degree, typically a Bachelor of Science in Nursing (BSN) or a related field.
2. **Registered Nurse (RN) Licensure:** Pass the NCLEX-RN exam to become a licensed registered nurse.
3. **Critical Care Experience:** Gain 1-2 years of experience in a critical care setting, such as an ICU or ER.
4. **Graduate Education:** Complete a Doctor of Nursing Practice (DNP) or a Master of Science in Nursing (MSN) with a focus on nurse anesthesia, which typically takes 2-3 years.
5. **Certification:** After completing the program, pass the National Certification Examination (NCE) to become a certified CRNA.

Summary of Differences

- **Duration:** Anesthesiologists spend approximately 12-15 years in education and training, while CRNAs complete their training in about 7-8 years.
- **Degrees:** Anesthesiologists earn a medical degree (MD or DO), whereas CRNAs earn a doctoral degree in nursing practice (DNP) or a master's degree in nurse anesthesia. The doctoral degree is not a clinical degree but rather research and education based.
- **Clinical Experience:** CRNAs require critical care experience before entering their specialized programs, while anesthesiologists complete a residency after medical school. Both professions play crucial roles in anesthesia care.

We also want to share that in 2019, OSA worked with the Ohio State Association of Nurse Anesthetists (OSANA) to address scope limitations OSANA raised when working with a physician typically in an ambulatory surgical facility. Those changes to the statute were included in HB 197 of the 133rd General Assembly (2020).

Today, once again, OSA has worked with the sponsor and meaningful changes have been included in the version before this committee.

OSA has taken a position of neutral with technical assistance. Again, thank you for the opportunity to testify and I will try to answer any questions you may have.