AB 876 (Flora)
Ensuring Californians' Access to Anesthesia Services

Clarifying the Nurse Anesthetist Act (Article 7, Subsections 2825-2833.6)

Increase Access to Anesthesia Care	Enhance Patient Safety	Provide Legal Clarity



Summary

Clarify existing statutes in the *Nurse Anesthetist Act (NA Act)* to maintain the established practice of Certified Registered Nurse Anesthetists / Anesthesiologists (CRNAs) in California and increase access to anesthesia care, especially in underserved and rural areas. These changes reflect the care CRNAs have delivered for 40+ years and will help support the evolving needs of California's diverse population.

The Problem

Special interest groups have purposefully exploited language in the *NA Act* to challenge CRNAs' established practice in California and undermine patient access to anesthesia care. These misinterpretations result in restrictions on CRNAs' ability to deliver care, which threatens the availability of essential anesthesia services and erodes public confidence in health care systems.

The Solution

Amend the *NA Act* to maintain CRNAs' essential role in California's health system, safeguard patients' access to quality and timely anesthesia care, and enable health care systems to better utilize their expertise to improve health outcomes:

- **Define "Anesthesia Services"** – Include the continuum of preoperative, intraoperative, and postoperative care CRNAs provide to prevent further misinterpretations.
- **Clarify Care Settings** – Specify that CRNAs may administer anesthesia in all settings where such services are required, including acute care hospitals, critical access hospitals, ambulatory surgery settings, and medical office settings.
- **Clarify Request Process** – Define how a physician, dentist, podiatrist, or clinical psychologist requests anesthesia services from a CRNA.
- **Affirm CRNA Independence** – Specify in statute that CRNAs administer anesthesia without supervision and reiterate that CRNAs, as Advanced Practice Registered Nurses, are not required to perform non-anesthesia RN duties during anesthesia care.
- **Align CRNA Education & Practice** – Codify that CRNAs are trained and authorized to perform all functions outlined in their nationally accredited education programs and Scope of Practice Guidelines by the American Association of Nurse Anesthesiology (AANA).

7-8 years of higher ed. via nationally accredited programs. By 2025, all CRNAs in CA will graduate with a **doctoral degree**.

As advanced practice nurses specializing in anesthesia care, CRNAs undertake **thousands of clinical training hours.**

Minimum of 650 anesthetic cases prior to sitting for the national certification examination.

State & Federal Statutes Affirming Independent Practice Authority

The ***Nurse Practice Act*** *(Cal. Bus. & Prof. Code §§ 2700 et seq.)* and the ***NA Act*** (*Article 7, Subsections 2825-2833.6)* authorize CRNAs to: 1) Administer anesthesia when a physician, dentist, podiatrist, or clinical psychologist orders anesthesia to be given by a CRNA, and 2) Administer medications and practice within the AANA's Guidelines and policies of health care systems.

The **California Board of Registered Nursing** has consistently affirmed CRNAs' independent practice in administering anesthesia, stating that anesthesia administration and surgical procedures are separate responsibilities ("Practice of the CRNA," BRN letter, 1988).

The **U.S. Drug Enforcement Administration** exempted CRNAs from DEA registration requirements for anesthesia administration (*Code of Federal Regulations Title 21, Section 1301.22*). The 2008 "**CMS Opt-Out**" enabled California to opt out of the **Centers for Medicare & Medicaid Services'** physician supervision requirements for CRNAs. (Medi-Cal opted out of physician supervision requirements for CRNAs in 1988.)

Case Law Supporting Independent Practice Authority

> **The controlling statutory provision on the scope of practice of CRNA's in California does not require them to administer anesthesia under physician supervision.**
> *— California Society of Anesthesiologists v. Brown (2012)*

> **A Certified Registered Nurse Anesthetist may lawfully administer an anesthetic when ordered by and within the scope of licensure of a physician, dentist or podiatrist.**
> *— California Attorney General Opinion No. 83-1007 (1984)*

> **On receiving that order, the anesthesia provider, whether CRNA or anesthesiologist, performs the pre-anesthesia evaluation, administers the anesthetic to the patient, monitors the patient's reaction during surgery, and conducts the post-anesthesia evaluation after the patient recovers...**
> *— California Society of Anesthesiologists v. Superior Court (2012)*

Contact

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