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Bill Analysis

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Primary Sponsors: Reps. Swearingen and Plummer

Elizabeth Molnar, Attorney

SUMMARY

- Repeals the requirement that an anesthesiologist assistant practice only in a hospital or ambulatory surgical facility, under the direct supervision of an anesthesiologist, and during the first four years of practice, with enhanced supervision.
- Retains the requirements that an anesthesiologist assistant practice in accordance with a written practice protocol and under an anesthesiologist's supervision.
- Grants an anesthesiologist assistant the authority to select, order, and administer drugs, treatments, and intravenous fluids for conditions related to the administration of anesthesia.
- Authorizes an anesthesiologist assistant to perform additional activities or services, including ordering and evaluating diagnostic tests for conditions related to the administration of anesthesia.
- Permits an anesthesiologist assistant to direct nurses and respiratory therapists to perform specified tasks, including drug administration.

DETAILED ANALYSIS

Anesthesiologist assistants

Supervision and practice location

The bill makes several changes to the law governing anesthesiologist assistants, including by repealing the requirement that an anesthesiologist assistant practice only as follows:

- In a hospital or ambulatory surgical facility;

- Under the direct supervision of an anesthesiologist; and
- During the first four years of practice, with enhanced supervision.¹

It retains, however, the requirements that an assistant practice under anesthesiologist supervision – though no longer direct – and in accordance with a written practice protocol.²

Scope of practice

While the bill maintains anesthesiologist assistant authority to engage in many of the activities and services provided for in existing law, it also authorizes an anesthesiologist assistant to engage in other activities and services, some of which may be performed without the immediate presence of an anesthesiologist. (Current law requires an anesthesiologist assistant to practice in the anesthesiologist’s immediate presence.)³ The table below briefly describes the changes in these activities and services.

Current law activities and services (all of which must be performed in the immediate presence of an anesthesiologist)	Activities and services under the bill (only some of which must be performed in the immediate presence of an anesthesiologist)
Obtaining a comprehensive patient history and presenting the history to the supervising anesthesiologist.	Same.
Pretesting and calibrating anesthesia delivery systems and monitors.	Instead, testing and calibrating anesthesia delivery systems.
Obtaining and interpreting information from anesthesia delivery systems and monitors.	Instead, obtaining and interpreting information from anesthesia delivery systems (in the anesthesiologist’s immediate presence).
Assisting the supervising anesthesiologist with the implementation of medically accepted monitoring techniques.	No provision.
Administering intermittent vasoactive drugs and starting and adjusting vasoactive infusions.	Same (in the anesthesiologist’s immediate presence).
Establishing basic and advanced airway interventions, including intubation of the trachea and performing ventilatory support.	Similar, establishing basic and advanced airway interventions, including performing tracheal intubations and ventilatory support.

¹ R.C. 4760.08.

² R.C. 4760.08.

³ R.C. 4760.08 and 4760.09.

Current law activities and services (all of which must be performed in the immediate presence of an anesthesiologist)	Activities and services under the bill (only some of which must be performed in the immediate presence of an anesthesiologist)
Administering blood, blood products, and supportive fluids.	Same.
Administering anesthetic drugs, adjuvant drugs, and accessory drugs.	Instead, performing anesthesia induction, maintenance, and emergence, including by administering anesthetic, adjuvant, and accessory drugs (in the anesthesiologist's immediate presence).
Assisting the supervising anesthesiologist with the performance of epidural anesthetic procedures and spinal anesthetic procedures.	Instead, performing epidural or spinal anesthetic procedures (in the anesthesiologist's immediate presence).
Assisting the supervising anesthesiologist in developing and implementing an anesthesia care plan.	Instead, developing and implementing an anesthesia care plan (in the anesthesiologist's immediate presence).
No provision.	Obtaining informed consent for anesthesia care.
No provision.	Performing preanesthetic preparation and evaluation, postanesthetic preparation and evaluation, postanesthesia care, clinical support functions, and any other function described in the written practice protocol.
No provision.	Performing and documenting evaluations and assessments, including ordering and evaluating one or more diagnostic tests for conditions related to the administration of anesthesia.
No provision.	As necessary for patient management and care, selecting, ordering, and administering treatments, drugs, and intravenous fluids for conditions related to the administration of anesthesia. ⁴

⁴ R.C. 4729.01.

Current law activities and services (all of which must be performed in the immediate presence of an anesthesiologist)	Activities and services under the bill (only some of which must be performed in the immediate presence of an anesthesiologist)
No provision.	<p>As necessary for patient management and care, directing registered nurses, licensed practical nurses, and respiratory therapists⁵ to do either or both of the following if authorized by law to do so:</p> <ul style="list-style-type: none"> ▪ Provide supportive care, including by monitoring vital signs, conducting electrocardiograms, and administering intravenous fluids; ▪ Administer treatments, drugs, and intravenous fluids to treat conditions related to the administration of anesthesia.

Background

Ohio law recognizes the practice of anesthesiologist assistants, defined as individuals who assist anesthesiologists in developing and implementing anesthesia care plans for patients.⁶ It prohibits an individual from practicing as an anesthesiologist assistant without holding a State Medical Board-issued license⁷ and establishes limits on that practice, including by requiring an anesthesiologist assistant to practice only in a hospital or ambulatory surgical facility and under the direct supervision and in the immediate presence of an anesthesiologist.⁸

Current law also directs each supervising anesthesiologist to adopt a written practice protocol delineating (1) the services the assistant is authorized to provide, some of which are outlined in statute, and (2) the manner in which the assistant will be supervised. Existing law requires enhanced supervision of anesthesiologist assistants during their first four years of practice.⁹

⁵ R.C. 4723.01 and 4761.17.

⁶ R.C. 4760.01.

⁷ R.C. 4760.02.

⁸ R.C. 4760.08.

⁹ R.C. 4760.08.

HISTORY

Action	Date
Introduced	05-19-21
