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H.B. 224*
133rd General Assembly

Bill Analysis

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Version: As Reported by House Health

Primary Sponsors: Reps. Cross and Wilkin

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SUMMARY

- Grants a certified registered nurse anesthetist (CRNA) authority to select, order, and administer drugs, treatments, and intravenous fluids for conditions related to the administration of anesthesia, but only during the time period established by the bill and in accordance with a health care facility's required policy.
- Permits a CRNA – under certain circumstances – to direct nurses and respiratory therapists to perform specified tasks, including administering drugs.
- Authorizes a CRNA to perform additional activities or services, including ordering and evaluating diagnostic tests.
- Allows a supervising practitioner or health care facility to prohibit a CRNA from performing an activity or service authorized by the bill if the supervising practitioner or facility determines that is not in a patient's best interest for the CRNA to do so.

DETAILED ANALYSIS

Certified registered nurse anesthetists

Supervision and practice

The bill retains the current law requirement that a certified registered nurse anesthetist (CRNA) practice under the supervision of a physician, podiatrist, or dentist. Supervision is described as being under the direction of a supervising practitioner acting within that

* This analysis was prepared before the report of the House Health Committee appeared in the House Journal. Note that the legislative history may be incomplete.

practitioner's scope of practice.¹ In relation to this supervision, the services a CRNA is authorized to provide under existing law are described as follows:

1. With supervision and in the immediate presence of the supervising practitioner, a CRNA may administer anesthesia and perform anesthesia induction, maintenance, and emergence;
2. With supervision, a CRNA may perform preanesthetic preparation, postanesthesia care, and clinical support functions.²

The bill maintains the services that a CRNA currently may perform with supervision and also authorizes a CRNA to perform other services with supervision. The bill retains an existing provision specifying that a CRNA must act in a manner that is consistent with the CRNA's education and certification and in accordance with rules adopted by the Ohio Board of Nursing.³

Selecting, ordering, and administering drugs, treatments, and IV fluids

Current law grants each advanced practice registered nurse (APRN) specialty, other than the CRNA specialty, authority to prescribe or furnish most drugs and therapeutic devices as part of the APRN license.⁴ Accordingly, CRNAs lack authority at present to select and order drugs.⁵

The bill, however, permits a CRNA to select, order, and administer drugs, treatments, or intravenous (IV) fluids for conditions related to the administration of anesthesia. This may occur as necessary for patient management and care and only during the time period that begins on a patient's admission to a health care facility for a surgery or procedure and ends with the patient's discharge from recovery.⁶ The bill further requires that, when a CRNA selects, orders, and administers a drug, treatment, or IV fluids, the CRNA and his or her supervising practitioner both be physically present at the health care facility. In addition, the CRNA must indicate the administration in the patient's medical or electronic health record. The bill also requires the facility to adopt a written policy (see "**Written policy**" below).

The bill further provides that it does not authorize a CRNA to prescribe a drug for use outside the facility or other setting where the nurse provides anesthesia care.⁷

¹ R.C. 4723.43(B). See also R.C. 4723.01(M), 4723.432(B), 4731.27(C), and 4731.35(A), not in the bill.

² R.C. 4723.01(M), not in the bill, and 4723.43(B).

³ R.C. 4723.43(B).

⁴ See R.C. 4723.43 and 4723.481, not in the bill, with respect to certified nurse practitioners, certified nurse-midwives, and clinical nurse specialists.

⁵ R.C. 4723.43(B).

⁶ R.C. 4723.434.

⁷ R.C. 4723.434.

Clinical support functions and delegation

Current law permits a CRNA to perform *clinical support functions*, but does not define or describe those functions.⁸ Under the bill, a CRNA – while performing clinical support functions – may direct a registered nurse, licensed practical nurse, or respiratory therapist to do either of the following:

1. Provide supportive care, which may include monitoring vital signs, conducting electrocardiograms, and administering IV fluids;
2. Administer drugs, treatments, and IV fluids to treat conditions related to the administration of anesthesia, but only if a physician, podiatrist, or dentist ordered them.⁹

Delegation generally

The bill authorizes a CRNA to direct registered nurses, licensed practical nurses, and respiratory therapists to do the following for patient management and care:

1. Administer drugs, treatments, and IV fluids for the treatment of conditions related to administration of anesthesia;
2. Provide supportive care, including monitoring vital signs, conducting electrocardiograms, and performing IV therapy.¹⁰

However, a CRNA may direct such actions only during the time period that begins on the patient's admission to the facility for a surgery or procedure and ends on the patient's discharge from recovery **and** in accordance with the facility's required policy. The bill also requires the CRNA to indicate the delegation in the patient's medical or electronic health record.¹¹

Note on delegation

The bill's conditions on a CRNA's authority to delegate drug, treatment, or IV fluid administration differ depending on whether the CRNA does so (1) during the time period from admission to discharge from recovery or (2) while performing clinical support functions. For example, when a CRNA delegates administration as part of performing clinical support functions, the bill requires the drug, treatment, or IV fluid to have been ordered by a physician.¹² A physician's order is not specifically required, however, when a CRNA delegates administration during the period from the patient's admission for a surgery or procedure to discharge from recovery.

⁸ R.C. 4723.43(B).

⁹ R.C. 4723.433.

¹⁰ R.C. 4723.434 and 4761.17.

¹¹ R.C. 4723.434(B).

¹² R.C. 4723.433.

It is unclear from the text of both current law and the bill, though, when clinical support functions are performed. It is possible that they could occur during the period from admission to discharge from recovery. If so, it remains uncertain whether a physician's order would be required before the CRNA could delegate drug, treatment, and IV fluid administration to an RN, LPN, or respiratory therapist.

Additional services and activities

In addition to the changes in a CRNA's practice described above, the bill permits a CRNA to do all of the following:

1. Perform and document evaluations and assessments, which may include ordering and evaluating one or more diagnostic tests for conditions related to the administration of anesthesia;
2. Obtain informed consent for anesthesia care;
3. Perform postanesthetic preparation and evaluation. (Existing law refers only to the authority to perform postanesthesia care.)¹³

In the event a CRNA performs and documents evaluations and assessments, the bill requires the CRNA to indicate that fact in the patient's medical or electronic health record.¹⁴

The bill retains current provisions specifying that a CRNA is authorized to perform anesthesia induction, maintenance, and emergence in the immediate presence of a supervising practitioner.¹⁵

Written policy

The bill prohibits a CRNA from performing and documenting evaluations and assessments; selecting, ordering, and administering drugs, treatments, and IV fluids for conditions related to the administration of anesthesia; and directing RNs, LPNs, and respiratory therapists to perform certain actions unless both of the following apply:

1. The CRNA and supervising physician, podiatrist, or dentist are physically present at the health care facility where the nurse is practicing;
2. The health care facility where the nurse practices has adopted a written policy that meets the bill's requirements.¹⁶

The bill requires the policy to be developed by the health care facility's medical, nursing, and pharmacy directors.¹⁷ It also requires the adopted policy to establish standards and

¹³ R.C. 4723.43(B) and 4723.434.

¹⁴ R.C. 4723.434(B).

¹⁵ R.C. 4723.43(B).

¹⁶ R.C. 4723.434(B) and 4723.435.

¹⁷ R.C. 4723.434(B).

procedures to be followed by CRNAs when ordering and evaluating diagnostic tests; selecting, ordering, and administering drugs, treatments, and IV fluids; and directing RNs, LPNs, and respiratory therapists to administer drugs, treatments, and IV fluids or provide supportive care.¹⁸

In adopting a policy, a health care facility must not authorize a CRNA to select, order, or administer any drug that a supervising physician, podiatrist, or dentist is not authorized to prescribe. Also, the health care facility must allow a supervising practitioner to issue every order related to a patient's anesthesia care.¹⁹

Opt-out provisions

Under the bill, a CRNA is prohibited from doing any of the following if the CRNA's supervising practitioner or the health care facility where the CRNA practices determines that it is not in a patient's best interest:

1. Performing and documenting evaluations and assessments, including ordering and evaluating diagnostic tests;
2. Selecting, ordering, and administering drugs, treatments, and IV fluids for conditions related to the administration of anesthesia;
3. Directing RNs, LPNs, and respiratory therapists to administer drugs, treatments, and IV fluids or provide supportive care.²⁰

If the supervising practitioner or health care facility makes such a determination, the patient's medical or electronic health record must indicate that the CRNA is prohibited from performing the activity or activities.

The bill also specifies that it does not prohibit a CRNA from implementing a supervising practitioner's verbal order.²¹

HISTORY

Action	Date
Introduced	04-29-19
Reported, H. Health	---

H0224-RH-133/ks

¹⁸ R.C. 4723.435(A).

¹⁹ R.C. 4723.435(B).

²⁰ R.C. 4723.434(B).

²¹ R.C. 4723.434(C).