



www.lsc.ohio.gov

# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

H.B. 224  
(I\_133\_1055-10)  
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

Nicholas J. Blaine, Budget Analyst

### 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 develop written policies.

### Detailed Analysis

The bill allows certified registered nurse anesthetists (CRNAs) to care for patients, generally from admission into the facility for a surgery or procedure until discharge from recovery, in accordance with a facility's written policy. The bill requires the written policy to include standards and procedures to be followed by CRNAs when performing one or more of the following activities:

- Selecting, ordering, and administering certain drugs for the treatment of conditions related to the administration of anesthesia;
- Ordering diagnostic tests and evaluating the results of those tests when performing clinical support functions; and
- Directing nurses and respiratory therapists to perform specified tasks, including administering drugs.

Government hospitals will experience an administrative cost to develop a written policy that meets certain conditions regarding CRNAs' authority.

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**

This synopsis of changes only includes changes made from the previous substitute bill (I\_133\_1055-2) that are anticipated to have a fiscal impact. Provisions changed from the previous version of the bill that likely have no fiscal effect are not discussed.

The substitute bill (I\_133\_1055-10) removes the requirement that a CRNA be granted credentials and clinical privileges before engaging in the expanded practices allowed in the bill. This change may eliminate an administrative cost for government hospitals. However, the substitute bill also adds requirements to a facility's written policy of standards and procedures for CRNAs; meeting these requirements could minimally increase the cost for government hospitals.

Additionally, the substitute bill generally reduces the authority granted to CRNAs compared to the previous substitute bill. This may reduce the number of complaints made to the Board of Nursing along with any subsequent disciplinary hearings.