

Sub. SB 301 – Proponent Testimony
Ohio Senate Health, Human Services and Medicaid Committee
Tony Snyder, President and CEO of Pomerene Hospital

Good afternoon, Chairman Burke, Vice Chair Beagle, Ranking Member Tavares and members of the Senate Health, Human Services and Medicaid Committee.

I am Tony Snyder, President and CEO of Pomerene Hospital, a small, non-profit community hospital in Holmes County, serving a rural community, including a large Amish population that pays on an out-of-pocket cash basis.

Thank you for the opportunity to speak in support of Sub. SB 301, a permissive bill that would clarify the scope of how CRNAs may function within the hospital, thereby benefiting my community through improved access to care, lowering the cost of healthcare all accomplished without compromising the quality of care.

Pomerene is a prospective payment hospital that competes with both large facilities and critical access hospitals. Like many rural hospitals, Pomerene faces the ongoing challenge of recruiting and retaining physicians, including anesthesiologists, who often prefer practicing in metropolitan areas. To attract anesthesiologists, Pomerene must offer large compensation packages that adversely impact its bottom line.

It is preferable for Pomerene to employ CRNAs to administer anesthesia services, which would make health care more affordable, particularly for the Amish and other self-pay patients.

The current law, however, is inhibiting and confusing. It currently permits CRNAs to administer anesthesia and perform anesthesia induction, maintenance and emergence only in the OR under the “supervision” and in the immediate presence of a physician, who may be an anesthesiologist or operating surgeon. While there are times when an anesthesiologist is in the hospital, there are many more times when a CRNA is in the OR being “supervised” by the surgeon or other proceduralist.

“Supervision” is somewhat of a misnomer and is confusing. With all due respect to the “supervising” surgeon or other supervising physician, CRNAs, who are highly educated, trained, and experienced, possess significantly greater knowledge regarding the selection and administration of anesthesia. In addition, the statute is silent on specific qualifications and obligations of a supervising physician.

CRNAs currently do not need prescriptive authority to perform anesthesia care. However, orders prescribing medication in the PACU currently must be given and signed by the operating physician, who may not be readily available. That can cause delay, which can contribute to less affordable health care and higher costs to patients. Sub. SB 191 would clarify that a CRNA can order anesthesia medication and give anesthesia orders to be carried out by another licensed health care provider, such as an RN or LPN.

In the previous General Assembly, recognizing physician shortages and the benefit of using qualified midlevel practitioners, passed H.B. 216, which granted greater autonomy and prescriptive authority to licensed APRN Nurse Practitioners, Clinical Nurse Specialists, and Nurse Midwives. I agree with the wisdom of that legislative action, which is improving access to health care, but it did not go far enough because it did not address and clarify the scope of practice for CRNAs, whose advanced training exceeds that of other licensed APRN practitioners.

Sub. SB 301 is consistent with, complements, and advances H.B. 216 by by clarifying their scope of practice including giving orders in the PACU that other health professionals can carry out, which promotes greater efficiency without sacrificing quality. We are NOT talking about prescriptive authority for medications to be filled at the local pharmacy.

As for safety, traditional oversight safeguards remain in place. A CRNA, like other health care professionals, including physicians and other advanced practice nurses, must apply for and be granted clinical privileges through the Medical Staff and Board of Trustees in order to assure current competence and adherence to recognized and prevailing standards of care. This process involves extensive and rigorous review of practitioners' credentials and competence.

For all of these reasons, I respectfully support and ask your support in passing Sub. SB 301.

Thank you. I would be happy to answer any questions you may have.