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Ohio House of Representatives

Committees:
Aviation and Aerospace, Ranking Member
Behavioral Health
Health Provider Services
Public Health Policy
Technology and Innovation

Rachel Baker
State Representative

HB 362 – Revise Law Governing Certified Registered Nurse Anesthetists
Sponsor Testimony
Representative Rachel Baker

Chair Cutrona, Vice Chair Gross, Ranking Member Somani and members of the House Health Providers Services Committee – thank you for the opportunity to present Sponsor Testimony in support of HB 362.

Representative Blasdel described the problem that this legislation seeks to address – increasing access to quality anesthesia services and clarifying the current practice of CRNAs. I wanted to give some brief information about who CRNAs are and then detail specifically what this bill would do.

Certified registered nurse anesthetists, or CRNAs, are healthcare professionals who have earned a bachelor's degree, have at least one-full time year of experience as a registered nurse in a critical care setting, and then earned a graduate degree, either a masters or a doctorate degree, from a CRNA program accredited by the Council on Accreditation of Nurse Anesthetists. The CRNA graduate programs consist of 24-51 months of graduate education on anesthesia, meaning in combination with their bachelor's degree, CRNAs have typically completed 7 – 8.5 years of education. Additionally, CRNA graduate programs include an average of 9369 hours of clinical anesthesia experience. Finally, the nurse must pass the National Certification Exam[1].

The current revised code states that CRNAs can practice under the supervision and direction of a doctor or surgeon. The supervising physician does not need to be an anesthesiologist and most often is the physician or surgeon who is performing the procedure. Many of these providers, while experts in their clinical field, are not experts in anesthesia and often received less education and clinical experience providing anesthesia care than the CRNA that they are supervising.

Additionally, the term supervision is not defined in code, there are no activities that must occur as part of this supervision, the supervising physician takes on no liability as long as they remain uninvolved in the anesthesia care, and there is no payment structure to reimburse for

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supervision (unless the supervisor is an anesthesiologist). As a matter of fact, many surgeons and physicians are unaware that they are supervising the collaborating CRNA.

There are two groups of providers, though, who are specifically detailed in the current revised code to have a different requirement when working with CRNAs. Dentists and podiatrists are only permitted to serve as the supervising provider if they have anesthesia training equivalent or above the CRNAs training. This requirement is inconsistent with the requirement of all other supervising providers and essentially limits the use of CRNAs in these settings.

This bill seeks to address these inconsistencies and clarify what is currently happening in clinical care across Ohio by making three changes:

First, the bill would remove the terms “supervise” and “under direction of” and change them to “consult.” A consultation relationship is more aligned with the actual collaborative relationship occurring in clinical care. Through consultation, a physician or surgeon orders anesthesia care and the CRNA provides it. I want to note that removing the term supervision allows organizations and providers who are comfortable with collaborating with CRNAs the ability to practice in a consultation relationship without confusion about an undefined supervisory relationship. However, this bill does not mandate this relationship. If an individual physician or surgeon decides not to consult with a CRNA without a supervisory relationship or an organization decides through its policies it wants to require direct supervision of CRNAs, this is completely admissible. For organizations that have supervisory relationships with CRNAs in a way they want to continue to provide care, this bill would change nothing. For those organizations and providers who are comfortable with consulting with CRNAs, this bill would allow this relationship and would move Ohio in line with the 37 other states who have no supervision or direction requirements concerning CRNAs. As a matter of fact only two states – Ohio and Louisiana – explicitly require supervision and direction relationships[2].

Second, the bill reorganizes and moves all the scope of practice items into one section to clarify exactly what care CRNAs may provide under Ohio law. No new practices have been added to the CRNAs’ scope.

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Finally, the bill includes dentists and podiatrists in the list of providers who are permitted to have a consultation relationship with CRNAs, thereby providing them the same ability to practice with CRNAs as all other physicians and surgeons.

I hope this is a helpful summary to the committee members and I look forward to working with interested parties and fully engaging the committee process to develop the best legislation to provide safe quality anesthesia care across Ohio.

Chair Cutrona, Vice Chair Gross, Ranking Member Somani and committee members, thank you for your consideration of HB 362 and my colleague Representative Blasdel and I will be happy to take any questions.

1.American Association of Nurse Anesthesiology https://www.aana.com/about-us/about-crnas/become-a-crna/#:~:text=CRNA%2Fnurse%20anesthesiologist%20preparation%20requires,United%20States%20or%20its%20territories

2. Summary of State Supervision Requirements for Nurse Anesthetists, January 2024.