



Proponent Testimony - Ohio Senate Health, Human Services and Medicaid Committee

Sub. HB 224

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Chairman Burke, Vice Chair Huffman, Ranking Member Antonio, and members of the Senate Health, Human Services and Medicaid Committee my name is Lynn Detterman. I am the President of the Mercy Health -Toledo Rural Hospitals, which includes Defiance, Tiffin, and Willard hospitals, all located in Northwest Ohio. I appreciate the opportunity to address the committee as a proponent of Sub. HB 224.

I have served the Defiance, Tiffin, Willard, and surrounding communities for 18 years, and I am also a life-long resident of the area. Our CRNAs have given anesthesia care to me and my family members. Their safety record is impeccable. CRNAs provide access to anesthesia care to facilities in my community and the surrounding communities, and they are the backbone of anesthesia care in many rural communities throughout Ohio and the United States. We need the ability to utilize these health care professionals to the fullest extent of their training in order to deliver safe, high quality, cost efficient healthcare that continues to meet the increasing demand for anesthesia services.

Patients present to our facilities with needs ranging from surgical anesthesia, specialized venous access, pain management, emergency room procedures, trauma stabilization, resuscitation, and maternity care. CRNAs have safely provided these services exclusively, for over 35 years in 2 out of 3 of Mercy Health rural market hospitals, without an anesthesiologist. Over four years ago, the 3rd Mercy rural market hospital converted to an all CRNA model of anesthesia as well. The results of this conversion were significant:

- We improved safety metrics in every category as compared to that of the former model;
- The facility that recently converted saved \$1,000,000 per year in costs to patients and the overall health care system, and;
- We added 3 full time CRNA providers allowing us to significantly increase the amount of services that we can offer and provide access to these services to patients in our community that otherwise would simply not be available.

It is imperative for the General Assembly to understand that we provide the full scope of anesthesia services to our patients solely through the use of CRNAs. We do not employ a model of care that includes an anesthesiologist. While CRNAs are expected to, and do, meet the same anesthesia care standards that physicians meet, the lack of clarity in their scope of practice has prevented them from caring for our patients at the top of their education, training and national certification. In our communities, patient outcomes, safety records and access to the highest quality anesthesia services to our community speak for themselves. We are ultimately responsible for safe patient outcomes and need clarity around CRNA scope of practice to enhance efficiency in our facilities.

Sub. HB 224 establishes a time-frame regarding the peri-anesthesia period when a CRNA may provide patient care and clarifies CRNAs ability to perform clinical support functions and direct registered nurses, licensed practical nurses and respiratory therapists to assist them as needed. Our physicians fully support allowing CRNAs to manage their patients according to their training, education and certification during the entire peri-anesthesia period, and when performing clinical support functions as described in the bill.

Recognizing the education, training and certification of CRNAs and clarifying their scope of practice in statute does not give them the authority to actually practice that scope. The legislation requires each facility to adopt a written policy establishing standards and procedures for CRNAs to follow when providing patient care. Also, each facility currently has a demanding and rigorous credentialing process that both recognizes and verifies a provider's licensing, education, training, certifications, adverse clinical occurrences, personal character, and clinical judgment, etc. It also specifically delineates the specific clinical services each individual may provide at that facility. CRNAs are credentialed and privileged using the exact same process as the physician members of our medical staff.

I have outlined below the steps our facilities would go through if we were to grant any additional privileges as a result of the passage of Sub. HB 224. This process must be followed to grant any health care provider initial and/or additional credentials or privileges, and it is each facility that ultimately decides the extent to which they will utilize a CRNA. There is no provision in Sub. HB 224 that requires a facility to change anything regarding the way it allows a CRNA to practice; the legislation is 100% permissive. The bill will, however, allow facilities like mine to utilize the credentialing and privileging process – which is governed by our medical staff – to better employ the much-needed talents of CRNAs.

- 1.) CRNAs would need to request additional privileges through a completed application to the Central Credentials Department.
- 2.) The Central Credentials Department would then acquire both administrative and clinical references to verify competence and substantiate character and judgement.
- 3.) Documentation of the applicant's past clinical experience, along with a procedure log is obtained and reviewed, then compared to those privileges being requested to

make sure each individual practitioner is qualified to perform the privileges requested.

- 4.) A verification of licensure status is done to ensure the applicant is current and that there are no actions pending or settled against them. For example, an applicant that has had a prior license revocation based on a disciplinary action would cause concern and would be reviewed on a case by case basis.
- 5.) Next, verification of education, board certification, and/or any sanctions are obtained.
- 6.) The National Practitioner Data Bank is queried and any unexplained gaps in history are reviewed.
- 7.) A physician reviewer obtains the applicant's file, completes a review, and refers it to the credentials committee and medical executive committee with a recommendation.
- 8.) Each committee reviews the application and information to make a recommendation to the appropriate Subcommittee delegated to act on behalf of the Mercy Health - Toledo Regional Board for final approval.
- 9.) Final action must be taken by the board to fully approve, approve with conditions, disapprove or send back to the medical executive committee for further information.

I, along with our medical staff, am hopeful for the passage of Sub. HB 224, so that the anesthesia experts at our facilities can provide that care efficiently. My three facilities, and the patients we serve, would greatly benefit from recognizing the education, training and certification of our anesthesia professionals, as most other states have done. My job is to put patients first and Sub. HB 224 will help to accomplish this goal.

I have included a letter of support for Sub. HB 224 on behalf of the entire Bon Secours Mercy Health System. This legislation will not only have an impact on our rural division hospitals, but creates the opportunity to improve the quality and efficiency of patient care through our entire Ohio system. I would appreciate your support of Sub. HB 224 and I would be happy to answer any questions at this time.

