



**Statement to the House Health Committee  
HB 191 – CRNA Scope of Practice  
Opponent Written Testimony  
By Victor Jochem, MD  
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Chair Huffman; Vice Chair Gavarone, ranking member Antonio and members of the Health Committee, thank you for the opportunity to present written testimony in opposition to Substitute House Bill 191 today.

My name is Dr. Victor Jochem. I am the current president and legislative committee chairman for the Ohio Gastroenterology Society (OGS), representing more than 400 practicing gastroenterologists across our state. I have practiced in the Central Ohio area for more than a quarter-century and I am board certified in internal medicine and gastroenterology.

I strongly value the role Certified Registered Nurse Anesthetists (CRNA) play in our current healthcare system and in the role of gastroenterology. As a practicing gastroenterologist I work with CRNAs daily to provide the best and most optimal care for my patients. Many of the procedures I do for my patients, including endoscopies and colonoscopies, require the assistance of a CRNA.

I believe that changes in any practitioner's scope of practice should be evidence-based, must include appropriate educational requirements and above all need to be focused on what would be in the best interest of patients. I support a team-based approach to care and unfortunately I do not believe Sub. HB 191 meets these criteria.

There are several questions that come to mind when reviewing this legislation.

First, what is the issue the proponents are trying to solve? From my experience, anesthesia provided by CRNAs under the supervision of a gastroenterologist is safe and has a very low risk of complications and is generally well-appreciated by our patients.

Second, I have never encountered an issue when I am not around or available to give orders or prescriptions for the drugs or tests my patients need. I also find it concerning that not only does this legislation expand the ability to administer drugs, it also does not clearly define the time period in which this could occur. I am unsure if we are talking about an hour pre- or post-op or days.

Lastly, I cannot think of a single situation in which it would be necessary to increase the clinical assistance a CRNA provides. Expanding the ability for a CRNA to administer drugs or perform additional clinical support functions is just unnecessary and quite frankly could be harmful to my patients. I know the medical history of my patients and have taken into account possible outcomes and scenarios before, during and after a procedure or surgery. As much as I value the support CRNAs provide, I am concerned Sub. HB 191 goes too far in expanding the scope of practice.

As I mentioned before, I value the role CRNAs play in our health care system, but I think the education and training of a physician cannot be underscored and must be taken into account. I fail to see how this legislation is going to provide better outcomes for the Ohioans I serve on a daily basis.

Thank you again for the opportunity to comment of this legislation.