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OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
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Office

S.B. 236
133rd General Assembly

Fiscal Note & Local Impact Statement

[Click here for S.B. 236's Bill Analysis](#)

Version: As Reported by House Health

Primary Sponsor: Sen. S. Huffman

Local Impact Statement Procedure Required: No

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Highlights

- Ohio Department of Health may experience a minimal increase in administrative costs related to rule promulgation if it chooses to make any changes as a result of the bill.
- Government-owned hospitals may experience an increase in costs to develop and approve any treatment guidelines regarding the practice of radiography and nuclear medicine technology if none currently exist.
- The State Medical Board could realize some administrative costs related to the anesthesiologist assistant practice changes, including updating any associated rules, addressing questions, etc.

Detailed Analysis

Radiation Control Program rules

The bill specifies that the Director of Health, when adopting rules for the Radiation Control Program, use the Conference of Radiation Control Program Director's "Suggested State Regulations for Control of Radiation." However, the bill authorizes the Director to deviate from this regulation if the Director determines that doing so is warranted and does not pose a health, environmental, or safety risk. ODH may experience a minimal increase in costs if it chooses to make any rule changes as a result of this change.

Treatment guidelines

The bill also requires that a radiographer and a nuclear medicine technologist practice in a manner that is consistent with a definitive set of treatment guidelines approved by the clinical leadership of the institution where the radiographer or technologist practices. Government-owned hospitals may experience an increase in costs to develop and approve any treatment guidelines if none are currently in place.

Documentation of orders in patient medical records

In addition, the bill specifies that one of the activities radiographers and nuclear medicine technologists are licensed to perform is to document orders for contrast and radiopharmaceuticals, respectively, in patient medical records. If this results in any work efficiencies, it is possible that government-owned hospitals may realize some minimal decreases in costs.

Anesthesiologist assistants

The bill makes several changes to the law governing the practice of anesthesiologist assistants, including the following: (1) grants an anesthesiologist assistant the authority to select, order, and administer drugs, treatments, and intravenous fluids for conditions related to the administration of anesthesia, (2) permits an anesthesiologist assistant to direct nurses and respiratory therapists to perform specified tasks, including drug administration, and (3) authorizes an anesthesiologist assistant to perform additional activities or services, including ordering and evaluating diagnostic tests for conditions related to the administration of anesthesia. Since the bill authorizes an anesthesiologist assistant to engage in these additional activities, some of which may be performed without the immediate presence of an anesthesiologist, it is possible that more of these services could be provided in places where these individuals are employed, such as government-owned hospitals. It is possible that the State Medical Board may realize an increase in administrative costs to make any necessary changes to rules, etc., as a result of the provisions. It is also possible that the Board may have to address questions and any complaints associated with these provisions. At the end of FY 2019, the State Medical Board regulated 278 active anesthesiologist assistant licensees.

Nonprofit formed or acquired by a county hospital

The bill also specifies that a nonprofit corporation, limited liability company, enterprise, or venture that a board of county hospital trustees of a county hospital forms, acquires, or becomes involved with is a separate entity for all purposes from the county hospital, a county, a township, or other public entity. There should be no direct fiscal impacts related to this provision.