



HB 4359 Certified Registered Nurse Anesthetist Practice Modification

Presentation to House Health Policy Committee

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Representative Mary Whiteford

Certified Registered Nurse Anesthetists (CRNAs)

Nurse anesthetists have been providing anesthesia care to patients in the United States for more than 150 years. In 1986 CRNAs became the first nursing specialty afforded direct reimbursement rights by Medicare. 42 states have no physician supervision requirements for CRNAs, and 19 of those states have opted out of the federal Medicare physician supervision rule for nurse anesthetists.

Michigan can't opt out because the state's definition of nursing practice doesn't include nurses giving anesthesia independently. Updating this law would allow this.



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Independence?

- Multiple peer-reviewed studies, including those conducted by the Institute of Medicine and the Research Triangle Institute, have found no increase in patient risk when anesthesia was given by a nurse anesthetist working without supervision.
- In 42 states, the nursing, medical and hospital licensing laws and regulations do not require physician supervision of CRNAs for non-Medicare cases. 19 of these states have opted out of the federal Medicare supervision requirement as well.
- Many studies have confirmed that there are no measurable differences in the quality or safety of anesthesia services delivered by CRNAs, by anesthesiologists, or by CRNAs being supervised by anesthesiologists.

Rural Needs

Few anesthesiologists practice in rural areas. CRNAs perform an important role with labor and delivery, trauma stabilization and interventional pain management.

During the past year, CRNAs have been instrumental in addressing breathing management for COVID-19 patients. They were granted the ability to practice unsupervised by the Governor's executive orders.



Scope of Practice

- Nursing Scope and Standards of Practice describe the “who,” “what,” “where,” “when,” “why,” and “how” of nursing practice.
- The American Nurses Association has an established review program for recognition of a nursing specialty, approval of a specialty nursing scope of practice statement, acknowledgment of specialty nursing standards of practice, and affirmation of focused practice competencies.
- “Full practice authority” is generally defined as an Advance Practice Registered Nurse’s ability to utilize knowledge, skills, and judgment to practice to the full extent of their education and training.
- CRNAs are governed by standards of practice, based on what the American Association of Nurse Anesthetists put forth as standards.



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Modifications to CRNA scope of practice for an RN who holds a specialty certification as a nurse anesthetist:

- Anesthesia and analgesia services:

- 1) Development of a plan of care.

- 2) Performance of all patient assessments, procedures, and monitoring to implement the plan of care or to address patient emergencies that arise during implementation of the plan of care.

- 3) Selection, ordering, or prescribing and the administration of anesthesia and analgesic agents including prescription drugs as controlled substances. (This authority does not include any activity that would permit a patient to self-administer, obtain, or receive pharmacological agents, including prescription drugs or controlled substances, outside of the facility in which the anesthetic or analgesic service is performed or beyond the perioperative, periobstetrical, or periprocedural period.)





Nurses Make a Difference

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4) The CRNA may provide the anesthesia and analgesia services described above without supervision and as the sole and independent anesthesia provider while he or she is collaboratively participating in a patient-centered care team.

5) Practice locations:

- A hospital inpatient or outpatient facility
- A freestanding surgical outpatient facility
- An office of a physician, podiatrist, or dentist
- Any other office or facility in which diagnostic or therapeutic procedures are provided to a patient, including, but not limited to, imaging, endoscopy, or cystoscopy services.

The fact is, Michigan's roughly 2,600 CRNAs already do this work safely every day – my legislation simply allows them to continue doing so without the unnecessary burden and cost of physician “supervision.”

Thank you for your consideration!