

H.B. 191 – PROPONENT TESTIMONY
Ohio House Health Committee
Angela Milosh CRNA, DNP

Good morning Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio, and members of the House Health Committee:

My name is Angela Milosh. I am a Certified Registered Nurse Anesthetist, or CRNA, and I am also the director of one of the seven nurse anesthesia educational programs in Ohio. As a program director, I coordinate a complete program of study for critical care registered nurses to become CRNAs. I would like to provide some information about the educational preparation of CRNAs. In order to become a CRNA, an individual must meet, at a minimum, five requirements:

- They must have a bachelor's degree in nursing or a related field.
- They must be licensed as a Registered Nurse.
- They must have at least one year of experience working in a critical care environment, managing unstable patients who need continuous life-sustaining treatments, invasive interventions, and constant monitoring. While one year is the minimum level, most applicants have 3 or more years of experience in this type of environment.
- They must complete an accredited graduate program of study in anesthesia that leads to a Master's or doctoral degree.
- They must pass a national certification examination within two years of graduation. CRNAs cannot practice unless they are board-certified.

Overall, it takes a minimum of seven years of education and experience to become a Certified Registered Nurse Anesthetist: four years of undergraduate education, at least one year of critical care nursing experience, and two years of graduate coursework in nurse anesthesia.

I would also like to address the content and quality of nurse anesthesia education. I serve as a team reviewer for the agency that accredits nurse anesthesia educational programs. My role as a team reviewer is to assess nurse anesthesia programs around the country for compliance with the required educational standards. The standards for nurse anesthesia education are rigorous, specific, and complete to ensure that all graduates meet the same level of competency. In order to become a CRNA, the educational program must ensure that every single student is competent in all aspects of anesthesia care delivery. This includes:

- preoperative evaluation;
- identification of anesthetic risk, and ways to minimize that risk to the patient;
- development and initiation of a patient-specific plan of care which includes selecting, ordering, and administering medications;
- postoperative management;
- management of complications.

The educational program teaches students how to provide anesthesia care for patients of all ages, from newborns to the elderly. It teaches them how to provide anesthesia care for patients of all states of health, from completely healthy to critically ill. It teaches them how to provide anesthesia care for all types of surgical procedures, such as complex neurosurgery, open heart surgery, obstetric procedures, and transplants. In summary, their training is rigorous, thorough, and comprehensive.

CRNAs also undergo a demanding recertification process. After passing the initial board certification exam, CRNAs must recertify every four years. This requires completion of four core educational modules and one hundred education credits. Additionally, every eight years, the CRNA must pass a board recertification exam. This process ensures that CRNAs stay current with new practice techniques, and are able to demonstrate competency in their practice.

Some opponents of this legislation will state these functions should be supervised or performed by a physician. Their rationale is that physicians have more education than do nurse anesthetists. While our education is different, it is not inferior. This is not another pathway to become a physician; it is simply another pathway to become an anesthesia provider. CRNAs and physicians are held to the same standard of anesthesia care. Anesthesia is given the same way, regardless of whether it is provided by a CRNA or a physician. In fact, study after study has demonstrated no difference in outcomes based on who provides the anesthesia care.

HB 191 will not expand the scope of a CRNA beyond their education level; it will simply match the statute to their education level. With the rapidly increasing cost of delivering healthcare, it is imperative that we strive to be efficient and effective wherever we can. This is an excellent opportunity to offer a tremendous value to Ohio's patients. By allowing CRNAs to practice to the scope to which they were trained, healthcare facilities have the flexibility to maximize the value of these highly educated practitioners. This is good for patients, and this is good for the strained healthcare facilities in Ohio. I ask for your support of HB 191. Thank you, and I am happy to answer any questions you may have.

