Robert Melashenko, M.D.
Proponent Testimony – Sub. HB 224
Ohio Senate Health, Human Services and Medicaid Committee

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 express my support for Sub. HB 224.

My name is Robert Melashenko and I am a practicing physician anesthesiologist for 38 years. I also currently serve as the Systems Medical Director for the Kettering Health Network serving both the Grandview Medical Center in Dayton, OH and Fort Hamilton Hospital in Hamilton, OH. In this position, I am responsible for both the quality and delivery of patient anesthesia care.

My testimony today does not represent any medical or nursing professional trade association; rather I am here today to promote operating room efficiency and patient safety. First, I believe the principal issue contemplated in Sub. HB 224 is not the CRNA's scope of practice, but rather what I perceive as an inconsistency in the manner which the State of Ohio historically bestowed such privileges. I shall clarify with a brief historical perspective.

In the early 1900's medical practitioners noted an alarming number of complications, even deaths, in patients taken straight from the operating theater to their hospital rooms. Upon reflection, it was decided to dedicate a room adjacent to the operating theater to closely observe patients and ensure adequate recovery from anesthesia. Unsurprisingly, patient outcomes significantly improved. The term "Recovery Room" was born. Today, the term has evolved into "Post Anesthesia Recovery Unit" or PACU.

This perspective is significant because it illustrates the continuum of care necessary for anesthesia providers to positively affect a patient's outcome. To provide the highest quality and safest patient care, a CRNA must be engaged directly to prepare patients for the anesthesia care they will receive and manage the patient's recovery from anesthesia immediately following a surgery or procedure in the PACU as I described. CRNAs currently have no restrictions to provide anesthesia care inside of the operating room and do so directly to patients. Sub. HB 224 clarifies that the same level of care can be provided immediately preceding and following the surgery or procedure to ensure the best care continuum possible.

Sub. HB 224 also addresses significant aspects of care that need to be clarified in statute. CRNAs ability to order necessary medications, treatments, fluids and diagnostic tests during the perioperative period outlined in the legislation is precisely the patient care required to prepare a patient for anesthesia and recover from anesthesia in the PACU. CRNAs are our patient's primary provider of anesthesia care and that includes necessary preparation and recovery from the anesthesia they will be personally administering. This should not be considered an expansion of the CRNA scope of practice and instead recognized as the standard continuum of care they provide patients today.

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Therefore, in closing, it is my firm belief, that a vote in favor of Sub. HB 224 and clarifying a CRNAs ability to write perioperative orders for patients should not be considered an expansion of the CRNA scope of practice. Instead, Sub. HB 224 recognizes the care CRNAs provide patients today and corrects an inconsistency in present law that is long overdue.

Thank you,

Robert Melashenko MD