



**Statement to the House Health Committee
HB 191-Certified Registered Nurse Anesthetist Scope of Practice
Opponent Testimony Presented by Evangeline Andarsio, MD
President, Ohio State Medical Association
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Good morning, Chair Huffman; Vice Chair Gavarone, ranking member Antonio and members of the Health Committee, and thank you for the opportunity to present testimony in opposition to Substitute House Bill 191 today. My name is Dr. Evangeline Andarsio, and I am the current president of the Ohio State Medical Association, the state's oldest and largest statewide physician-led organization. The OSMA represents nearly 16,000 physicians, resident and medical student members. I am a doctor of medicine and received my medical degree from Wright State University Boonshoft School of Medicine in 1984. I received American board certifications in Obstetrics and Gynecology, as well as, in Family Practice.

I want to start by saying that I have great respect for the valuable role a CRNA has in a surgical care team. I currently am a Clinical Associate Professor teaching medical humanities at the Remen Institute for the Study of Health and Illness at Wright State Boonshoft School of Medicine and have been in that role for two and a half years. Prior to that I spent 25 and a half years practicing as an OB-GYN, I worked closely with CRNAs on a regular basis. I am concerned because Substitute House Bill 191 would alter the proven and effective approach to care for optimal patient safety and positive surgical outcomes. Under the current model, physicians, CRNAs and other health care professionals work together as a team, and each member of the team has a clearly-defined role in patient care on said team.

Changes in scope of practice should be evidence-based and should be a well-defined solution to an easily-discernable problem in patient care. As you have heard today and as my colleagues will further demonstrate, Substitute House Bill 191 is none of these. The bill makes undefined changes to the role of the CRNA and as a result, to the way the surgical team functions as a whole. But what problem are the provisions of this legislation trying to address? Is there evidence that patients are unsatisfied with the quality of anesthesia care delivered to them under the current model? How will the changes in this bill impact that care?

Substitute House Bill 191 grants broad ordering authority for CRNAs to order drugs, tests, treatments, and fluids for patients without specifying which drugs, tests, treatments, and fluids are permitted. This authority is granted during the "perianesthesia" period which is undefined by the bill or by any existing statute. We do not know what "perianesthesia" refers to or when does this time period begins and ends. Furthermore, this legislation allows CRNAs to exercise

this undefined ordering authority when performing a “clinical function” but does not clearly define what these permissible clinical functions are.

Given all the uncertainty surrounding what the specific changes this legislation is making, and how the current model of surgical care is already working, we are questioning how these changes to the functions of the surgical team are what is best and safest for patients. And how can a team function effectively and safely if the roles and authority of each team member are unclear?

The support of the CRNAs I worked with in my practice was integral to the delivery of care to patients who came to us in need. However, I do not see any verifiable evidence that the way the current model of anesthesia care works in Ohio is not sufficient to meet those needs, and I am concerned that the broad, undefined changes proposed by this legislation would dismantle this model and as a result, do more harm than good.

Thank you again for the opportunity to speak to the committee today on this issue, and if you have any questions, I am happy to answer them.