Statement of the Ohio State Medical Association
To the House Health Committee
HB 191-Certified Registered Nurse Anesthetist Scope of Practice
Opponent Testimony Presented by Monica Hueckel
Senior Director, Government Relations
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Chairman Huffman, Vice-Chairwoman Gavarone, Ranking Minority Member Antonio and members of the House Health Committee, my name is Monica Hueckel and I am the Senior Director of Government Relations for the Ohio State Medical Association (OSMA). With 16,000 members, the OSMA is the state's largest professional organization representing Ohio physicians, medical residents and medical students. I appear before you today as an opponent to Substitute House Bill 191.

House Bill 191 expands the scope of practice for Certified Registered Nurse Anesthetists (CRNAs) by allowing them to order medications, including controlled substances, as well as diagnostic tests and treatments for patients during an undefined "perianesthesia" period. The bill also authorizes CRNAs to order drugs, diagnostic tests and treatments for a patient anywhere in the health care facility the CRNA performs an undefined "clinical function" and the orders need not be related to the administration of anesthesia. The bill also grants broad authority for CRNAs to direct nurses and respiratory therapists to administer drugs and treatments to patients. The problems with the bill are many and its lack of specificity will not only create confusion amongst health care professionals and increase health care costs through duplicative or unnecessary orders, it will ultimately jeopardize patient care.

Let me start by saying that CRNAs are an important member of the surgical team who are respected by physicians. Under current law, they work in a supervisory relationship with a physician, dentist or podiatrist- they are <u>not</u> required to be supervised by an anesthesiologist. Anesthesiologists have always supported supervision of CRNAs by other types of physicians, such as surgeons, as well as podiatrists and dentists where appropriate. In this team-based model of care, the physician is responsible for ordering the drugs, diagnostic tests and treatments for the patient. During the critical perioperative period, patients deserve and expect a physician to be in charge of their care and the decision-maker for their drug, diagnostic test and treatment needs when they are most vulnerable.

The OSMA, along with the Ohio Society of Anesthesiologists, has actively engaged in good faith on this bill since its introduction. In fact, despite some claims that we

have not negotiated on the bill, we have actively participated in 4 interested party meetings called by the sponsor, Representative Gonzales (on June 1, 2017; October 24, 2017; April 4, 2018; and September 20, 2018). We submitted detailed questions and comments on the bill at the sponsor's request before or after each meeting. We continued to participate in interested party meetings and even submitted detailed compromise language on April 16, 2018, but that language is not included in the version before you. We are happy to share with you any of those written comments.

We have continued to ask the same questions, and have not received answers. What is the problem for patients that this bill seeks to solve? What consumers or patient advocacy groups support changing the current model for anesthesia care in Ohio? While we understand the desire to expand scope of practice, it cannot be done at the expense of patient care. While you will hear more from physicians today as to how this bill will adversely impact the anesthesia and general care of their patients, I wanted to point out specific problems with the bill before you:

Broad Ordering Authority for Drugs, Tests, Treatments and Fluids

Undefined Ordering Authority: The bill grants CRNAs authority to order drugs, tests, treatments and fluids for patients. Despite our repeated requests seeking clarity, the bill does not specify what drugs, tests, treatments or fluids the CRNA may order. This lack of specificity could lead to increased health care costs with unnecessary or duplicative ordering of drugs, tests and treatments for patients.

Perianesthesia Period Undefined: The bill allows this broad ordering authority during the "perianesthesia" period, which is not defined in the bill. When does the perianesthesia period begin or end? The bill does not answer these questions and the term is not defined in Ohio law. If each facility interprets the perianesthesia period differently, a CRNA's ordering authority could extend to a lengthy period before surgery or well beyond it.

Ordering Pain Medications, Including Controlled Substances: The bill specifically authorizes CRNAs to order pain relief medications during the undefined "perianesthesia period." During Ohio's opioid crisis, it is alarming to recognize a new prescriber in the law for pain medications for a time period that is also undefined.

Ordering when Performing a "Clinical Function": The bill extends the authority for the CRNA to order drugs, tests, treatments and fluids for a patient when the CRNA is performing a clinical function anywhere in the facility. The bill defines a clinical function as anything specified in clinical experience standards for CRNA programs by their national accrediting organization or completed pursuant to a physician consultation. As you can imagine, this has raised more questions than answers as the CRNA has prescriptive authority when performing these vaguely defined functions. The bill also does not tie prescribing during clinical functions to the administration of anesthesia which raises further questions as to how far the ordering authority extends. Given the bill's authority to also allow the CRNA to give

orders to nurses and respiratory therapists when performing these undefined clinical functions, we question how this lack of clarity is best and safest for the patient.

Verbal Orders from Outside of the Facility: During an interested party meeting, the CRNAs stated many CRNAs are independent contractors who travel between multiple facilities to practice. They acknowledged that they want the flexibility to call in orders for patients when outside of the facility. This is alarming as the bill does not require the CRNA to be with the patient when ordering drugs, tests, treatments or fluids nor does the bill even require the CRNA to be in the facility when giving these orders. The CRNAs have stated they need this ordering authority as physicians are not always present with the patient or easily accessible to give orders for patients, which we have repeatedly disagreed with. However, this bill permits them to do exactly what they have said is a problem as it does not require them to be with the patient or even in the facility when giving orders for patients. This is anesthesia care, not primary care, and we question how this broad ordering authority, especially when away from the patient, enhances patient care and creates a better anesthesia care model for Ohio.

Supervision Undefined

The new version of the bill reinstates supervision of a CRNA by a physician, dentist or podiatrist but maintains the broad ordering authority for CRNAs previously mentioned in my testimony. CRNAs have stated this is a major concession as supervision is in the bill. But supervision is undefined in Ohio law for CRNAs. The bill requires the CRNA to be in the immediate presence of the physician, dentist or podiatrist when administering anesthesia and performing anesthesia induction, maintenance or emergence, which is current law. However, the bill goes on to list an expanded scope, including ordering authority, with just the "supervision" of a physician, dentist or podiatrist.

It is important that supervision be defined as questions have already arisen as to whether the supervising physician can supervise CRNAs remotely away from the facility. What does supervision involve? What happens if the supervising physician does not support the CRNA performing a clinical support function or prescribing drugs, tests and treatments while performing it? What is the process of review for the supervising physician and how will duplicative or unnecessary orders by the CRNA be addressed? Given an expanded scope of practice, supervision needs to be further defined so it is clear what it involves. Just stating the word "supervision" is simply not enough when we are talking about anesthesia care and an expanded scope of practice involving the ordering of drugs, diagnostic tests, treatments and fluids.

Compromise Offered to CRNAs to Expand Practice and Ensure Patient Safety

I have touched on only a few problems with the bill. There are many more that will be discussed but I hope you can see that the bill has significant issues that need to be resolved. I mentioned earlier that, at the sponsor's request, we submitted compromise language for the bill on April 16th. While I am happy to provide you with the detailed compromise language we provided in April, I will give you the highlights.

We recommended language allowing the CRNA to select drugs for the patient from a facility protocol in the immediate post-operative period to treat nausea, pain or respiratory conditions related to the administration of anesthesia. Controlled substances cannot be included on the protocol, which would be developed by the facility medical director, nursing director and pharmacy director. If the supervising physician, dentist or podiatrist determines that it is in the best interest of the patient for the CRNA to not order any drugs from the protocol, the CRNA cannot do so. The CRNA can direct another health care professional to administer drugs in accordance with the protocol if the CRNA is present when directing the person.

We believe this suggested proposal addresses the concerns raised by the CRNAs, expands their scope of practice, allows them to direct other health care personnel to administer certain drugs and, most importantly, continues to ensure safe patient care during the critical surgical period.

Attorney General Opinion

I want to briefly touch upon claims that the bill restores CRNA practice of writing drug orders for patients for another person to administer before that practice was taken away by the Board of Nursing. CRNAs have never had the ability to order drugs for patients and order another person to administer them. In 2008, the Board of Nursing made it clear in writing to CRNAs that they did not have the authority under Ohio law to do so. As CRNAs continued to disagree with the Board's clear statement on the issue, the Board requested an Attorney General Opinion. In 2013, Attorney General Mike DeWine issued an opinion that the Nurse Practice Act does not authorize a CRNA to order or prescribe a preoperative or postoperative medication to be administered by another licensee.

In conclusion, we remain committed to addressing any issues adversely affecting safe patient care. However, House Bill 191 falls short of addressing how patients will benefit from a broad scope of practice expansion that lacks specificity and will create confusion, duplicative or unnecessary orders, increased health care costs and ultimately jeopardize patient care.

Thank you for your attention to my comments and I will be happy to answer any questions you may have.