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CANA

CALIFORNIA ASSOCIATION OF NURSE ANESTHESIOLOGY

California Anesthesia Access Package

Fast Facts:

- Assemblymember Flora's *California Anesthesia Access Package* (AB 876 & AB 1215) **clarifies existing laws** regarding Certified Registered Nurse Anesthesiologists / Anesthetists (CRNAs).
- AB 876 & AB 1215 **do not create new policies.** The bills codify existing statutes in one place to help prevent misinterpretations that continue to be exploited by special interests, which disrupts patient care and drives up health care costs.
  - AB 876: Clarifying Nurse Anesthetist Act
    - Maintains that **CRNAs have long provided anesthesia services without physician supervision**, in line with California's 2009 federal opt-out decision.
    - Protects timely and affordable access to anesthesia services for all age groups across hospitals, surgery centers, & rural facilities where CRNAs are credentialed.
    - Makes it abundantly clear that when a physician or surgeon orders anesthesia, CRNAs have the authority to select / adjust anesthesia techniques as appropriate.
  - AB 1215: Aligning Title 22 With State Law
    - **Builds on CANA's 30+ years of work to align Title 22 with state law**, which allows for medical staff definitions to formally include CRNAs.
    - if the health care facility employs CRNAs, AB 1215 ensures CRNAs are involved in governance decisions, which is particularly critical for facilities choosing to use CRNAs as their sole anesthesia providers (as is the case in 4 rural counties).
    - Enables facilities to comprehensively assess their anesthesia providers to improve patient-centered care, reduce costs, and ensure anesthesia services are never unnecessarily disrupted.

Frequently Asked Questions...

- **Why is this legislative package necessary?**
  - This bill package makes it abundantly clear for legislators, policymakers, and hospital administrators that CRNAs are authorized to provide anesthesia care independently, and that they should be represented on medical staff.
  - Since the 1980s, regulatory opinions, state statute, and court decisions have repeatedly affirmed CRNAs' authority to practice independently.
  - Despite CRNAs' longstanding independence, special interests are purposefully exploiting misinterpretations of state statute to challenge CRNAs' established practice, place an undue burden on facility administrators, risk patient safety, and undermine patient access to timely and affordable anesthesia care.
  - **Together, AB 876 & AB 1215 codify existing laws, putting all statutes and codes in one place to avoid confusion, protect patient access, and prevent costly, unnecessary disruptions.**

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Frequently Asked Questions... Continued

- **What happened with the CDPH surveys in the Central Valley?**
  - In July 2024, several hospitals in the Central Valley received "Immediate Jeopardy" citations. Among other reasons, the surveys conducted by CDPH claimed that CRNAs exceeded their scope by independently administering anesthesia.
  - CDPH has no oversight over CRNA scope; their gross overstep led to inappropriate CRNA terminations and thousands of canceled surgeries, which largely impacted Medi-Cal and Medicare enrollees.
  - In September 2024, CDPH released an All Facilities Letter that reaffirmed the independent practice authority of CRNAs in California.
  - In December 2024, CMS revised their guidance re: immediate jeopardy, introducing more precise and evidence-based criteria to ensure health care facilities can address safety concerns without undue overreach.
- **How will AB 876 and AB 1215 impact health care costs and patient access?**
  - CRNAs acting independently provide anesthesia at the lowest cost to the facility.
  - Independent studies maintain that physician anesthesiologists and CRNAs are interchangeable, performing the same set of services, including relatively rare and difficult procedures such as open heart surgeries and organ transplantations, etc.
  - By reaffirming their independent authority, California can address its current staffing crisis and increase access to safe and timely anesthesia care.
- **Who oversees CRNAs? Do these bills change that?**
  - These bills do not change anything related to the oversight of CRNAs.
  - In the operating room, it's up to each health care facility to determine how they provide anesthesia services to patients. They can use a CRNA-only model; a collaborative model where CRNAs and physician anesthesiologists work together, but independently; or a physician anesthesiologist-led model.
  - At the policy level, contrary to popular belief CDPH does NOT have authority over CRNAs; California's Board of Registered Nursing regulates CRNAs, overseeing their licensure, practice standards, and scope of practice.
- **What education and training do CRNAs have?**
  - CRNAs are anesthesia experts. They must earn a BSN (or equivalent degree), obtain an RN license, complete a doctoral anesthesia program (DNP or DNAP), and nearly 10,000 hours of clinical and ICU training before taking the national certification exam.
  - Unlike physician anesthesiologists, CRNAs must be board-certified to provide anesthesia services, with re-certifications required every 4 years.

The *California Anesthesia Access Package* reaffirms the 40+ year legacy of California CRNAs delivering safe, timely, high-quality, and cost-effective anesthesia care.