

79th House District

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Transportation

Chair Cutrona, Vice Chair Gross, Ranking Member Somani, and members of the House Health Providers Services Committee, thank you for the opportunity to offer Sponsor Testimony in support of HB 362, which revises the law governing certified registered nurse anesthetists, or CRNAs.

There is no question that Ohio, like our nation, faces significant challenges in Health Care. Access to care, rising costs, provider and workforce shortages, financial constraints, and health disparities, among others, are especially acute in rural and underserved communities like those in the 79th House District, where I serve. We can take steps to alleviate these challenges by ensuring that we are allowing healthcare professionals to practice at the top of their training. One such medical professional that provides crucial services, but is limited by over-regulation, is a CRNA.

Researching this issue, I visited a rural hospital, and a state-of-the-art surgery center in my district while speaking directly to the CRNAs, administrators, and physicians that need this policy change. Over 3,600 licensed Ohio CRNAs are the primary providers of anesthesia care in traditional hospital surgical suites, obstetrical delivery rooms, critical access hospitals and ambulatory surgery centers. Right now, nearly 150 facilities in Ohio safely use CRNAs as the **sole anesthesia provider**, enabling their facilities to offer obstetrical, surgical, and trauma stabilization services - especially in rural and unserved communities.

However, despite the widespread presence of CRNAs in Ohio, Ohio ranks with the most restrictive and outdated regulatory environments for CRNAs to practice in the country. These arbitrary and often duplicative regulations (several dating as far back as the 83rd General Assembly in 1919) restrict today's facilities and providers from full utilization of CRNAs, thwarts competition for anesthesia services among qualified providers, drives up the cost of healthcare, and prevents access to much needed anesthesia services.

At a time when rural and critical access facilities face constant pressures to remain open and accessible to Ohioans, we must retain and attract more CRNAs than ever before. One way that my cosponsor and I seek to address this critical issue is by taking steps to reduce unnecessary regulations that act as barriers to practice for Ohio CRNAs through HB 362.

HB 362 updates the definition of supervision for CRNAs to match current clinical practice, removes barriers for CRNAs working with dentists and podiatrists, and eliminates additional and often redundant hurdles to practice and provide patient care. Simply put, HB 362 permits

facilities, physicians, and consulting providers the opportunity to utilize CRNAs to the top of their education, training, and current license IF it is in the best interest of their patients.

There are no new licensing schemes created, nor additional education or training required. This legislation does not expand the scope of CRNA practice, but rather allows CRNAs to perform at the level to which they are trained. Its permissive construction makes no mandates on health care facilities and does not require any facility to change the way they currently provide anesthesia care to their patients.

Hospital administrators, health care facilities of all types, policymakers and healthcare providers must find ways to improve patient access to safe, quality care without further burdening the healthcare system. HB 362 will allow Ohio health care professionals and facilities to do just that. Thank you for your consideration of HB 362. I would now to turn it over to the Joint Sponsor of the bill, Representative Rachel Baker.