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S.B. 81
(I_135_0738-1)
135th General Assembly

Bill Analysis

Version: As Pending in Senate Health

Primary Sponsor: Sen. Romanchuk

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SUMMARY

- Authorizes the following to sign documents related to patient admission, treatment, and discharge, if certain conditions are met: physician assistants, certified nurse practitioners, clinical nurse specialists, and certified nurse-midwives.
- With respect to physician assistants, limits the bill's signature authority to hospital patients, while for certified nurse practitioners, clinical nurse specialists, and certified nurse-midwives, limits the bill's signature authority to psychiatric or behavioral health facility inpatients.

DETAILED ANALYSIS

Authority to sign documents relating to patient admission, treatment, and discharge

The bill authorizes physician assistants and advanced practice registered nurses (APRNs) who are certified nurse practitioners, clinical nurse specialists, or certified nurse-midwives to sign documents relating to a patient's admission, treatment, or discharge – if certain conditions are met.¹ The documents may include treatment plans and medication orders that are part of treatment plans.

Types of patients

In the case of physician assistants, the bill authorizes the signing of documents related to hospital patients. For APRNs, this authority applies to documents concerning individuals receiving psychiatric or other behavioral health care services on an inpatient basis.

¹ R.C. 4723.436(A) and 4730.204(A).

Conditions on signing authority

The following conditions must be satisfied in order for a physician assistant or APRN to be eligible to sign the documents:

- The physician assistant must be employed by the hospital, while the APRN must either be employed, or granted appropriate credentials, by the facility;
- The physician assistant's supervising physician or the APRN's collaborating physician must either be employed by the hospital or facility or be a member of its medical staff;
- The supervising or collaborating physician must have authorized the physician assistant or APRN to sign documents relating to the admission, treatment, or discharge of the physician's patients;
- In the case of a physician assistant, the hospital's policies must allow the physician assistant to sign the documents;
- In the case of an APRN, the nurse's standard care arrangement must specify in writing that the nurse is authorized to sign documents for the physician's patients.²

Physician immunity

The bill states that a supervising physician, in the case of a physician assistant, or a collaborating physician, in the case of an APRN, who authorizes the physician assistant or APRN to sign documents under the bill's provisions is not subject to civil liability, administrative action, or criminal prosecution for an act or omission that arises from the physician assistant or APRN signing the document.³

Physician supervision and collaboration – background

Physician supervision

Existing law unchanged by the bill requires a physician assistant to practice only under the supervision, control, and direction of a physician with whom the physician assistant has entered into a supervision agreement. The physician assistant also must practice in accordance with that agreement and if applicable, the policies of the health care facility where the physician assistant practices.⁴

Physician collaboration

Current law unchanged by the bill requires an APRN who is a certified nurse practitioner, clinical nurse specialist, or certified nurse-midwife to practice in collaboration with a physician, meaning that the physician is continuously available to communicate with the

² R.C. 4723.431(C), 4723.436(B), and 4730.204(B).

³ R.C. 4723.436(D) and 4730.204(C).

⁴ R.C. 4730.08, not in the bill.

nurse either in person or by electronic communication.⁵ The APRN also must enter into a standard care arrangement with one or more collaborating physicians and practice in accordance with it. A standard care arrangement is a written, formal guide for planning and evaluating a patient’s health care that is developed by one or more collaborating physician and the APRN.

HISTORY

Action	Date
Introduced	03-07-23

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⁵ R.C. 4723.01 and 4723.43, not in the bill, and 4723.431.