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H.B. 318
(1_134_0968-4)
134th General Assembly

Fiscal Note & Local Impact Statement

[Click here for H.B. 318's Bill Analysis](#)

Version: In House Health

Primary Sponsors: Reps. Swearingen and Plummer

Local Impact Statement Procedure Required: No

Ryan Sherrock, Economist

Highlights

- The State Medical Board may experience a minimal increase in administrative costs to make any necessary rule changes and to address any associated questions or complaints.

Detailed Analysis

Anesthesiologist assistants

The bill authorizes anesthesiologist assistants to engage in additional activities and services as long as certain conditions are met. The services that can be provided include the following: (1) the authority to select, order, and administer drugs, treatments, and intravenous fluids for conditions related to the administration of anesthesia, (2) to direct certain nurses and respiratory therapists to perform specified tasks, and (3) to perform additional activities or services, including ordering and evaluating diagnostic tests for conditions related to the administration of anesthesia. The bill maintains the requirement that an anesthesiologist assistant practice under an anesthesiologist's direct supervision and provide services only in the anesthesiologist's immediate presence. The bill defines the phrase "direct supervision and in the immediate presence of" to include some of the following: the supervising anesthesiologist remains physically present at the facility and is available for immediate diagnosis and treatment during emergencies; the supervising anesthesiologist can be reached by telephone, paging device, or overhead paging system; the supervising anesthesiologist personally participates in certain procedures that are more demanding to perform; and the supervising anesthesiologist is not required to be present in the same room or area for the duration of the anesthetic management being provided. The bill also repeals the requirement that an anesthesiologist assistant practice only in a hospital or ambulatory surgical facility and with enhanced supervision during the first four years of practice. The State Medical Board may realize a minimal increase in administrative costs to make any necessary changes to rules or to respond to any related

questions or complaints. In FY 2021, the State Medical Board regulated about 330 active anesthesiologist assistant licensees. It is possible that the bill could increase access to care since it authorizes an anesthesiologist assistant to engage in additional activities.

Synopsis of Fiscal Effect Changes

The main differences between the substitute bill (I_134_0968-4) and the As Introduced version can be summarized as follows:

- The substitute bill maintains the current law requirement that an anesthesiologist assistant practice “under the direct supervision and in the immediate presence of” an anesthesiologist. It defines the phrase “direct supervision and in the immediate presence of,” which is not defined under current law.
- The substitute bill establishes conditions on an anesthesiologist’s authority to provide the services specified in the As Introduced bill. These conditions include some of the following requirements: that the supervising anesthesiologist request the assistant provide the service; the requested service is consistent with the assistant’s education, training, and licensure; the service is among those the assistant is authorized to provide under the written protocol; and the assistant is not prohibited to provide the service by law or rule.

These differences should not have much impact on the fiscal effects of the bill.