

**Testimony of Todd Meyer, CRNA**

**For the Oregon Association of Nurse Anesthetists**

**Before the House Committee on Health Care**

**April 22, 2013**

**In Support of SB 210**

Chair Greenlick and Members of the Committee:

My name is Todd Meyer and I am a Certified Registered Nurse Anesthetist (CRNA) who has worked in Oregon since 2008 in several settings. My primary practice is a hospital-based practice in Marion county, however I work in other settings as a CRNA including Salem as well as several locations in Washington and Multnomah county.

In my hospital based practice I provide anesthesia care for acutely ill patients with multiple medical co-morbidities requiring surgery. I also provide anesthesia services for women undergoing childbirth in the labor and delivery suite. These patients can be some of the most challenging patients due to the fact that there are 2 patients involved, both mother and child.

In office based settings however , we generally see healthier clients and surgeons usually only perform minor surgical procedures. It does not seem prudent that CRNA's should not be in this setting and I am here today to ask the legislature to codify and clarify in statute this practice that CRNA's have been involved with for many years without issue.

3 reasons to consider an office-based procedure:

1. A minor surgical procedure done in an office based setting versus the sterile environment of a hospital or surgery center is much more satisfying for the patient.
2. Patients are more likely to seek care if the process is simplified through scheduling, availability and staffing, all processes that are easier than in a hospital setting.
3. With today's increasing healthcare costs we see procedures moving out of the hospital into the office based setting in an effort to contain costs.

In essence, office based surgery:

- increases access to care for patients
- provides a safe experience at a lower cost
- is instrumental in today's era of healthcare reform

Without CRNA's in these office-based practices, providers may choose to use less experienced staff without the education, skills and training we have to safely provide anesthesia services. This would be putting patients at risk for adverse events.

My colleagues have outlined our educational preparation, our history and have discussed our statutory language that has brought us here today. We also have multiple letters of support available from our physician colleagues with whom we work. As highly trained, educated anesthesia professionals we are able to assist surgeons to provide a multitude of services to clients at a lower cost and increased accessibility than a hospital based setting.

Therefore, on behalf of all CRNA's in Oregon I ask for your support of SB 210.

Thank You,

Todd Meyer, CRNA