



## Ohio Administrative Code

### Rule 3701-83-19.3 Cardiac catheterization procedures in an ambulatory surgical facility - personnel and equipment.

Effective: February 16, 2026

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(A) An ambulatory surgical facility that provides cardiac catheterization procedures allowed under rule 3701-83-19.1 of this chapter will:

(1) Designate a medical director who, in addition to the provisions of rule 3701-83-04 of the Administrative Code and any provisions of this rule will:

(a) Have a minimum of one year of experience in interventional cardiology after completion of a fellowship accredited by the accreditation council for graduate medical education;

(b) Have performed, as the primary surgeon, a minimum of one hundred percutaneous coronary interventions after completion of a fellowship accredited by the accreditation council for graduate medical education;

(c) Be an active participant in the operation of the ambulatory surgical facility setting by actively performing cardiac catheterization procedures in the cardiac catheterization service where they are the medical director; and

(d) Be responsible for oversight of quality of care providing cardiac catheterization services within an ambulatory surgical facility and be an active participant in the quality assessment review process under rule 3701-83-12 of the Administrative Code.

(2) The medical director for the ASF will be board certified. In lieu of the board certification provisions specified in this chapter:

(a) A physician who is board certified by a foreign board and is eligible to take the examination of an American board of medical specialties recognized board or an American osteopathic association board may serve as medical director of an ASF; or



(b) In accordance with rule 3701-83-14 of the Administrative Code, an ASF may request a waiver or variance from the department of health for physicians who are board certified by a foreign board who are not eligible to take the examination of an American board of medical specialties recognized board or an American osteopathic association board.

(B) Have at least one licensed physician credentialed to provide cardiac catheterization services on staff who are knowledgeable of ambulatory surgical facility protocols and equipment by providing cardiac catheterization services at the ambulatory surgical facility. Only physicians appropriately credentialed to provide cardiac catheterization services may be the primary operator of a cardiac catheterization procedure.

(C) Consider the American college of cardiology/American heart association/American college of physician's task force 2013 update of clinical competence statement on coronary artery interventional procedures in assessing clinical competency. At a minimum, all physicians who perform cardiac catheterization procedures will:

(1) Have training that includes at least one year dedicated to cardiac catheterization procedures;

(2) Be a fully accredited current member of the ASF's staff;

(3) Participate in the cardiac ambulatory surgical facility setting quality assurance programs, including peer review; and

(4) In addition to provisions contained in paragraph (C) of this rule, physicians performing percutaneous coronary interventions (PCI) who have not performed PCI prior to March 20, 1997 will have completed a fellowship training program in interventional cardiology.

(D) In addition to the provisions of paragraphs (A), (B), and (C) of this rule and the general personnel provisions of paragraph (A) of rule 3701-83-08 of the Administrative Code, the ASF will have available enough qualified staff who are able to supervise and conduct the service including the following:

(1) Support staff, all of whom are skilled in cardiac life support, comprised of individuals skilled in



the following:

- (a) Digital imaging;
- (b) Systematic quality control testing;
- (c) Patient observation;
- (d) Critical care;
- (e) Monitoring and recording electrocardiographic and hemodynamic data;
- (f) Radiographic and angiographic imaging techniques and safety principles; and
- (g) For catheterization laboratories where physiological studies are performed:
  - (i) Managing blood samples;
  - (ii) Performing blood gas measurements and calculations; and
  - (iii) Assisting with indicator dilution studies.
- (2) Nursing personnel:
  - (a) May include nurse practitioners, registered nurses, licensed practical nurses, and nursing assistants;
  - (b) Nursing personnel involved in the provision of cardiac catheterization services will:
    - (i) Have knowledge of operating room techniques; and
    - (ii) Have experience in critical care; or



(iii) The adult cardiac catheterization service will provide nursing personnel with an orientation and training in critical care for the adult cardiac catheterization patient and document the orientation and training in the nurse's personnel record.

(c) Nurse practitioners, registered nurses, and licensed practical nurses involved in the provision of cardiac catheterization services will:

(i) Be advanced cardiac life support certified;

(ii) Have experience in cardiovascular medications; and

(iii) Have the ability to begin administration of intravenous solutions.

(d) Nurse practitioners may assume some of the duties of a physician as permitted by law. However, ultimate responsibility for procedures will always remain with the physician of record.

(E) Respiratory therapists and critical care staff that are qualified in critical care catheterization procedures as noted in staffing requirements provided in the 2023 expert consensus document and will be immediately available at all times to care for patients.

(F) Biomedical, electronic, and radiation safety experts will be involved in maintaining the equipment utilized by the service.

(G) Staffing provisions of this rule may be met by individuals with equivalent or greater qualifications if the replacement's scope of practice encompasses the duties of the necessary staff.

(H) In addition to the general personnel and staffing provisions set forth in rule 3701-22-39 of the Administrative Code, and in paragraph (D) of this rule, each ASF that provides cardiac catheterization for diagnostic or interventional procedures will:

(1) Provide or contract for other services including, but not limited to, laboratory and radiology services, consistent with 3701-83-19.3(G) of this rule.



(2) Maintain personnel capable of endotracheal intubation and ventilator management within their scope of practice, whether it be on-site and/or during the transfer of the patient on an as needed basis;  
and

(3) Have immediate access to services for hematology and coagulation disorders;  
electrocardiography; and diagnostic radiology.