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136th General Assembly

Final Analysis

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Primary Sponsor: Rep. Deeter

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Elizabeth Molnar, Attorney

SUMMARY

- Eliminates the requirement that a certified registered nurse anesthetist (CRNA) practice with supervision, which was defined as practicing under a physician's, podiatrist's, or dentist's direction.
- Requires, instead, that a CRNA practice in collaboration, defined as meaning that a physician, podiatrist, or dentist has requested the CRNA to perform patient care activities.
- Requires a CRNA, when performing requested activities, to do so in accordance with policies established and privileges delineated by the health care facility where the CRNA and collaborating physician, podiatrist, or dentist practice.
- 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.
- Removes the patient-care timeframe during which a CRNA was authorized to 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.
- Precludes the State Medical Board from prohibiting a podiatrist who practices in a setting other than in a hospital or podiatry college from collaborating with a CRNA.
- Requires a dentist who collaborates with a CRNA to hold a conscious sedation or general anesthesia permit from the State Dental Board.
- Requires a health care facility to notify a patient, before the patient's anesthesia is administered or epidural or spinal anesthetic procedure is performed, that a CRNA, physician, podiatrist, or dentist will provide the service.

DETAILED ANALYSIS

Collaborating in place of supervising

The act eliminates the requirement that a certified registered nurse anesthetist (CRNA) practice under the supervision of a physician, podiatrist, or dentist, instead requiring that a CRNA practice in collaboration with such a provider. “Supervision” was defined as meaning that the CRNA was under the direction of one of the foregoing providers, whereas “collaboration” is defined as meaning that one of those providers has requested the CRNA to perform patient care activities (see “**CRNA scope of practice**” below). Such a request may be made either verbally or in writing.¹

Health care facility policies

The act further defines “collaboration” as meaning that a collaborating provider’s request for a CRNA to perform patient care activities is being made in accordance with the policies established by the health care facility where the collaborating provider and CRNA practice. In a corresponding provision, the act specifies that the CRNA’s authority to perform patient care activities is based on the policies established by and privileges delineated by the facility. These provisions apply in the following settings: an ambulatory surgical facility, cardiovascular or vascular center, freestanding birthing center, hospital, or dentist’s, physician’s, or podiatrist’s office.²

Immediate presence

In addition to replacing supervision with collaboration, the act 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. For general anesthesia, however, the act limits a CRNA’s authority by requiring the collaborating provider to be present at the health care facility when a CRNA performs general anesthesia induction, maintenance, and emergence.³

Collaborating podiatrists and dentists

Podiatrists

The act prohibits the State Medical Board, when adopting rules and administering and enforcing the law governing podiatrists, from limiting collaboration with a CRNA based on a podiatrist’s practice setting. Specifically, the Board cannot prohibit a podiatrist who practices in a setting other than a hospital or college of podiatric medicine and surgery from collaborating

¹ R.C. 4723.01 and 4723.43.

² R.C. 4723.01(L) and 4723.43(D).

³ R.C. 4723.01 and 4723.43(D).

with a CRNA. Under law maintained by the act, a podiatrist is authorized to use general anesthetics only in hospitals and such colleges.⁴

Additionally, the act eliminates the following conditions on a CRNA's practice with a podiatrist: (1) that the CRNA's scope of practice be limited to the anesthesia procedures that the podiatrist is authorized to perform and (2) that the CRNA cannot administer general anesthesia in a podiatrist's office.⁵

Dentists

To be eligible to collaborate with a CRNA, the act requires a dentist to hold a conscious sedation or general anesthesia permit issued by the State Dental Board. Under continuing law, such a permit is required before a dentist may employ or use conscious sedation or general anesthesia.⁶

In a corresponding provision, the act clarifies a condition under which a CRNA's practice with a dentist is limited to the anesthesia procedures that the dentist is authorized to perform. It does so by referencing the anesthesia procedures that the collaborating dentist has authority to perform under the dentist's conscious sedation or general anesthesia permit.⁷

Both providers

For both podiatrists and dentists, the act does not extend to CRNA collaboration an additional limitation that formerly applied to CRNA supervision – that these supervising providers act within their respective scopes of practice. Instead, as described above for all collaborating providers, the act relies on the policies established by the health care facility where the CRNA and collaborating provider are practicing.⁸

Patient best interest

The act prohibits a CRNA from engaging in any patient care activity if the collaborating provider or the health care facility where the CRNA practices determines that it is not in a patient's best interest for the CRNA to perform the activity. Prior law included a similar prohibition, except that it applied only to certain tasks and only when performed during the period beginning on a patient's admission to a facility for a surgery or procedure and ending with the patient's discharge from recovery.⁹

⁴ R.C. 4731.513; see also R.C. 4731.51, not in the act.

⁵ R.C. 4723.01 and 4723.43.

⁶ R.C. 4723.01(L); see also R.C. 4715.03, not in the act.

⁷ R.C. 4723.01 and 4723.43.

⁸ R.C. 4723.01(L).

⁹ R.C. 4723.433(A) and 4723.434, repealed.

Verbal orders

The act maintains the law specifying that a CRNA is not prohibited from implementing a verbal order of a physician, podiatrist, or dentist, except that it refers to a collaborating provider rather than a supervising provider.¹⁰

Health care facility notice

Before anesthesia is administered to a health care facility patient or an epidural or spinal anesthetic procedure is performed on a facility patient, the act requires the facility to notify the patient or patient's representative that one of the following will administer the anesthesia or perform the procedure: a CRNA, physician, podiatrist, or dentist. The notice must be provided both verbally and in writing.¹¹

The act specifies that its notice requirement does not authorize (1) a dentist to administer anesthesia in a manner that exceeds the dentist's authority under a conscious sedation or general anesthesia permit or (2) a podiatrist to administer anesthesia in a manner that exceeds the podiatrist's scope of practice.¹²

CRNA scope of practice

The act consolidates several statutes governing a CRNA's scope of practice, while also revising, in part, that scope of practice by eliminating certain activities and authorizing others.¹³ The following table highlights the revisions.

Activity	Former law (with supervision)	The act (with collaboration)
Administering anesthesia.	Permitted under former law in the immediate presence of a physician, podiatrist, or dentist.	Maintains the CRNA's authority, but without requiring a physician's, podiatrist's, or dentist's immediate presence.
Performing anesthesia induction, maintenance, and emergence.	Permitted under former law in the immediate presence of a physician, podiatrist, or dentist.	Maintains the CRNA's authority, but without requiring a physician's, podiatrist's, or dentist's immediate presence. For general anesthesia, the act requires the collaborating provider to be present at the health care facility during the

¹⁰ R.C. 4723.433(C) and 4723.434, repealed.

¹¹ R.C. 4723.434(A).

¹² R.C. 4723.434(B).

¹³ R.C. 4723.43(D), 4723.433, repealed and reenacted, 4723.434, repealed and reenacted, and 4723.435, repealed. See also R.C. 4761.17.

Activity	Former law (with supervision)	The act (with collaboration)
		anesthesia's induction, maintenance, and emergence.
Performing epidural or spinal anesthetic procedures.	No provision.	Specifically authorized by the act.
Obtaining informed consent for anesthesia care.	Permitted under former law.	Retained by the act.
Performing and documenting evaluations and assessments, which may include ordering and evaluating one or more diagnostic tests.	<p>Permitted under former law, but only when performed as follows:</p> <ul style="list-style-type: none"> ▪ During the period beginning on a patient's admission to a health care facility for a surgery or procedure and ending with the patient's discharge from recovery; ▪ While the CRNA is physically present at the facility; ▪ While the CRNA's supervising provider is also physically present at the facility; ▪ Under a written policy adopted by the facility's medical, nursing, and pharmacy directors; ▪ When ordering and evaluating diagnostic tests, only for conditions related to the administration of anesthesia. 	Maintains the CRNA's authority, but without the respective restrictions, except that ordering and evaluating diagnostic tests is limited to conditions related to anesthesia's administration or the performance of clinical support functions.
Performing pre-anesthetic preparation and evaluation, post-anesthetic preparation and evaluation, post-anesthesia care, and clinical support functions.	Permitted under former law.	Retained by the act.

Activity	Former law (with supervision)	The act (with collaboration)
<p>Selecting, ordering, and administering treatments, drugs, and IV fluids.</p>	<p>Permitted under former law, but only when performed as follows:</p> <ul style="list-style-type: none"> ▪ During the period beginning on a patient’s admission to a health care facility for a surgery or procedure and ending with the patient’s discharge from recovery; ▪ As necessary for patient management and care AND for conditions related to the administration of anesthesia; ▪ While the CRNA is physically present at the facility; ▪ While the CRNA’s supervising provider is physically present at the facility; ▪ Under a written policy adopted by the facility’s medical, nursing, and pharmacy directors. 	<p>Maintains the CRNA’s authority, but eliminates the former law conditions – except for the condition of having to be necessary for patient management and care AND for conditions related to the administration of anesthesia; in this case, also extends the CRNA’s authority to perform the activities for conditions related to the performance of clinical support functions.</p>
<p>Directing a registered nurse (RN), licensed practical nurse (LPN), or respiratory therapist to do the following:</p> <ul style="list-style-type: none"> ▪ Provide supportive care, including monitoring vital signs, conducting electrocardiograms, and administering IV fluids; ▪ Administer treatments, drugs, and IV fluids. 	<p>Permitted under former law when performing clinical support functions if the following conditions were met:</p> <ul style="list-style-type: none"> ▪ The RN, LPN, or therapist was authorized by law to provide such care; ▪ With respect to administering treatments, drugs, and IV fluids, the administration was for anesthesia-related conditions only and the treatments, drugs, and IV fluids had been ordered by a physician, podiatrist, or dentist. 	<p>Retained by the act, but with the following changes:</p> <ul style="list-style-type: none"> ▪ Eliminates the condition that the treatments, drugs, and IV fluids be ordered by a physician, podiatrist, or dentist; ▪ Allows the treatments, drugs, and IV fluids to be administered not only for anesthesia-related conditions, but also for the performance of clinical support functions.

Activity	Former law (with supervision)	The act (with collaboration)
	<p>Also permitted under former law separate from clinical support functions if the direction occurred as follows:</p> <ul style="list-style-type: none"> ▪ During the period beginning on a patient’s admission to a health care facility for a surgery or procedure and ending with the patient’s discharge from recovery; ▪ As necessary for patient management and care; ▪ While the CRNA was physically present at the facility; ▪ While the CRNA’s supervising provider was physically present at the facility; ▪ Under a written policy adopted by the facility’s medical, nursing, and pharmacy directors. 	<p>Maintained by the act, but without the former law conditions.</p>
<p>Prescribing a drug for use outside the location where the CRNA practices.</p>	<p>Not authorized by former law.</p>	<p>Similar to former law, but expressly prohibited by the act.</p>

HISTORY

Action	Date
Introduced	02-04-25
Reported, H. Health	06-18-25
Passed House (96-1)	06-18-25
Reported, S. Health	02-11-26
Passed Senate (32-0)	02-18-26
