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# Ohio General Assembly Enacts CRNA Scope of Practice Bill

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As part of the legislative package providing COVID-19 interventions for the state (Am. Sub. H.B. 197), the Ohio General Assembly acted to update the Ohio Nurse Practice Act to clarify the scope of practice for Certified Registered Nurse Anesthetists (CRNAs). The General Assembly incorporated Sub. H.B. 224 into Am. Sub. H.B. 197, which contained an emergency clause. The effect of the emergency clause is that the CRNA scope of practice provisions became effective immediately upon Governor DeWine's March 27, 2020 signature. The changes to CRNA scope of practice are the only part of Am. Sub. H.B. 197 that is permanent law. .

## BACKGROUND

The impetus for Sub. H.B. 224 dates to a 2013 Ohio Attorney General (OAG) opinion in which the OAG opined that CRNAs did not have statutory authority to order or prescribe preoperative or postoperative medication to be administered by another licensed health care professional, such as a nurse, which Ohio CRNAs had been doing routinely for decades as an integral part of high-quality anesthesia care, and as CRNAs in 40 other states do. The intent of the legislation is to clarify any ambiguity about such ordering authority and to modernize the Ohio Nurse Practice Act to permit Ohio CRNAs to practice consistent with their education, training, and national certification.

## KEY PROVISIONS

### Ordering Authority

To address the issue of ordering medications in connection with CRNA care, CRNAs have been added as "prescribers" and "licensed health professionals authorized to prescribe drugs" under the Ohio Pharmacy Code. This eliminates the need for physician "verbal orders" for pre- and post-anesthesia medications or for physicians or other prescribers to enter such orders. For facilities currently utilizing complex work arounds, this change should yield operational efficiencies. It is important to note that CRNAs are not permitted to write prescriptions for medications to be filled at a pharmacy and taken home for patient self-administration.

The legislation also clarifies that during an admission for a surgery or procedure, CRNAs may order and evaluate diagnostic tests in connection with anesthesia evaluation and assessment and may select, order, and administer treatments, drugs, and intravenous fluids for conditions related to anesthesia.

Additionally, during a surgical or procedural admission, as necessary for patient management and care, CRNAs may direct a registered nurse, licensed practical nurse, or respiratory therapist to: (i) provide supportive care, including monitoring vital signs, conducting electrocardiograms, and administering intravenous fluids; and (ii) administer treatments, drugs, and intravenous fluids to treat conditions related to the administration of anesthesia to the extent the nurse or respiratory therapist is acting within their scope of practice.

When performing clinical support functions, CRNAs may direct a nurse or respiratory therapist to provide supportive care, including monitoring vital signs, conducting electrocardiograms, and administering intravenous fluids if the nurse or therapist is authorized to provide such care. In addition, CRNAs may direct a nurse or respiratory therapist to administer treatments, drugs, and intravenous fluids to treat conditions related to the administration of anesthesia if ordered by a supervising provider and the nurse or therapist is acting within their scope of practice.

**Presence**

The legislation clarifies that the "immediate presence" of a supervising physician, podiatrist or dentist is only required when a CRNA administers anesthesia and performs anesthesia induction, maintenance and emergence. When performing other anesthesia care the immediate presence of a supervising provider is not required. The law requires that when a CRNA is performing anesthesia services for a surgery or procedure both the CRNA and the supervising provider must be physically present at the facility where the services are provided.

**Health Care Facility Policy**

The bill specifies that in order for CRNAs to perform certain anesthesia services, a health care facility must have a written policy that establishes standards and procedures to be followed by CRNAs when: (i) selecting, ordering, and administering treatments, drugs, and intravenous fluids, (ii) ordering diagnostic tests and evaluating those tests, and (iii) directing nurses and respiratory therapists to provide supportive care or administer treatments, drugs, and intravenous fluids related to the administration of anesthesia during a surgical or procedural admission. Such policy may not authorize CRNAs to select, order, or administer any drug the supervising provider is not authorized to prescribe. Further, the policy must allow a supervising provider to issue every order related to a patient's anesthesia care and the policy must be developed by the facility's medical, nursing, and pharmacy directors.

**Miscellaneous**

Nothing in the statute prohibits a CRNA from implementing verbal orders of the supervising physician, podiatrist, or dentist. Additionally, the law specifies that the supervising provider may determine that it is not in a patient's best interests for a CRNA to provide certain anesthesia services. If the supervising provider makes such a determination, the provider must indicate in the patient's medical record that the CRNA is prohibited from performing the activity or activities.

Please do not hesitate to contact Kelly Leahy at kleahy@shumaker.com or 614.628.6815 or Joe Hollabaugh at jhollabaugh@shumakeradvisors.com or 614.628.6813 if you have questions.

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