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# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

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Office

**H.B. 52**  
**(1\_136\_1457-1)**  
**136<sup>th</sup> General Assembly**

## Fiscal Note & Local Impact Statement

[Click here for H.B. 52's Bill Analysis](#)

**Version:** In House Health

**Primary Sponsor:** Rep. Deeter

**Local Impact Statement Procedure Required:** No

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### Highlights

- The bill makes several changes to the law governing the practice of certified registered nurse anesthetists (CRNAs). As a result, the Board of Nursing could realize minimal costs to update or promulgate any necessary rules. Government-owned hospitals may realize costs to update their policies to comply with the bill's provisions.
- The bill requires health care facilities to provide notices to patients regarding anesthesia administration. Government-owned hospitals may realize administrative costs to provide and document these notices.

### Detailed Analysis

The bill makes several changes to the law governing the practice of certified registered nurse anesthetists (CRNAs). The bill eliminates the requirement that a CRNA work under the direction of a physician, podiatrist, or dentist and instead requires a CRNA to work in *collaboration*<sup>1</sup> with a practitioner. The bill eliminates the requirement that a CRNA be in the immediate presence of a physician, podiatrist, or dentist when administering anesthesia or performing its induction, maintenance, or emergence, although the bill does require the physician, podiatrist, or dentist to be present in the health care facility. Additionally, the bill prohibits the State Medical Board from providing, by rule or otherwise, that a podiatrist cannot serve as a CRNA's consulting provider based on the setting where the podiatrist practices. It also requires a dentist serving as a CRNA's consulting provider to hold a conscious sedation or general anesthesia permit from the State Dental Board. The bill makes other changes and consolidates

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<sup>1</sup> This means that the practitioner has requested the CRNA to perform certain activities. See R.C. 4723.01(L).

several other existing statutes governing a CRNA's scope of practice, including provisions to remove the timeline during which a CRNA may engage in specified activities, including selecting, ordering, and administering certain treatments, drugs, and intravenous fluids, while maintaining a CRNA's authority to engage in many of those activities. The bill requires a health care facility to notify a patient or patient's representative, both verbally and in writing, that a CRNA, physician, podiatrist, or dentist will administer the anesthesia or perform the patient's epidural or spinal anesthetic procedure.

The Board of Nursing may realize some costs to update and promulgate rules and policies to comply with the bill or to provide assistance to practitioners regarding these changes.<sup>2</sup> Government-owned hospitals may realize minimal costs to update hospital policies to comply with the bill as well. Government-owned hospitals may also realize an increase in administrative costs to provide and document patient notice regarding anesthesia administration.

## **Synopsis of Fiscal Effect Changes**

The substitute bill (I\_136\_1457-1) includes a provision that requires health care facilities to provide notices to patients regarding anesthesia administration. As a result, government-owned hospitals may realize administrative costs to provide and document these notices. This provision was not in the As Introduced version of the bill. Other changes between the substitute bill and the As Introduced version of the bill should not result in any noticeable direct fiscal changes.

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<sup>2</sup> At the end of FY 2024, the Board licensed approximately 3,760 CRNAs.