Statement to the House Health Committee
HB 191-Certified Registered Nurse Anesthetist Scope of Practice
Opponent Testimony Presented by Robert Kose, M.D.
Ohio State Medical Association
November 14, 2018

Good morning, Chair Huffman; Vice Chair Gavarone, ranking member Antonio, and members of the Health Committee. My name is Dr. Robert Kose, and I am here to join my colleagues in expressing serious concerns and opposition to Substitute House Bill 191.

I am a pulmonologist and have been in practice for 36 years. I am board certified in both internal medicine and pulmonary medicine, and I provide pulmonary and critical care in both outpatient and hospital settings, caring for patients immediately before surgery in the hospital, and in the post-anesthesia care unit following surgery. There, I may be helping with ventilator management, blood pressure problems and other issues, and I follow patients through discharge from the hospital to ensure their safe recovery from their procedure.

My partners and I work directly with CRNAs when performing complicated bronchoscopies, during which a thin fiber optic tube is placed into the lungs for examination and biopsies. In this scenario, the CRNA will give sedation and anesthesia to the patient, and following surgery, we work as a team to monitor the patient in the PACU, and I will consult with the CRNA if any problems may have arisen.

While I highly respect the contributions of the CRNA to the health care team, I echo the concerns that other physicians have emphasized today about this legislation. Of particular concern to me is the undefined "perianesthesia" period during which a CRNA is authorized to exercise a broad ordering authority for drugs, tests, treatments, and fluids. As my peers have said, there is no specification as to what specific drugs, tests, treatments, or fluids this entails, and that vague ordering authority could mean any number of types of orders. I am also unsure exactly what the "perianesthesia" period refers to and the bill does not offer an explanation. It could mean from any time prior to a patient undergoing sedation or anesthesia to any time after a procedure is completed and the patient is recovering from sedation or anesthesia. This is a huge window of time during which the CRNA may be permitted to give these orders, and the lack of clarity about this provision is very worrisome. It could mean that this period of time overlaps with time that I as the physician might be performing specific tasks related to patient care. What if the CRNA's order conflicts with or contradicts my own? What if it is unnecessary or duplicative?

There is such a lack of clarity with this legislation that I am left uncertain about the specific changes it is making to the CRNA's scope of practice. But, I can certainly speak to what is clear to me in my role as a physician and in providing care to my patients. What we are currently doing with regard to anesthesia care is working. The way that physicians and CRNAs currently work together and the roles they are designated in patient care settings is working. The intricacies of anesthesia care are too critical and a patient undergoing anesthesia is too vulnerable for us to make risky, unnecessary changes to the way a surgical team functions.

We share a common goal in that I believe that physicians and CRNAs both want the best quality care for the patients they see each day. What I am asking for, and what other physicians are asking for, is a comprehensive and clear explanation what the provisions of Substitute House Bill 191 specifically grant to CRNAs and how this bill specifically benefits our patients. We want to know what patient care need is fulfilled by this legislation and how.

If a provider's scope of practice is to be expanded, these questions are the most fundamental that require answering.

Thank you for the opportunity to provide this testimony today. If the committee has any questions for me, I would be happy to answer them.