

Privileged and Confidential Memo

To: Ohio Society of Anesthesiologists

From: Squire Patton Boggs (US) LLP

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Subject: HB52 Highlights

Ohio House Bill 52 (“**HB52**”) revises Ohio’s regulatory framework governing Certified Registered Nurse Anesthetists (“**CRNAs**”). HB52 is intended to modernize Ohio’s nursing statutes to reflect contemporary CRNA practice while maintaining and extending institutional and professional safeguards. HB52 is not an authorization of CRNA autonomy, but represents an expansion of physician delegation authority. Under HB52, all CRNA anesthesia related services require a physician, podiatrist or dentist to request the CRNA to perform them, and the request and CRNA’s performance of the anesthesia related service must be in accordance with policies adopted by the healthcare facility. Thus CRNA services may be limited by both the collaborating physician, podiatrist or dentist and the facility.

Overview

HB52’s provisions include the following:

- Shifts the relationship between the CRNA and the physician, podiatrist or dentist from “supervision” to “collaboration” while retaining the requirement that the CRNA’s anesthesia related service activities be subject to the request of the collaborating physician, podiatrist or dentist.
- Emphasizes the responsibility of a healthcare facility to define and limit, within the statutorily defined CRNA scope of practice parameters, the permissible anesthesia related activities a CRNA may perform at the facility through privileging and other policies.
- Empowers facilities and collaborating physicians, podiatrists and dentists to exercise proper judgment and further limit CRNA anesthesia related activities in specific cases when such limitations are deemed to be in the patient’s best interest.
- Revises statutory presence requirements for anesthesia administration and related activities, while preserving facility and collaborating physician authority to apply stricter requirements.

- Clarifies and defines the “outer limit” of CRNA authority to provide limited anesthesia-related services, if requested, but subjects this authority further limitations imposed by the facility and collaborating physician, podiatrist or dentist, which can be more limited than that the statutory parameters.
- Requires healthcare facilities to provide patients advance notice regarding the practitioners who will administer anesthesia services.
- Establishes additional provisions governing collaboration with dentists and podiatrists.

Key Considerations

As more fully discussed in the accompanying memorandum, healthcare facilities and collaborating physicians, podiatrists and dentists should view HB52 as not merely a shift from a supervisory to collaborative relationship with CRNAs, but as a broader restructuring of their role in anesthesia governance. In large part, HB52 shifts responsibility from statutory supervision requirements toward facility-driven credentialing, privileging, policies, and professional accountability. Some key takeaways for physicians and facilities to consider are as follows:

Collaboration Does Not Mean CRNA Independence: HB52 does not establish independent practice for CRNAs. Rather, CRNA anesthesia related services are limited by the request of the collaborating physician, podiatrist or dentist, and facility policies and privileges.

Facility Policies Are Critically Important: The onus on defining CRNA scope of practice at a particular facility now lies with the facility itself. If the facility believes certain categories of patients, procedures, or anesthetic techniques warrant additional oversight, the facility has a responsibility to address these matters through facility policies, including the credentialing and privileging processes.

Collaboration Should Be Operationally Defined: HB52 defines collaboration broadly and does not provide detailed guidance concerning elements such as consultation expectations or escalation protocols. Accordingly, facilities may benefit from developing internal standards to address these open issues, such as when consultation with an anesthesiologist is expected and management of high-risk cases.

Liability Theories Are Likely to Shift: HB52 does not eliminate malpractice or negligence exposure for either collaborating physicians or healthcare facilities. However, post HB52, these cases may focus on claims of negligent credentialing and privileging, adequacy of facility policies, consultation processes, institutional negligence, individual professional negligence, and other theories.