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# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

S.B. 81  
135<sup>th</sup> General Assembly

## Fiscal Note & Local Impact Statement

[Click here for S.B. 81's Bill Analysis](#)

**Version:** As Passed by the House

**Primary Sponsor:** Sen. Romanchuk

**Local Impact Statement Procedure Required:** No

Suveksha Bhujel, Economist, and other LBO staff

### Highlights

- Government-owned health care facilities may experience minimal costs to update policies to allow physician assistants to sign documents related to the admission, treatment, or discharge of psychiatric inpatients.
- The Ohio Board of Nursing (NUR) will realize impacts to replace its existing substance use monitoring program with the new Safe Haven Program. The impacts will depend on the costs associated with administering the existing program versus the costs associated with contracting with a monitoring organization to administer the new program.

### Detailed Analysis

#### Signature authorization

The bill authorizes physician assistants and advanced practice registered nurses (APRNs) who are clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners to sign documents relating to the admission, treatment, or discharge of a patient if certain conditions are met. These conditions include that the supervising or collaborating physician authorizes the practitioner to sign documents. Additionally, for physician assistants, the health care facility policies must allow physician assistants to sign the documents. In the case of APRNs, the nurse's standard care arrangement with the collaborating physician should specify in writing that the nurse is authorized to sign documents. The documents authorized to be signed should relate to psychiatric or behavioral health care facility inpatients and may include a treatment plan or medication order that is a part of the treatment plan. The bill specifies that the supervising or collaborating physician are not subject to civil liability for injury, death, or loss to person or property that arises from the physician assistant or APRN signing the document.

Government-owned health care facilities could realize minimal costs to update policies to allow physician assistants to sign these documents. However, if these policies are put into place, it is possible that there might be an increase in access to care or services rendered at the facility. The State Medical Board of Ohio regulates physician assistants and the Ohio Board of Nursing (NUR) regulates APRNs. If any rules need to be updated to allow these practitioners to perform these duties, there could be minimal rule promulgation costs. Any of these costs would be absorbed with existing resources.

## **Safe Haven Program**

The bill eliminates NUR's existing Substance Use Disorder Monitoring Program, and instead requires NUR to establish the Safe Haven Program. NUR is required to contract with a monitoring organization to conduct this program. The bill also (1) extends the Safe Haven Program to applicants for licensure (rather than only licensed practitioners as under current law relating to the existing program) and to those impaired because of mental or physical disability (rather than only drug, alcohol, or substance use impairment) and (2) requires (rather than authorizes) NUR to abstain from taking certain disciplinary action against impaired practitioners. The bill also establishes duties on the monitoring organization and generally grants the monitoring organization immunity from civil liability for any act taken in conducting the program.

NUR will realize a shift in costs for replacing the existing program with the new Safe Haven Program. The fiscal impact will depend on the difference in costs associated with administering the existing monitoring program and the costs associated with contracting with a monitoring organization to administer the new program.

## **Insurance navigators**

The bill modifies the current requirements related to insurance navigator certification and accepting compensation from insurers. The bill specifies that an individual or entity that accepts any financial compensation in connection with the enrollment of any employees or other individuals in a qualified health benefit plan from an insurer offering a qualified health benefit plan through an exchange operating in the state is ineligible to be certified as an insurance navigator. Under existing law, an individual or entity that accepts any financial compensation from such insurer, irrespective of whether it is in connection with such enrollment, is ineligible to be an insurance navigator. The provision would conform Ohio's insurance navigator requirements to the federal law. The provision has no direct fiscal effect on the state or local governments.