

House Bill 191

Sponsor Testimony

Good morning Chairman Huffman, Representative Antonio, and members of the Health Committee. Thank you for the opportunity to speak to HB 191.

HB 191 was drafted after understanding some of the challenges that CRNA's face practicing in Ohio. Those challenges result in unnecessary delays and in many cases, less than optimal patient care. HB191 is a permissive bill. A CRNA, is a Certified Registered Nurse Anesthetist, and they are responsible for providing anesthesia care in any place that anesthesia is provided.

CRNA's are Advanced Practice Registered Nurses that are highly educated, trained and nationally certified to deliver the full scope of anesthesia care in any setting from a hospital to ambulatory surgical centers, gastroenterology facilities to dentist and podiatrists offices. They are anesthesia professionals who safely administer approximately 43 million anesthetics to patients each year in the United States, according to the American Association of Nurse Anesthetists (AANA) 2016 Practice Profile Survey. In fact, The CRNA credential came into existence in 1956.

Ohio has over 2,000 CRNA's working here and seven CRNA programs that are educating and training the next generation of anesthesia providers in Ohio.

Today, there are three basic models of anesthesia care at work in Ohio. First is the Anesthesia Care Team (ACT) model in which a physician anesthesiologist supervises a CRNA who administers the anesthesia. Another model is the hybrid MD-CRNA where a facility uses anesthesiologists in some cases and CRNA's in other cases, separately. The third model is the all-CRNA model in which the CRNA is also supervised by a surgeon, but unlike the hybrid model, no anesthesiologists are employed by the facility.

The all CRNA model, where CRNAs are the primary providers of anesthesia care, is commonly used in rural Ohio, and throughout the country, enabling healthcare

facilities in these medically underserved areas to offer obstetrical, surgical, pain management and trauma stabilization services. There are approximately 150 of these kinds of facilities in Ohio. In many states, including Ohio, CRNAs are the sole providers of anesthesia care in rural hospitals. CRNA's deliver the same standard of care regardless of the setting or model where they practice. Their education, training and national certification mandates that they meet the most rigorous standards of anesthesia care without concern for supervision, setting, facility, or restrictions.

House Bill 191 is intended to clarify the scope of the CRNA's practice to match what they are currently educated, trained and nationally certified to do. The bill is permissive and maintains the ultimate authority to determine the use of CRNA's through the facility credentialing process. The bill is not a mandate. Currently the Ohio Revised Code is vague as to the limitations placed on CRNA's in Ohio and HB 191 aims to recognize the full capabilities of CRNA's and provide the best anesthesia care possible.

HB 191 does the following:

- Permits a certified registered nurse anesthetist (CRNA) to practice without a supervising dentist, physician, or podiatrist, including when administering anesthesia.
- Grants a CRNA authority to select and order the anesthesia to be administered.
- Allows a CRNA to select, order, and administer other drugs during certain periods and for the treatment of conditions related to the administration of anesthesia.
- Authorizes a CRNA to direct nurses, respiratory therapists, and other persons to administer such drugs and perform clinical support functions. As long as its within their scope of practice.

In 2000, HB 241 gave APRNs (excluding CNRAs) prescriptive authority. The language specifying that CRNAs did not need a certificate to prescribe in order to provide anesthesia care pursuant to R.C. 4723.43(B) was enacted in HB 241, in

recognition of their long-standing authority to provide anesthesia care without restriction with proper training and in the immediate presence of a physician. The passage of HB 216 in the previous General Assembly removed the 'certificate to prescribe' requirement from the other APRN's, further clouding the scope as described in the Ohio Revised Code as it pertains to CRNA's.

In subsequent years, other bills were passed that expanded the scope of practice of other Advanced Practice Registered Nurses, but CRNA's were not included because their ability to practice was thought to be inherent. However, in 2008 the Ohio Board of Nursing interpreted the law to state that by not being included with the other APRN's, that they were excluded. In other words, the more specific laws passed from 2000 to 2008 trumped the vague laws governing CRNA's.

After the enactment of HB 241 in 2000 no groups came to the legislature and asked to have CRNA's limited, and the legislature never took action to limit them in any way. Furthermore, the Board of Nursing opinion did not express concern about the patient care being performed, or the qualifications of CRNA's, but rather focused on a strict interpretation of the laws as they evolved over time. In 2010 Attorney General DeWine opined and agreed with the Board of Nursing Opinion.

At no time did the legislature weigh in with a bill that would clarify what the CRNA's scope should be, so HB 191 is long overdue.

I have reached out to several interested parties in an effort to craft a bill that would provide better and timelier patient care. I have been meeting with the Ohio State Association of Nurse Anesthetists, the Ohio Society of Anesthesiologists, the Ohio State Medical Association, and the Ohio Academy of Surgeons. In future meetings I plan to add the pharmacy board, the nursing board and the Ohio Department of Health to address the issues that exist today and the barriers CRNA's face in providing the best possible anesthesia care to patients in Ohio.

Chairman and members of the committee, I ask for your favorable consideration of this legislation and would be happy to address any questions you may have at this time.