



www.lsc.ohio.gov

# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

S.B. 236\*  
133<sup>rd</sup> General Assembly

## Bill Analysis

[Click here for S.B. 236's Fiscal Note](#)

**Version:** As Reported by House Health

**Primary Sponsor:** Sen. S. Huffman

Elizabeth Molnar, Attorney

### SUMMARY

- Authorizes the Director of Health, when adopting rules governing Ohio's Radiation Control Program, to deviate from the *Suggested State Regulations for Control of Radiation* if doing so is warranted and does not pose a health, environmental, or safety risk.
- Specifies that one of the activities radiographers and nuclear medicine technologists are licensed to perform is to document orders for contrast and radio-pharmaceuticals, respectively, in patient medical records.
- Requires a radiographer and a nuclear medicine technologist to 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.
- Makes several changes to the law governing the practice of anesthesiologist assistants, including by granting an anesthesiologist assistant the authority to select, order, and administer drugs, treatments, and intravenous fluids for conditions related to the administration of anesthesia.
- Specifies that a nonprofit corporation or limited liability company formed by a board of county hospital trustees is a separate entity from the county hospital, county, township, or other public entity.

---

\* 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.

---

## DETAILED ANALYSIS

### Radiation Control Program rules

Current law requires the Director of Health to adopt rules regarding the licensure of facilities that handle radioactive material and the registration of facilities that handle radiation-generating equipment. The Director also must adopt rules identifying sources of radiation; its possession, use, and disposal; and radiation levels that constitute an unreasonable or unnecessary risk to health or the environment.

The bill maintains an existing requirement that the rules be adopted by using standards that are no less stringent than the *Suggested State Regulations for Control of Radiation*, which is a document prepared by the Conference of Radiation Control Program Directors, Inc.<sup>1</sup> But, it allows the Director to deviate from the suggested regulations if he or she determines that doing so is warranted and does not pose a health, environmental, or safety risk.<sup>2</sup>

### Practice by radiographers and nuclear medicine technologists

#### Documentation of orders in patient medical records

The bill authorizes radiographers and nuclear medicine technologists, through their licenses, to document orders for contrast and radio-pharmaceuticals, respectively, in patient medical records.<sup>3</sup> This is in addition to the following activities that they are licensed to perform:

- Radiographer – operating ionizing radiation-generating equipment, administering contrast, and determining procedure positioning and the dosage of ionizing radiation, all in order to perform a comprehensive scope of radiology procedures.<sup>4</sup>
- Nuclear medicine technologist – preparing and administering radio-pharmaceuticals to human beings and conducting in vivo or in vitro detection and measurement of radioactivity for medical purposes.<sup>5</sup>

#### Treatment guidelines

The bill 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, including the medical director and director of radiology, of the institution where the

---

<sup>1</sup> Conference of Radiation Control Program Directors, Inc., *Suggested State Regulations for Control of Radiation*, <https://www.crcpd.org/page/SSRCRs>.

<sup>2</sup> R.C. 3748.04.

<sup>3</sup> R.C. 4773.01(F) and (H); R.C. 4773.02, not in the bill.

<sup>4</sup> R.C. 4773.01(H).

<sup>5</sup> R.C. 4773.01(F).

radiographer or technologist practices.<sup>6</sup> This includes when a nuclear medicine technologist is performing computed tomography procedures, as authorized by existing law.<sup>7</sup>

## Anesthesiologist assistants

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, under the direct supervision of an anesthesiologist, and with enhanced supervision during the first four years of practice.<sup>8</sup>

It retains, however, the requirements that an assistant practice under anesthesiologist supervision – though no longer direct – and in accordance with a written practice protocol. But, the bill authorizes an anesthesiologist assistant to engage in additional activities and services, some of which may be performed without the immediate presence of an anesthesiologist. (Current law requires an anesthesiologist assistant to practice in the anesthesiologist’s immediate presence.) The bill maintains anesthesiologist assistant authority to engage in many of the activities and services provided for in existing law.<sup>9</sup> The table below briefly describes the changes in these activities and services.

Current law activities and services (all of which must be performed in the immediate presence of an anesthesiologist)	Activities and services under the bill (only some of which must be performed in the immediate presence of an anesthesiologist)
--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 (in the anesthesiologist’s immediate presence).
--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 (in the anesthesiologist’s immediate presence).

<sup>6</sup> R.C. 4773.10.

<sup>7</sup> R.C. 4773.061.

<sup>8</sup> R.C. 4760.08.

<sup>9</sup> R.C. 4760.09.

Current law activities and services (all of which must be performed in the immediate presence of an anesthesiologist)	Activities and services under the bill (only some of which must be performed in the immediate presence of an anesthesiologist)
--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 (in the anesthesiologist's immediate presence).
--Assisting the supervising anesthesiologist with the performance of epidural anesthetic procedures and spinal anesthetic procedures.	--Instead, performing epidural or spinal anesthetic procedures (in the anesthesiologist's immediate presence).
--Assisting the supervising anesthesiologist in developing and implementing an anesthesia care plan.	--Instead, developing and implementing an anesthesia care plan (in the anesthesiologist's immediate presence).
--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.
--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. <sup>10</sup>

---

<sup>10</sup> R.C. 4729.01.

Current law activities and services (all of which must be performed in the immediate presence of an anesthesiologist)	Activities and services under the bill (only some of which must be performed in the immediate presence of an anesthesiologist)
--No provision.	<p>--As necessary for patient management and care, directing registered nurses, licensed practical nurses, and respiratory therapists<sup>11</sup> to do either or both of the following if authorized by law to do so:</p> <p>(a) Provide supportive care, including by monitoring vital signs, conducting electrocardiograms, and administering intravenous fluids;</p> <p>(b) Administer treatments, drugs, and intravenous fluids to treat conditions related to the administration of anesthesia.</p>

## Background

Ohio law recognizes the practice of anesthesiologist assistants, defined as individuals who assist anesthesiologists in developing and implementing anesthesia care plans for patients.<sup>12</sup> It prohibits an individual from practicing as an anesthesiologist assistant without holding a State Medical Board-issued license<sup>13</sup> 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.<sup>14</sup> 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.<sup>15</sup>

## County hospitals and nonprofit entities

At present, Ohio law authorizes the board of county hospital trustees of a county hospital to (1) form or acquire control of a domestic nonprofit corporation or a domestic nonprofit limited liability company or (2) be a partner, member, owner, associate, or participant

<sup>11</sup> R.C. 4761.17.

<sup>12</sup> R.C. 4760.01.

<sup>13</sup> R.C. 4760.02.

<sup>14</sup> R.C. 4760.08.

<sup>15</sup> R.C. 4760.08.

in a nonprofit enterprise or nonprofit venture.<sup>16</sup> The bill specifies that, when the board forms, acquires, or becomes involved with such an entity, the entity is separate from the county hospital or a county, township, or other public entity and must not be considered an agency, division, or department of a county, township, or other public entity.<sup>17</sup>

## HISTORY

Action	Date
Introduced	11-12-19
Reported, S. Health, Human Services & Medicaid	02-06-20
Passed Senate (33-0)	02-12-20
Reported, H. Health	---

S0236-RH-133/ks

<sup>16</sup> R.C. 339.10.

<sup>17</sup> R.C. 339.10(C).