



Ohio Legislative Service Commission

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Fiscal Note & Local Impact Statement

Bill: [S.B. 291 of the 129th G.A.](#)

Date: March 21, 2012

Status: As Introduced

Sponsor: Sen. Lehner

Local Impact Statement Procedure Required: Yes (Corrected after initial review)

Contents: Regarding the practice of surgical technology in hospitals and ambulatory surgical facilities

State Fiscal Highlights

- The Ohio Department of Health (ODH) could realize an increase in costs relating to rule adoption, as well as for implementing the waiver and reviewing requested waivers. Additionally, ODH could incur increased costs for providing technical assistance to hospitals and ambulatory surgical facilities.
- ODH could experience an increase in costs for inspection and enforcement activities as a result of the bill authorizing the Director of Health to inspect a facility to determine compliance. Additionally, the bill requires the Director to fine any facilities when an infraction has occurred. If any fine revenue is collected, it would be deposited into the General Operations Fund (Fund 4700).

Local Fiscal Highlights

- According to the Ohio Hospital Association (OHA), public hospitals that employ surgical technologists would realize an increase in expenditures related to the continuing education and verification requirements.

Detailed Fiscal Analysis

Surgical technology prohibitions and practice

The bill generally prohibits a hospital or ambulatory surgical facility from authorizing a person who is not a licensed health professional from engaging in the practice of surgical technology unless the person meets certain requirements. The bill does allow a facility that is unable to avoid violating the bill's prohibition to apply to the Director of Health for a waiver from this prohibition. The Director is authorized to grant the waiver only if satisfactory evidence is included that shows that the facility made reasonable efforts but is unable to obtain the number of individuals to meet the conditions that authorize a person to practice. A waiver is valid for six months, but a facility may apply for one six-month extension. The bill allows for some exceptions to the prohibition described above. For instance, the following persons may be authorized to practice surgical technology: (1) grandfathered persons, (2) nationally certified persons, (3) persons educated by the military or the federal Public Health Service, (4) federally employed persons, and (5) new graduates of accredited surgical technology educational programs.

Under the bill a facility must require persons who are not licensed health professionals, but who engage in the practice of surgical technology because they meet the general or new graduate conditions, to complete 15 hours of continuing education. Additionally, the persons are required to provide evidence to the facility that they have met the annual continuing education requirements. A facility must verify each year that a person practicing surgical technology, who is not a licensed health professional, meets the conditions for engaging in practice and if applicable, the continuing education requirements. A facility must maintain these verification records and make them available to the Ohio Department of Health (ODH).

The bill authorizes the Director of Health to inspect a facility to determine whether it is in compliance with the bill. If the Director determines that an infraction has occurred, the Director must impose a fine. The bill requires ODH to adopt rules necessary to carry out the bill's provisions.

Fiscal impact

According to the Ohio Hospital Association (OHA), public hospitals that employ surgical technologists would realize an increase in costs related to the continuing education and verification requirements. However, the bill does allow hospitals to apply for a waiver for a six-month period and an extension for an additional six-month period if it is unable to avoid violating the bill's prohibition. As a result, it is possible that some public hospitals would be granted a waiver for up to one year's time.

ODH would realize an increase in costs relating to rule adoption, as well as for implementing the waiver and reviewing requested waivers. Additionally, ODH could have increased costs for providing technical assistance to facilities. The bill authorizes the Director to inspect hospitals and ambulatory surgical facilities. This provision is permissive; however, ODH has stated that it would inspect facilities. Therefore, ODH could also experience an increase in costs for inspection and enforcement related to the bill. ODH currently licenses ambulatory surgical facilities and as part of this licensure process it also inspects these facilities. ODH believes that the scope of inspections of ambulatory surgical facilities would increase as a result of the bill. Subsequently, licensing fees charged to ambulatory surgical facilities could also increase. If any fine revenue or additional ambulatory surgical facility licensing revenue were collected, it would be deposited into the General Operations Fund (Fund 4700).

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