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# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

H.B. 224  
(1\_133\_1055-2)  
133<sup>rd</sup> General Assembly

## Fiscal Note & Local Impact Statement

[Click here for H.B. 224's Bill Analysis](#)

**Version:** In House Health

**Primary Sponsors:** Reps. Cross and Wilkin

**Local Impact Statement Procedure Required:** No

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### Highlights

- The Board of Nursing may experience a minimal increase in administrative and investigative costs as a result of the bill.
- Government hospitals may experience a minimal increase in administrative costs in order to grant privileges and develop written policies.

### Detailed Analysis

The bill allows for expanded authority of certified registered nurse anesthetists (CRNAs) to care for patients, generally from admission into the facility until discharge from recovery, in accordance with a facility's written policy and approved privileges. Under these conditions, the bill permits CRNAs to:

- Select anesthesia if the CRNA is in the immediate presence of a physician, podiatrist, or dentist;
- Select, order, and administer other drugs for the treatment of conditions related to the administration of anesthesia;
- Perform clinical support functions in consultation with a physician at any time;
- Order fluids, treatments, drugs, and diagnostic tests and evaluate the results of those tests when performing clinical support functions; and
- Direct nurses and respiratory therapists to perform specified tasks, including administering drugs.

Government hospitals will experience an administrative cost to grant appropriate credentials and clinical privileges and develop a written policy regarding CRNAs' authority to order and evaluate tests, establish anesthesia care plans, and select, order, and administer

fluids, treatments, and drugs. Additionally, the Board of Nursing could realize a minimal increase in costs to promulgate rules and make any necessary administrative and information technology changes. It is possible that these changes in practice could increase the number of complaints and subsequent disciplinary hearings. If this occurs, there could be an increase in these costs; however, any increase is expected to be minimal. At the end of FY 2018, the Board of Nursing licensed 3,087 CRNAs.

## **Synopsis of Fiscal Effect Changes**

The substitute bill (I\_133\_1055-2) requires facilities to grant CRNAs the appropriate credentials or clinical support privileges and have a written policy regarding CRNAs' authority. Government-operated hospitals will incur an additional cost to develop written policies and grant credentials.

The substitute bill additionally limits when CRNAs can use their expanded authority from when the patient is admitted to a facility until the patient is discharged from recovery, with the exception of clinical support functions.