AB 1215 (Flora)
Including CRNA Representation in Health Care Facility Governance

CANA
FOUNDED IN 1931
CALIFORNIA ASSOCIATION OF NURSE ANESTHESIOLOGY

Creating a More Collaborative, Accessible, and Efficient Anesthesia Environment in California

Summary

Amend *California Code Regulations Title 22* to ensure that CRNAs are represented on medical boards. This clarifying change will improve care quality, promote interdisciplinary collaboration, and better address provider shortages.

The Problem

Under current outdated regulations, health care facilities lack the freedom to include CRNAs on medical boards, even when it is the facility's only anesthesia provider. This exclusion overlooks the significant contributions of non-physician providers and deprives facilities of the ability to comprehensively assess the quality of anesthesia care provided to patients.

California residents experienced these governance challenges first-hand in 2024 when nearly 1,000 surgeries were unnecessarily canceled in an already underserved region, 80% of which were Medi-Cal or Medicare beneficiaries, because a health care facility hadn't updated their bylaws to be consistent with the care being provided by CRNAs.

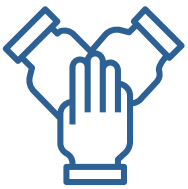
The Solution

By incorporating CRNAs' broader health care perspectives on medical boards, facilities can improve patient-centered care and interdisciplinary collaboration while ensuring that anesthesia services are never unnecessarily disrupted.

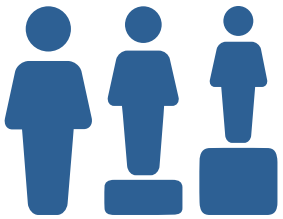
Quality of Care
Improve patient care by integrating the perspectives of those who work directly with patients in clinical settings.

Patient Safety
Strengthen facility-wide safety initiatives by involving CRNAs in governance decisions.

Workforce Optimization
Reduce workforce challenges by including CRNAs in discussions on staffing models, recruitment, and retention strategies.



Care Coordination
Promote a more collaborative, team-oriented approach to care delivery and decision-making.



Health Equity
Address disparities by leveraging CRNAs' expertise caring for diverse patient populations, particularly those in underserved or rural areas.

Background

California Statutes Governing Composition of Medical Boards

Health care facilities are governed by medical boards that have broad authority over clinical practice, patient safety, medical policy, peer review, and institutional governance including privileging and credentialing. Despite being independent, licensed practitioners with advanced training and clinical expertise, current laws exclude CRNAs from joining medical boards.

- *California Business & Professions Code Section 2282(b)* applies to hospitals with 5+ physicians/surgeons; restricts membership to "physicians and surgeons and other licensed practitioners competent in their respective fields and worthy in professional ethics."
- *California Business & Professions Code Section 2283(a)* applies to hospitals with less than 5 physicians/surgeons; restricts membership to "physicians and surgeons and other licensed practitioners competent in their respective fields and worthy in professional ethics."
- *California Code Regulations Title 22 §707031(a)(1)(E)* limits governance to four groups: physicians, dentists, podiatrists and clinical psychologists, which is inconsistent with the codes above as well as *Business & Professions Code 805.5*, which allows Nurse Practitioners to become members of the medical staff.

CANA has formally petitioned the California Department of Public Health (CDPH) to amend *Title 22 §707031(a)(1)(E)* several times over the last 30 years. The last time was Dec. 8, 2023, with a public hearing on May 8, 2024. A final decision was expected 90 days later, yet there have been no updates.

Ensuring California Health Care Facilities Include APRNs' Expertise to Improve Patient Care

Advanced Practice Registered Nurses (APRNs), like CRNAs, Nurse Midwives, and Clinical Nurse Specialists, play critical roles in delivering primary, specialty, and anesthesia care across a wide array of settings, often working autonomously or as part of interdisciplinary teams.

Improve Governance and Decision-Making by incorporating policies and strategies that are more inclusive of the entire health care team. CRNAs' extensive experience provides them with unique insights into care delivery, patient safety protocols, nursing practices, and interdisciplinary collaboration.

Increase Access to Care by ensuring that hospital leadership is aware of and responsive to workforce issues, resource allocation, and staffing concerns. CRNAs are an essential component, often filling gaps in primary care, anesthesia, and specialty services, particularly in rural and underserved regions.

Promote Patient-Centered Care by involving CRNAs and their emphasis on quality communication, holistic care, and continuity of care. CRNAs have significant experience in managing complex cases and ensuring positive outcomes, which is why many facilities rely entirely on a single CRNA to provide anesthesia.

Enhance Interdisciplinary Collaboration by aligning state law with the current health care landscape, which has shifted toward a team-based approach, where collaboration between physicians, nurses, and other health care professionals is essential for providing high-quality care and improved outcomes.

Contact

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All resources referenced above can be found on the CANA website: canainc.org/members/CRNA-compendium.