Rep. Cross:

Chairman Burke, Vice Chair Huffman, Ranking Member Antonio and members of the Senate Health, Human Services and Medicaid Committee - thank you for the opportunity to present testimony this afternoon regarding Sub. HB 224.

I want to commend Chairman Burke who has spent over a decade not only recognizing the problem this bill addresses, but also for tirelessly working through the legislative process to shape the bill before you today. Your work, Mr. Chairman, forged the compromise represented in Sub. HB 224. I also want to thank many of the members of this committee for taking the time to dive into the issue, including Senator Schuring as a former sponsor of CRNA legislation, for your consistent attention and efforts to get us here today. I know many of you have visited facilities in your district to gain first-hand knowledge of CRNA practice and anesthesia care in Ohio, and continue to participate in the rigorous vetting of the issues addressed in Sub. HB 224.

I sponsored Sub. HB 224 following several opportunities I had to visit hospitals and surgery centers, including a brand new state-of-the-art orthopedic surgery center, in my district and learned of a specific problem related to anesthesia care in Ohio. I spoke directly to physicians, anesthetists, and health care administrators who expressed that limitations on CRNA practice have led to inefficient patient care and barriers to practice for Ohio Certified Registered Nurse Anesthetists (CRNAs) - especially in the period immediately preceding and following a surgical episode or procedure. However, as many of you on this committee know, legislation dealing with Ohio CRNAs has been a work in progress for well over a decade.

A vague scope of practice statute for CRNAs has restricted these anesthesia experts from practicing closer to the top of their license and permitting physicians, anesthesiologists, and Ohio health care facilities from providing the best anesthesia care to patients that they can. Sub. HB 224 clarifies the CRNA scope of practice to provide our health care providers the necessary tools to do just that. The legislation is first and foremost about patient care.

Rep. Wilkin, the joint-sponsor of the bill, and I worked very hard to create an inclusive process to reach consensus on Sub. HB 224 from all interested parties and both sides of the aisle. The result was that Sub. HB 224 passed the Ohio House of Representatives by a vote of 94-2. This vote would not have been possible without the efforts of the Ohio State Medical Association and the Ohio Society of Anesthesiologists helping to draft the final compromise bill the committee is now considering, and their position of neutrality. I have attached to my testimony a joint letter from OSMA and OSA expressing their position of neutrality on the bill and a letter from the Ohio State Association of Nurse Anesthetists (OSANA) supporting the legislation, for your review.

I also want to bring your attention to the strong bi-partisan support Sub. HB 224 received. Dr. Beth Liston, and her colleagues on the House Health Committee were instrumental to creating the final compromise and gaining unanimous support from the Democrat caucus for Sub. HB 224 in committee and House floor vote. The same bi-partisan spirit continues in the Senate with the efforts of Ranking Member Antonio, who has put a tremendous amount of work into CRNA legislation as a member of both chambers.

I ask for your support of Sub. HB 224 and I would like to invite Rep. Wilkin to address the committee as the joint-sponsor of Sub. HB 224.

Rep. Wilkin:

Chairman Burke, Vice Chair Huffman, Ranking Member Antonio and members of the Senate Health, Human Services and Medicaid Committee - thank you for the opportunity to address the committee regarding Sub. HB 224.

I joined Rep. Cross as a joint-sponsor of Sub. HB 224 after learning that in the 91st District nearly all of the anesthesia care provided to my constituents is provided by CRNAs. I also toured these facilities and found that the doctors not only rely on but trust these trained professionals as well. It is clear the patients in my rural district depend on CRNAs for access to anesthesia at the hospitals and surgery centers in my district.

Simply put, a CRNA’s ability to practice to the full extent of their training is a must for anyone wanting to put patient care as their first priority. That is the need in my district as well as many districts across the state of Ohio. It is something I would think each and every one of us would want.

As Representative Cross mentioned, Sub. HB 224 took a long and strenuous path to achieve the compromise before you today. After 11 drafts and the work of all interested parties - in just this General Assembly – Sub. HB 224 covers several key elements:

**Permissive**

Sub. HB 224 is 100% permissive. While the legislation provides additional tools for physicians and health care facilities to better utilize CRNAs to improve anesthesia patient care, it does not contain any mandates or require changes to the way healthcare facilities currently provide anesthesia care.

**Physician Supervision**

Sub. HB 224 continues to require supervision of CRNAs by a physician, podiatrist or dentist exactly as defined and applied in current statute. (LINE 45, LINE 48, LINE 53)

**CRNA Scope of Practice**

The bill adds clarity to the CRNA scope of practice as follows:

* A CRNA may continue to administer anesthesia and perform anesthesia induction, maintenance, and emergence (LINE 46);
* Obtain informed consent for anesthesia care (Line 48);
* Continue to perform preanesthetic preparation and evaluation (LINE 49);
* Continue to perform postanesthesia care (LINE 51), and;
* Perform clinical support functions subject to new ORC section 4723.433 (LINE 52).

**Clinical Support Functions**

Clarifies CRNAs performing clinical support functions to permit a CRNA to direct a Registered Nurse, Licensed Practical Nurse, or Respiratory Therapist to provide supportive anesthesia care and administer intravenous fluids, treatments, and drugs to treat conditions related to the administration of anesthesia as ordered by a physician, podiatrist or dentist (LINES 97-111).

**Time-frame**

The bill establishes a time-frame when a CRNA may provide patient care including the time period that begins on the **patient’s admission** to the facility and ends with the **patient’s discharge** from recovery (LINE 112). This is a key component of the bill to ensure a CRNA may provide the best care possible to both prepare a patient immediate immediately before an anesthetic they will administer and immediately following the surgery or procedure – the same way the currently do during a surgery or procedure. The bill also provides additional activities that a CRNA may engage in with respect to patient care, including:

* Performing and documenting evaluations and assessments including ordering and evaluating diagnostic tests (LINE 117);
* Selecting, ordering and administering treatments, drugs and fluids for conditions related to the administration of anesthesia (LINE 121), and;
* Directing Registered Nurses, Licensed Practical Nurses, and Respiratory Therapists to provide supportive care and administer treatments, drugs and fluids (LINE 125).

**Guardrails**

These functions are restricted unless all of the following apply:

* The CRNA is present at the facility (LINE 139);
* The supervising is physically present at the facility (LINE 141);
* The health care facility has adopted a written policy that meets the requirements of ORC 4723.435 (LINE 144);
* The CRNA may not engage in the activities if the supervising physician, podiatrist or dentist determines it is no in the patient’s best interest, noted in the patient’s medical record (LINE 148);
* The CRNA indicates the patient care provided in the patient’s medical or electronic health record (LINE 158), and;
* The CRNA is prohibited from prescribing a drug for use outside the facility (LINE 162).

**Written Facility Policy**

The bill also requires the medical director, nursing director and pharmacy director of any health care facility where CRNAs practice to adopt a written policy to establish standards and procedures for CRNAs to follow, when:

* selecting, ordering, and administering treatments, drugs, and intravenous fluids (LINE 173);
* Ordering diagnostic tests and evaluating those tests (LINE 175);
* Directing Registered Nurses, Licensed Practical Nurses, and Respiratory Therapists (LINE 176), and;
* The policy also shall not authorize a CRNA to select, order, or administer a drug that a supervising physician, podiatrist or dentist is not authorized to prescribe (LINE 181) and shall allow a supervising physician, podiatrist or dentist to issue every order related to a patient’s anesthesia care (LINE 185).

**Ordering Authority**

* The bill adds CRNAs to the list of “prescribers”, but only to the extent authorized in ORC 4723.43, 4723.434, 4723.435. (LINE 338).

The long journey of Sub. HB 224 has shown the effectiveness of the legislative process. The thorough vetting of the issues, an inclusive and exhaustive process, and a strong compromise represented by Sub. HB 224 provides a significant step forward for CRNA practice and anesthesia patient care in Ohio. We need CRNAs to stay here in Ohio, to learn the profession here in Ohio, and to continue to practice in Ohio to ensure all Ohioans have access to the safest and highest quality anesthesia care possible.

Thank you for the opportunity to address the committee, I ask for your support of Sub. HB 224 and we would be happy to answer any questions at this time.