

State Approaches to Scope of Practice

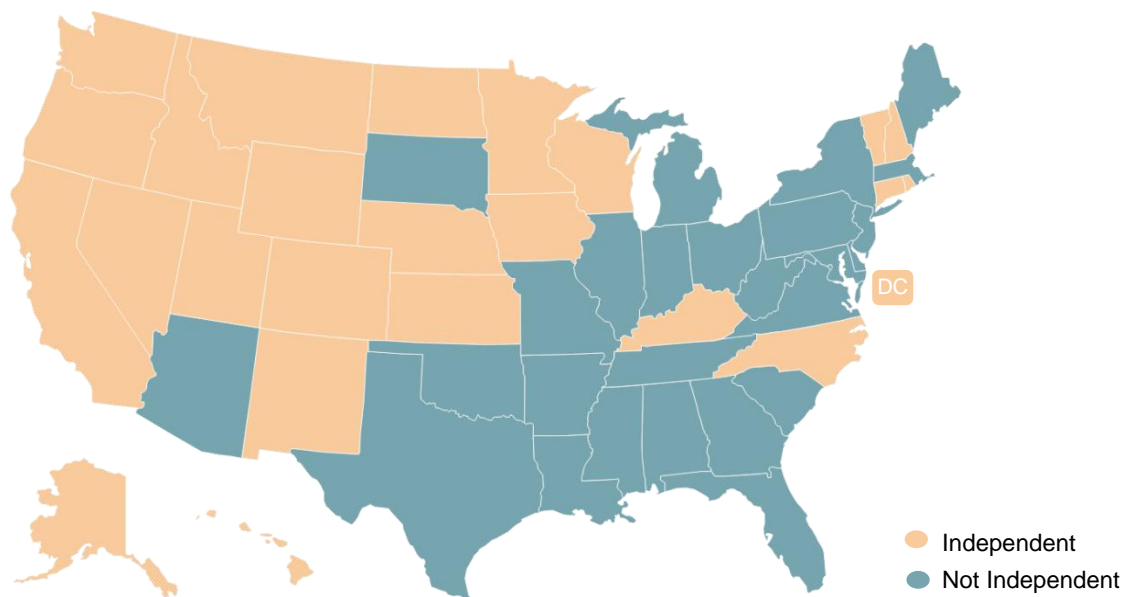
CERTIFIED REGISTERED NURSE ANESTHETISTS

January 2015

Certified Registered Nurse Anesthetists (CRNAs) provide anesthesia in a variety of clinical settings and are sometimes the primary providers of anesthetic services in rural areas. Specific details for practicing supervision vary by state, but generally CRNAs either practice independently from a physician or with some level of physician supervision required (Figure 1).^{1,2}

- **Independent from physician supervision**—Twenty-four states and the District of Columbia³ do not require a written collaborative agreement between a CRNA and physician. CRNAs are allowed to practice without supervision or conditions for practice.
- **Not independent from physician involvement**—Twenty-six states⁴ do not allow CRNAs to practice independently from a physician. Most require a written agreement explicitly defining acts that CRNAs can perform with or without direct supervision of a licensed allopathic or osteopathic physician, or oral surgeon. Alabama, New York, and Pennsylvania do not grant advanced practice authority to CRNAs. No data are available for Michigan.

Figure 1: Approaches to Regulation between Physicians and CRNAs



¹ American Society of Anesthesiologists Recommended Scope of Practice of Nurse Anesthetists and Anesthesiologist Assistants: <http://www.asahq.org/for-members/advocacy/federal-legislative-and-regulatory-activities/position-papers/recommended-scope-of-practice-of-nurse-anesthetists-and-anesthesiologist-assistants.aspx>

² American Association of Nurse Anesthetists Guidelines for Core Clinical Privileges for Certified Registered Nurse Anesthetists: <http://www.aana.com/resources2/professionalpractice/Documents/PPM%20Guideline%20Core%20Clinical%20Privileges.pdf>

³ Alaska, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Kentucky, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, North Dakota, Oregon, Rhode Island, Utah, Vermont, Washington, Wisconsin, and Wyoming.

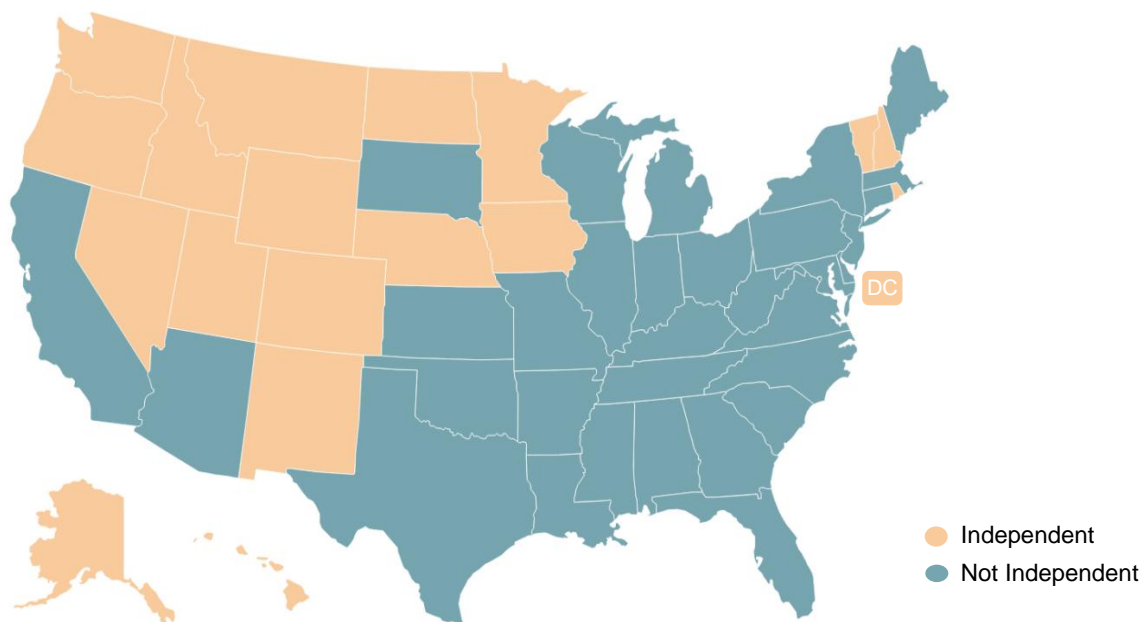
⁴ Arizona, Alabama, Arkansas, Delaware, Florida, Georgia, Illinois, Indiana, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, New Jersey, New York, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Virginia, and West Virginia.

State regulation of CRNA prescriptive authority (Figure 2) can be divided into two categories. States that do not permit independent CRNA prescriptive authority have various scope of practice levels.

- **Independent prescribing authority**—Nineteen states and the District of Columbia⁵ allow CRNAs to prescribe without a written collaborative agreement or supervision of a physician.
- **No independent prescribing authority**—Thirty-one states⁶ do not permit CRNAs to prescribe independent of a physician. New York and Pennsylvania do not recognize CRNAs as advanced practice nurses. Eleven states—Alabama, California, Kansas, Maine, Maryland, Michigan, Mississippi, New Jersey, North Carolina, South Dakota, and Virginia – do not grant any prescribing authority to CRNAs.

CRNAs in Arkansas are qualified as advanced practice registered nurses (APRNs). The Arkansas State Board of Nursing's (ASBN) qualifications for licensure require CRNAs to document: (1) successful completion of a nationally-accredited graduate or post-graduate APRN education program that prepares nurses to perform as CRNAs; and (2) current certification by a national certifying body recognized by the Board of Nursing in the APRN role and population foci appropriate for educational preparation.⁷ APRNs are generally required to submit a collaborative practice agreement with a licensed physician as part of an application for prescriptive authority.⁸ CRNAs in hospital settings may prescribe as an agent or employee of the hospital without collaborative practice agreements.⁹

Figure 2: State Regulation of CRNA Prescriptive Authority



⁵ Alaska, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Iowa, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, Oregon, Rhode Island, Utah, Vermont, Washington, and Wyoming.

⁶ Alabama, Arizona, Arkansas, California, Delaware, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Virginia, West Virginia, and Wisconsin.

⁷ Arkansas State Board of Nursing Rules; Chapter Four, Section II-B

(<http://www.arsbn.arkansas.gov/lawsRules/Documents/Rules.Chapter4.10.2013.pdf>)

⁸ Arkansas State Board of Nursing Rules: Chapter Four, Section VIII-A

(<http://www.arsbn.arkansas.gov/lawsRules/Documents/Rules.Chapter4.10.2013.pdf>)

⁹ Arkansas State Board of Nursing Rules; Chapter Four, Section VI-D

(<http://www.arsbn.arkansas.gov/lawsRules/Documents/Rules%20Chapter4.Effective1.1.13.pdf>)