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H.B. 318*
134th General Assembly

Bill Analysis

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Version: As Reported by House Health

Primary Sponsors: Reps. Swearingen and Plummer

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SUMMARY

- Repeals the requirement that an anesthesiologist assistant practice only in a hospital or ambulatory surgical facility and during the first four years of practice, with enhanced anesthesiologist supervision.
- Retains the requirements that an anesthesiologist assistant practice under the direct supervision and in the immediate presence of an anesthesiologist and in accordance with a written practice protocol adopted by the assistant's supervising anesthesiologist.
- Maintains anesthesiologist assistant authority to engage in many of the activities and services provided for in existing law, while also authorizing an anesthesiologist assistant to engage in other activities and services, including selecting, ordering, and administering drugs for conditions related to the administration of anesthesia.
- Establishes conditions on an anesthesiologist assistant's authority to engage in such activities, including that the supervising anesthesiologist request that the assistant engage in the activity.
- Permits an anesthesiologist assistant to direct nurses and respiratory therapists to perform specified tasks, including drug administration.

* 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.

May 31, 2022

DETAILED ANALYSIS

Anesthesiologist assistants

Supervision and practice location

The bill makes several changes to the law governing anesthesiologist assistants, including by repealing the requirement that an anesthesiologist assistant practice only as follows:

- In a hospital or ambulatory surgical facility;¹ and
- During the first four years of practice, with enhanced anesthesiologist supervision.²

It retains, however, the requirements that an assistant practice (1) under the direct supervision and in the immediate presence of an anesthesiologist and (2) in a manner consistent with a written practice protocol adopted by the supervising anesthesiologist.³

Scope of practice

While the bill maintains anesthesiologist assistant authority to engage in many of the activities and services provided for in existing law, it also authorizes an anesthesiologist assistant to engage in other activities and services.⁴ The table below briefly describes the changes in these activities and services.

Activities and services	
Current law	The bill
Obtaining a comprehensive patient history and presenting the history to the supervising anesthesiologist.	Same.
Pretesting and calibrating anesthesia delivery systems and monitors.	Instead, testing and calibrating anesthesia delivery systems.
Obtaining and interpreting information from anesthesia delivery systems and monitors.	Instead, obtaining and interpreting information from anesthesia delivery systems.

¹ In light of this change, the bill generally refers to an anesthesiologist assistant and supervising anesthesiologist practicing in a health care facility (R.C. 4760.09, with conforming changes in R.C. 4760.16).

² R.C. 4760.08.

³ R.C. 4760.08.

⁴ R.C. 4760.08 and 4760.09.

Activities and services	
Current law	The bill
Assisting the supervising anesthesiologist with the implementation of medically accepted monitoring techniques.	No provision.
Administering intermittent vasoactive drugs and starting and adjusting vasoactive infusions.	Same.
Establishing basic and advanced airway interventions, including intubation of the trachea and performing ventilatory support.	Similar, establishing basic and advanced airway interventions, including performing tracheal intubations and ventilatory support.
Administering blood, blood products, and supportive fluids.	Same.
Administering anesthetic drugs, adjuvant drugs, and accessory drugs.	Instead, performing anesthesia induction, maintenance, and emergence, including by administering anesthetic, adjuvant, and accessory drugs.
Assisting the supervising anesthesiologist with the performance of epidural anesthetic procedures and spinal anesthetic procedures.	Instead, performing epidural or spinal anesthetic procedures.
Assisting the supervising anesthesiologist in developing and implementing an anesthesia care plan.	Same.
No provision.	Obtaining informed consent for anesthesia care.
No provision.	Performing preanesthetic preparation and evaluation, postanesthetic preparation and evaluation, postanesthesia care, clinical support functions, and any other function described in the written practice protocol.
No provision.	Performing and documenting evaluations and assessments, including ordering and evaluating one or more diagnostic tests for conditions related to the administration of anesthesia.

Activities and services	
Current law	The bill
No provision.	As necessary for patient management and care, selecting, ordering, and administering treatments, drugs, and intravenous fluids for conditions related to the administration of anesthesia. ⁵
No provision.	As necessary for patient management and care, directing registered nurses, licensed practical nurses, and respiratory therapists ⁶ to do either or both of the following if authorized by law to do so: <ul style="list-style-type: none"> ▪ Provide supportive care, including by monitoring vital signs, conducting electrocardiograms, and administering intravenous fluids; ▪ Administer treatments, drugs, and intravenous fluids to treat conditions related to the administration of anesthesia.

With respect to the authority to order – as necessary for patient management and care – drugs for conditions related to the administration of anesthesia, the bill specifies that it does not authorize an anesthesiologist assistant to prescribe a drug for use outside of the health care facility where the anesthesiologist assistant practices.⁷

Conditions on practice

Under the bill, before an anesthesiologist assistant may engage in any of the foregoing activities, the supervising anesthesiologist must request the assistant to engage in the activity. The following other conditions also must be satisfied:

- The requested activity is consistent with the anesthesiologist assistant’s education, training, and licensure;
- The requested activity is among the activities in which the anesthesiologist assistant is authorized to engage, as delineated in the written practice protocol adopted by the supervising anesthesiologist;

⁵ R.C. 4729.01.

⁶ R.C. 4723.01 and 4761.17.

⁷ R.C. 4760.09.

- The anesthesiologist assistant is not prohibited from engaging in the requested activity by Ohio statutory law or State Medical Board rule.⁸

Background

Ohio law recognizes the practice of anesthesiologist assistants, which are defined as individuals who assist anesthesiologists in developing and implementing anesthesia care plans for patients.⁹ It prohibits an individual from practicing as an anesthesiologist assistant without holding a State Medical Board-issued license¹⁰ and establishes limits on that practice, including by requiring an anesthesiologist assistant to practice only in a hospital or ambulatory surgical facility and under the direct supervision and in the immediate presence of an anesthesiologist.¹¹

Current law also directs each supervising anesthesiologist to adopt a written practice protocol delineating (1) the services the assistant is authorized to provide, some of which are outlined in statute, and (2) the manner in which the assistant will be supervised. Existing law requires enhanced supervision of anesthesiologist assistants during their first four years of practice.¹²

HISTORY

Action	Date
Introduced	05-19-21
Reported, H. Health	--

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⁸ R.C. 4760.09.

⁹ R.C. 4760.01.

¹⁰ R.C. 4760.02, not in the bill.

¹¹ R.C. 4760.08.

¹² R.C. 4760.08.