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H.B. 52
136th General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsor: Rep. Deeter

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SUMMARY

- Eliminates the requirement that a certified registered nurse anesthetist (CRNA) practice with supervision, defined by existing law to mean that the CRNA is under a physician's, podiatrist's, or dentist's direction.
- Instead requires a CRNA to practice with consultation, defined by the bill to mean that a physician, podiatrist, or dentist has requested the CRNA to perform certain tasks for a patient.
- Eliminates the requirement that a CRNA be in the immediate presence of a physician, podiatrist, or dentist when administering anesthesia or performing its induction, maintenance, or emergence.
- Removes the timeline during which a CRNA may engage in specified activities, including selecting, ordering, and administering certain treatments, drugs, and intravenous fluids, while maintaining a CRNA's authority to engage in many of those activities.
- Prohibits the State Medical Board from providing, by rule or otherwise, that a podiatrist cannot serve as a CRNA's consulting provider based on the setting where the podiatrist practices.
- Requires a dentist who serves as a CRNA's consulting provider to hold a conscious sedation or general anesthesia permit from the State Dental Board.
- Makes other changes to the law governing the practice of CRNAs, including by consolidating provisions of existing law.

DETAILED ANALYSIS

Consulting in place of supervising

H.B. 52 eliminates the current law requirement that a certified registered nurse anesthetist (CRNA) practice under the supervision of a physician, podiatrist, or dentist. Instead, the bill requires a CRNA to practice in consultation with such a provider.¹ **Consultation** is defined as meaning that one of the foregoing providers has requested the CRNA to perform certain activities for a patient (see “**CRNA scope of practice**” below).² Such a request may be made either verbally or in writing.

At present, Ohio law requires a CRNA to practice with the supervision of a physician, podiatrist, or dentist. **Supervision** is defined as meaning that the CRNA is under the provider’s direction.³

Practice setting policies

The bill further defines **consultation** as meaning that a consulting provider’s request for a CRNA to perform an activity is being made in accordance with the policies established by the setting where the consulting provider and CRNA practice. In a corresponding provision, the bill specifies that the CRNA’s authority to perform the requested activities is based on the policies established by the practice setting.⁴

Immediate presence

In addition to replacing supervision with consultation, the bill eliminates the existing law requirement that a CRNA be in the immediate presence of a physician, podiatrist, or dentist when administering anesthesia or performing its induction, maintenance, or emergence.⁵

Consulting podiatrists and dentists

Podiatrists

The bill prohibits the State Medical Board, when adopting rules and administering and enforcing the law governing podiatrists, from limiting consultation with a CRNA based on a podiatrist’s practice setting. Specifically, the Board cannot prohibit a podiatrist who practices in a setting other than a hospital or college of podiatric medicine and surgery from consulting with

¹ R.C. 4723.01 and 4723.43.

² R.C. 4723.01(M).

³ R.C. 4723.01(M) and 4723.43(B).

⁴ R.C. 4723.01(M) and 4723.43(D).

⁵ R.C. 4723.01(M) and 4723.43.

a CRNA.⁶ Under existing law, which is unchanged by the bill, a podiatrist is authorized to use general anesthetics only in hospitals and such colleges.⁷

Additionally, the bill eliminates the following current law conditions on a CRNA's practice with a podiatrist: (1) that the CRNA's scope of practice is limited to the anesthesia procedures that the podiatrist is authorized to perform and (2) that the CRNA cannot administer general anesthesia in a podiatrist's office.⁸

Dentists

To be eligible to consult with a CRNA, the bill requires that the dentist hold a conscious sedation or general anesthesia permit issued by the State Dental Board. Under existing law, such a permit is required before a dentist may employ or use conscious sedation or general anesthesia.⁹

In a corresponding provision, the bill clarifies a current law condition under which a CRNA's practice with a dentist is limited to the anesthesia procedures that the dentist is authorized to perform. It does so by referencing the anesthesia procedures that the consulting dentist has authority to perform under the dentist's conscious sedation or general anesthesia permit.¹⁰

Both providers

For both podiatrists and dentists, the bill does not extend to CRNA consultation an additional limitation that applies to CRNA supervision – that is, a current law requirement that these supervising providers act within their respective scopes of practice. Instead, as described above for all consulting providers, the bill relies on the policies established by the setting where the CRNA and consulting provider are practicing.¹¹

Patient best interest

The bill revises an existing law provision that prohibits a CRNA from engaging in certain activities if the supervising provider or the health care facility where the CRNA practices determines that it is not in a patient's best interest for the nurse to perform the one or more activities. Under current law, this prohibition applies only to certain tasks and only when performed during the period beginning on a patient's admission to a facility for a surgery or

⁶ R.C. 4731.513.

⁷ R.C. 4731.51, not in the bill.

⁸ R.C. 4723.01 and 4723.43(B).

⁹ R.C. 4723.01(M) and 4715.03, not in the bill.

¹⁰ R.C. 4723.01 and 4723.43(B) and (D).

¹¹ R.C. 4723.01(M).

procedure and ending with the patient's discharge from recovery.¹² Under the bill, however, the foregoing prohibition applies to any CRNA activity and at any time.¹³

Note that the bill refers to a consulting provider, rather than a supervising one. It also refers to the setting where the CRNA and consulting provider practice, rather than a health care facility.

Note on verbal orders

The bill maintains an existing law provision specifying that a CRNA is not prohibited from implementing a verbal order of a supervising physician, podiatrist, or dentist, except that the bill instead refers to a consulting dentist's, physician's, or podiatrist's verbal order.¹⁴

CRNA scope of practice

The bill consolidates several existing statutes governing a CRNA's scope of practice, while also revising, in part, that scope of practice by eliminating certain activities and authorizing others.¹⁵ The following table highlights the revisions.

| Activity | Current law (with supervision) | H.B. 52 (with consultation) |
|--|---|---|
| Administering anesthesia. | Permitted under current law in the immediate presence of a physician, podiatrist, or dentist. | Maintained by the bill, without requiring a physician's, podiatrist's, or dentist's immediate presence. |
| Performing anesthesia induction, maintenance, and emergence. | Permitted under current law in the immediate presence of a physician, podiatrist, or dentist. | Maintained by the bill, without requiring a physician's, podiatrist's, or dentist's immediate presence. |
| Performing epidural or spinal anesthetic procedures. | No provision. | Specifically authorized by the bill. |
| Obtaining informed consent for anesthesia care. | Permitted under current law. | Maintained by the bill. |
| Performing and documenting evaluations and assessments, which may include ordering and | Permitted under current law, but only when performed as follows: | Maintained by the bill, but without the respective restrictions, except that |

¹² R.C. 4723.434.

¹³ R.C. 4723.433(A).

¹⁴ R.C. 4723.433(C) and 4723.434, repealed.

¹⁵ R.C. 4723.43(D), 4723.433, repealed and reenacted, 4723.434, repealed, and 4723.435, repealed. See also R.C. 4761.17.

| Activity | Current law (with supervision) | H.B. 52 (with consultation) |
|--|--|---|
| evaluating one or more diagnostic tests. | <ul style="list-style-type: none"> ▪ During the time period that begins on a patient’s admission for a surgery or procedure and ends with the patient’s discharge from recovery; ▪ While the CRNA is physically present at the health care facility; ▪ While the CRNA’s supervising provider is also physically present at the health care facility; ▪ Under a written policy adopted by the health care facility’s medical, nursing, and pharmacy directors; and ▪ When ordering and evaluating diagnostic tests, only for conditions related to the administration of anesthesia. | ordering and evaluating diagnostic tests is limited to conditions related to anesthesia’s administration or the performance of clinical support functions. |
| <p>Performing pre-anesthetic preparation and evaluation, post-anesthetic preparation and evaluation, post-anesthesia care, and clinical support functions.</p> <p>Selecting, ordering, and administering treatments, drugs, and IV fluids.</p> | <p>Permitted under current law.</p> <p>Permitted under current law, but only when performed as follows:</p> <ul style="list-style-type: none"> ▪ During the time period that begins on a patient’s admission for a surgery or procedure and ends with the | <p>Maintained by the bill.</p> <p>Maintains CRNA authority to perform the activities, but eliminates all the current law conditions – except for the condition of having to be necessary for patient management and care AND for conditions related to the administration of anesthesia; in</p> |

| Activity | Current law (with supervision) | H.B. 52 (with consultation) |
|--|---|--|
| | <p>patient's discharge from recovery;</p> <ul style="list-style-type: none"> ▪ As necessary for patient management and care AND for conditions related to the administration of anesthesia; ▪ While the CRNA is physically present at the health care facility; ▪ While the CRNA's supervising provider is physically present at the health care facility; and ▪ Under a written policy adopted by the health care facility's medical, nursing, and pharmacy directors. | <p>this case, also extends the CRNA's authority to perform the activities for conditions related to the performance of clinical support functions.</p> |
| <p>Directing a registered nurse (RN), licensed practical nurse (LPN), or respiratory therapist to do the following:</p> <ul style="list-style-type: none"> ▪ Provide supportive care, including monitoring vital signs, conducting electrocardiograms, and administering IV fluids; ▪ Administer treatments, drugs, and IV fluids. | <p>Permitted under current law when performing clinical support functions if the following conditions are met:</p> <ul style="list-style-type: none"> ▪ The RN, LPN, or therapist is authorized by law to provide such care; ▪ With respect to administering treatments, drugs, and IV fluids, the administration must be for anesthesia-related conditions only and the treatments, drugs, and IV fluids must have been ordered by a physician, podiatrist, or dentist. <p>Also permitted under current law separate from clinical</p> | <p>Maintained by the bill, but with the following changes:</p> <ul style="list-style-type: none"> ▪ Eliminates the condition that the treatments, drugs, and IV fluids be ordered by a physician, podiatrist, or dentist; ▪ Allows the treatments, drugs, and IV fluids to be administered not only for anesthesia-related conditions, but also for the performance of clinical support functions. <p>Maintained by the bill, but without any of the current law conditions.</p> |

| Activity | Current law (with supervision) | H.B. 52 (with consultation) |
|---|--|--|
| | <p>support functions if the direction occurs as follows:</p> <ul style="list-style-type: none"> ▪ During the time period that begins on a patient's admission for a surgery or procedure and ends with the patient's discharge from recovery; ▪ As necessary for patient management and care; ▪ While the CRNA is physically present at the health care facility; ▪ While the CRNA's supervising provider is physically present at the health care facility; ▪ Under a written policy adopted by the health care facility's medical, nursing, and pharmacy directors. | |
| Prescribing a drug for use outside the location where the CRNA practices. | Does not authorize a CRNA to prescribe a drug for use outside the health care facility where the CRNA practices. | Same as current law, but instead refers to the setting where the CRNA practices. |

HISTORY

| Action | Date |
|------------|----------|
| Introduced | 02-04-25 |