PROPONENT TESTIONY – H.B. 191
Ohio House Health Committee
Wednesday, January 24th
Dr. Carmen Doty-Armstrong

Good Morning. Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio, and members of the Ohio House Health Committee. My name is Carmen Doty-Armstrong and I am a physician in practice for 15 years that specializes in Obstetrical, Gynecological and Surgical care. I am board certified by the American Board of Osteopathic Obstetrics and Gynecology. I Graduated from Wheaton College and earned my Doctor of Osteopathy degree from the University of Osteopathic Medicine and Health Services in Des Moines, Iowa. I performed my residency at St. Vincent Mercy Medical Center in Toledo, Ohio.

I am a member of the American Osteopathic Association, the American College of Obstetrics and Gynecology, the Ohio State Medical Association, and the North American Menopausal Society. I currently provide OB/GYN and surgical services at Findlay Women's Care, Findlay Surgery Center, Tiffin Mercy and Blanchard Valley Hospital. My passion is to ensure that women in the area where I work and live get the care they need for optimal reproductive health. As a mother of seven children, I understand the cares and concerns of women before, during, and after pregnancy and when complications arise.

I am here before you today to voice my full support of HB 191. Throughout my career, I have worked with different anesthesia care models including facilities where CRNAs are the only anesthesia providers. I can tell you that the anesthesia care delivered to my patients in all models is with the utmost safety and to the exact same standards regardless of the provider type.

I believe current statutory supervision requirements for CRNAs should be removed. As you have heard in previous testimony from a surgeon colleague, the current definition of supervision simply does not reflect current practice of anesthesia care in facilities where CRNAs are the only providers of anesthesia. In this setting, CRNAs are not working in the model where they are supervised by an anesthesiologist who is billing for their supervision, so their supervision then falls under the realm of the surgeon. There are no requirements or credentialing stipulations required to be a "supervising" physician. I am an OB/GYN and surgeon, not a trained anesthetist. In the labor and delivery units where I work, most of the anesthesia care is exclusively and completely delivered by CRNAs. They are the trained anesthesia experts and are expected to provide the highest quality anesthesia care to my patients. In the communities where I provide care, physicians need the ability to utilize CRNAs to the fullest extent of their expertise.

The "immediate presence" requirement is not only not feasible, it has absolutely no influence on my patients' anesthesia care, and is an overbearing regulation. Further, I do not develop, direct, administer, or maintain any part of my patient's anesthesia plan. CRNAs are educated and trained to provide anesthesia care to my patients independently. However, Ohio supervision requirements compel me

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as the “supervising physician” to provide preoperative, postoperative and epidural orders for CRNAs, even though I am not the anesthesia expert or directing any part of the patients’ anesthesia care. My patients’ safety is my utmost concern. The passing of HB 191 will not harm patients. CRNAs select and administer lethal medications on a daily basis therefore I have no hesitation in their ability to decide whether a patient should have Tylenol or any other pain or nausea medication related to the anesthesia they deliver immediately before or after surgery or when a clinical function is performed, such as a labor epidural.

Further, supervision requirements obscure the line of liability for non-anesthesia supervising physicians like myself and scare many surgeons from working with CRNAs for fear of liability. While we are told that this fear is unwarranted, it’s unclear as to what our role or responsibility is related to anesthesia when we are a CRNA’s “supervising physician.” Additionally, while we know CRNAs practice safely, and that there is no difference in patient outcome regardless of the provider, there is not a surgeon I know that wants to sign or give anesthesia orders. It’s simply not our specialty and patients are better served when the expert in anesthesia is providing those orders. There is a legitimate fear that our placing a CRNAs anesthesia orders is an act that exerts control over the CRNA and thereby ascribes liability to the physician. HB 191 will clarify state law to allow CRNAs, the actual anesthesia provider, the ability to place anesthesia orders and remove this confusion. Of note, CRNAs are the only advanced practice nurses without the ability to order in Ohio, even though they have more clinical education hour requirements necessary to achieve certification than do nurse midwives, clinical nurse specialists, and nurse practitioners.

All of my patient care will continue to be delivered utilizing a team-based approach to care. HB 191 will not dismantle the team-based approach in any way. Rather, this legislation will enhance patient care and efficiency by enabling physicians and facilities to utilize CRNAs specialized training, certification, and skill set to achieve the best possible patient outcome.

I ask for your support of HB 191 and I would be happy to answer any questions.

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