

Chairman Lipps and Esteemed House Health Committee Members,

Thank you for allowing me to speak to you on HB 318 again today. My name is Nate Flath. I am a Certified Anesthesiologist Assistant and the President for the Ohio Academy of Anesthesiologist Assistants. I am here to ask for your support of HB 318. CAAs and CRNAs work interchangeably and equivocally as members of the anesthesia care team across this great state and the country. CMS and the American Society of Anesthesiologists have listed them as equivalent physician extenders within the anesthesia care team. This bill will create practice parity between these equivalent providers while still maintaining physician anesthesiologist supervision as members of the anesthesia care team. The scope of practice difference created by HB 197 passed in March of 2020 has created some confusion for hospitals wishing to utilize these indistinguishable providers within the anesthesia care team. They are required to create two separate practice protocols for anesthesiologists they wish to use synonymously. The purpose of this bill is to allow CAAs to provide the best care possible for their patients while maintaining the physician anesthesiologist supervision for the case. The example I made during my last testimony is still one of the best examples for how this bill will positively impact our patients across this state. I have a wealth of medications I can give my patient to keep them the most comfortable throughout their surgeries. My attending and I have a personalized, patient-centered anesthetic care plan we discuss for each patient. Currently, if a patient is having pain in the recovery room, the recovery room nurse needs to ask the attending anesthesiologist for an order for pain medication. I am able to physically give this same pain medication if I have any with me. If I do not, we have to wait for my attending to put the order in the computer or I must go back to my operating room and draw the medication up and administer it myself. If we agree it is best to treat this patient's post-procedure pain with Medication X and I am able to give Medication X in the operating room, why am I not able to ask the recovery nurse to administer Medication X? The patient is delayed receiving the treatment we all know and agree they desperately need. This bill ensures patients do not need to wait for appropriate care. This is already happening in multiple states across the country, including our neighbors in Indiana. This is the third hearing on this bill and we have had two interested parties meetings. I attended both IP meetings. The opposition to this bill did not testify at the last hearing and has not giving us any specifics in our bill they oppose. We have diligently listened to input from you all during the first two hearings as well as OSANA, OSA and other interested parties to create a bill we feel addresses the oppositions we have heard. During our most recent IP meeting last week, no specific, sustainable objections were made to this bill. I would urge you to focus on the black and white of this bill and what it does for our state's access to safe, anesthesiologist led care by members of the anesthesia care team. If you have any hesitations or questions regarding the vote of this bill, I would love to provide any clarity I am able. I appreciate your time and thank you for your support of HB 318.

Sincerely,

Nathaniel Flath, CAA

President Ohio Academy of Anesthesiologist Assistants