

STATE APPROACHES TO SCOPE OF PRACTICE

Certified Registered Nurse Anesthetists

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.¹ Specific details for practice supervision vary by state, but generally CRNAs either practice independently from a physician or with some level of physician supervision.²

According to the American Society of Anesthesiologists, 45 states and the District of Columbia require some form of physician involvement in CRNA practice (Figure 1), which may range from active, present direction to informal collaboration or consultation as needed. The National Council of State Boards of Nursing (NCSBN) characterizes states as either permitting independent CRNA practice — with independence being something short of a requirement for a written collaborative agreement — or not permitting independent CRNA practice absent physician involvement through, at a minimum, a written collaborative practice agreement. The variation between the professional organizations' approach to describing required physician involvement in CRNA practice and interpretation of applicable state statutes exemplifies the challenges for policymakers when resolving scope-of-practice issues.

INDEPENDENT FROM PHYSICIAN SUPERVISION

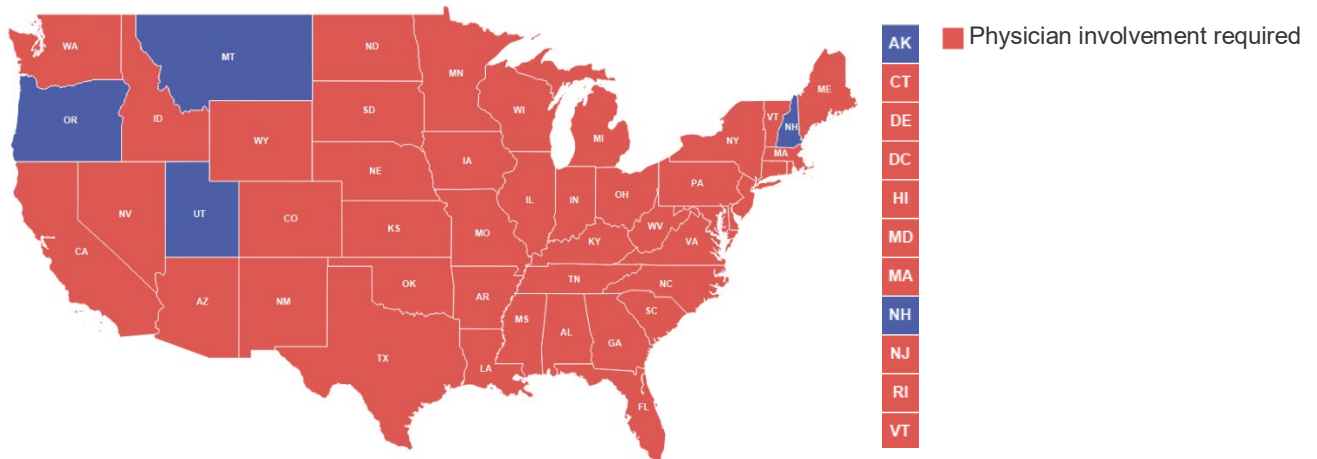
The NCSBN lists twenty-nine states and the District of Columbia as not requiring a written collaborative agreement between a CRNA and physician and allowing CRNAs to practice without supervision (Figure 2).³



NOT INDEPENDENT FROM PHYSICIAN INVOLVEMENT

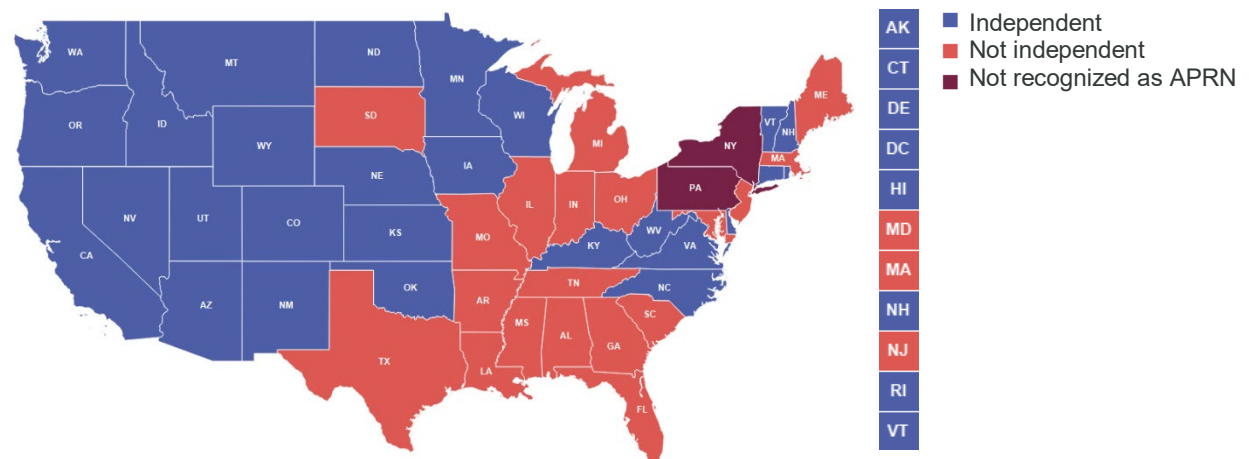
According to the NCSBN, 21 states do not allow CRNAs to practice independently from a physician (Figure 2). Most require a written agreement explicitly defining acts that CRNAs can perform with or without direct supervision of a licensed allopathic or osteopathic physician or an oral surgeon. New York⁴ and Pennsylvania⁵ do not grant advanced practice authority to CRNAs.

FIGURE 1: PHYSICIAN INVOLVEMENT REQUIREMENTS FOR CRNAs



Source: American Society of Anesthesiologists

FIGURE 2: APPROACHES TO INDEPENDENT PRACTICE OF CRNAs



Source: National Council of State Boards of Nursing. NCSBN describes independent practice as not having a formal agreement or supervision requirement. Note that many states still require some involvement with a physician. For example, under Arizona law, CRNAs “may administer anesthetics under the direction of and in the presence of a physician or surgeon.” See Ariz. Rev. Stat. § 32-1634.04. In Virginia, CRNAs must practice under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry but are not subject to a practice agreement requirement. See Va. Code Ann. § 54.1-2900.

For a complete list of citations, see <https://achi.net/library/scope-of-practice-nurse-anesthetist/>.