

BOARD OF REGISTERED NURSING BILL ANALYSIS

BILL NUMBER: [Assembly Bill 876](#)
AUTHOR: Assemblymember Flora
BILL DATE: February 19, 2025 – Introduced
SUBJECT: Nurse anesthetists: scope of practice

SUMMARY

The bill establishes additional guidance related to the practice of certified registered nurse anesthetists (CRNA). The guidance includes, but is not limited to, care settings, anesthesia services, scope of practice, supervisory requirements.

BACKGROUND

Certified Registered Nurse Anesthetist

A Certified Registered Nurse Anesthetist (CRNA) is an advanced practice registered nurse who has met standards for certification from the Board consistent with the standards of the National Board of Certification and Recertification for Nurse Anesthetists, and who is certified to practice nurse anesthesia by the BRN. The utilization of a nurse anesthetist to provide anesthesia services is at the discretion of the physician, dentist or podiatrist.

These services are delivered during the perianesthesia time period, which includes pre-operative, intra-operative, and post-operative care. The services encompass presurgical testing where the patient is evaluated for their ability to tolerate an anesthetic, through delivery of anesthesia, and through the patient's emergence from anesthesia, when the patient is monitored and cared for until stable enough to safely be discharged or transferred to other areas for further care. The general scope of practice for CRNAs is governed by [Business and Professions Code section 2725](#). Anesthesia services can be provided in California by a nurse anesthetist when requested by a physician, without physician supervision and without a requirement for standardized procedures.

While state law does not currently address the prescriptive authority of CRNAs, federal regulation for the US Drug Enforcement Administration (DEA) under [Code of Federal Regulations \(CFR\), title 21, section 1301.22](#) provides that an individual practitioner who is an agent or employee of a hospital or other institution may, when acting in the normal course of business or employment, administer, dispense, or prescribe controlled substances under the DEA registration of the hospital or other institution which is registered in lieu of being registered themselves. Consequently, a CRNA can utilize a hospital's DEA registration for the selecting and delivery of scheduled medications during the intraoperative time frame.

Attorney General Opinion

In 1984, Senator Paul Carpenter requested the Office of the Attorney General to issue

an opinion as to whether a CRNA can lawfully administer regional anesthetics pursuant to a "standardized procedure."

The [Attorney General's Opinion](#) ultimately concluded that a CRNA could lawfully administer a regional anesthetic when ordered by and within the scope of licensure of a physician, dentist or podiatrist but not pursuant to a "standardized procedure" as defined in Business and Professions Code (BPC) section 2725.

Centers for Medicare & Medicaid Services – CRNA Supervision Opt-Out

The Medicare conditions of participation (CoP) are a set of standards developed by Centers for Medicare & Medicaid Services (CMS) that healthcare organizations must meet to be eligible to participate in the Medicare program. The CoP for anesthesia services provided in hospitals ([42 CFR § 482.52](#)), critical access hospitals ([42 CFR § 485.639](#)), and ambulatory surgical centers ([42 CFR § 416.42](#)) require a CRNA to administer anesthesia under the supervision of the operating practitioner or an anesthesiologist who is immediately available if needed.

In 2001, CMS issued a [Final Rule](#) allowing states to "opt-out" of the above-mentioned physician supervision requirements. To request an opt out, the Governor must send a letter to CMS attesting that they have consulted with State Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the State and have concluded that it is in the best interests of the State's citizens to opt-out of the current physician supervision requirement. They must also attest that the opt-out is consistent with State law. As of 2024, 25 states, Washington, D.C., and Guam have opted out of the federal requirement for physician supervision of CRNAs.

In 2009, California became the 15th state to opt out of the CMS CoP for physician supervision of CRNAs.

In 2010, the California Society of Anesthesiologists (CSA) and the California Medical Association (CMA) challenged that action by filing a petition for writ of mandate and request for declaratory relief contending that the Governor acted contrary to California laws that prohibit CRNAs from administering anesthesia without physician supervision. CSA and CMA requested that a writ of mandate be issued commanding the Governor to withdraw the opt-out letter and for the trial court to declare that opting-out of the requirement that CRNAs be supervised by physicians was not and is not consistent with California law. The trial court concluded that the Governor did not abuse his discretion in determining that the opt out was consistent with state law. As the trial court recognized, the controlling statutory provision on the scope of practice of CRNAs in California does not require them to administer anesthesia under physician supervision. Instead, it permits CRNAs to administer anesthesia ordered by a physician as outlined in [Business and Professions Code section 2725\(b\)\(2\)](#).

In 2012, the California Court of Appeals affirmed the trial court's ruling and agreed that the plain meaning of BPC section 2725(b)(2) does not require physician supervision of CRNAs. The California Supreme Court denied a request to hear the case.

California Department of Public Health Survey

The California Department of Public Health (CDPH) is responsible for conducting certification surveys in California on behalf of CMS. These surveys are conducted to verify that health facilities receiving reimbursement under Medicare and Medicaid (referred to as Medi-Cal in California) are complying with all conditions for coverage and conditions of participation for the respective facility type. All health facilities receiving reimbursement under Medicare and Medi-Cal are subject to certification surveys.

In 2024, certification surveys conducted at two Modesto hospitals, Stanislaus Surgical Hospital and Doctors Medical Center, resulted in CDPH issuing "Immediate Jeopardy" citations for both facilities. CMS defines immediate jeopardy as "a situation in which entity noncompliance has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment, or death." The administrative warning comes with fines and requires the facility to submit an action plan to remediate the situation. The state determines through a follow-up survey whether the plan is sufficient for the facility to avoid being dropped from participation in Medicare and Medicaid.

Although different concerns were identified for each facility, both had findings involving the practice of CRNAs. To provide additional clarification, CDPH issued [All Facilities Letter 24-22](#) addressing CRNA credentialing and privileging requirements for general acute care hospitals providing anesthesia services.

CRNA Regulations

BPC section 2725(e) establishes that no state agency other than the Board may define or interpret the practice of nursing. The Board exercises this authority through the promulgation of regulations.

Certified Registered Nurse Anesthetist Advisory Committee members have been working with Board staff on drafting regulations for CRNAs. The proposed text is still under development and is being written based on current law. If this bill were to pass, the proposed text would be updated to ensure alignment with any statutory changes that are made.

REASON FOR THE BILL

According to the bill's sponsor, AB 876 would clarify existing statutes in the Nurse Anesthetist Act to maintain the established practice of CRNAs in California and increase access to anesthesia care, especially in underserved and rural areas. These changes reflect the care California CRNAs have delivered for more than 40 years and will help support the evolving needs of California's diverse population.

The sponsor further states that the bill would 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

ANALYSIS

Definitions

The bill would amend the current definition of nurse anesthetist to strike “a person” and replace it with “a certified registered nurse anesthetist, CRNA, nurse anesthesiologist, or anesthetist.”

The bill would add the following definitions:

Acute care facility - a general acute care hospital, acute psychiatric hospital, or other setting that is licensed and accredited pursuant to [Chapter 2 \(commencing with Section 1250\) of Division 2 of the Health and Safety Code](#).

Outpatient setting - an ambulatory surgery center, clinic, facility, office, or other setting that is licensed and accredited pursuant to [Chapter 1.3 \(commencing with Section 1248\) of Division 2 of the Health and Safety Code](#).

Dental office - the office of a dentist holding a permit pursuant to [BPC Section 2827](#).

Anesthesia Services

Current law states that the utilization of a nurse anesthetist to provide anesthesia services in an acute care facility shall be approved by the acute care facility administration and the appropriate committee, and at the discretion of the physician, dentist or podiatrist.

Current law also states that if a general anesthetic agent is administered in a dental office, the dentist shall hold a permit authorized by [Article 2.75 \(commencing with Section 1646\) of Chapter 4 of the BPC](#).

The bill would add the following provisions related to anesthesia services and how they are delivered:

- In an acute care facility, outpatient setting, or dental office where the nurse anesthetist has been credentialed to provide anesthesia, the anesthesia services shall include preoperative, intraoperative, and postoperative care and pain management for patients receiving anesthesia requested by a physician, dentist, or podiatrist that are provided within the scope of practice of the nurse anesthetist.
- A nurse anesthetist is authorized to provide direct and indirect patient care services, including administration of medications and therapeutic agents necessary to implement a treatment, for disease prevention, or a rehabilitative regimen ordered by, and within the scope of practice of, a physician, dentist, podiatrist, or clinical psychologist.
- An order entered on the chart or medical record of a patient shall be the authorization for the nurse anesthetist to select the modality of anesthesia for the

patient and to abort or modify the modality of anesthesia for the patient during the course of care.

- Ordering and administering controlled substances and other drugs preoperatively, intraoperatively, and postoperatively shall not constitute a prescription, as that term is defined in [Section 1300.01 of Title 21 of the Code of Federal Regulations](#).
- In an acute care facility, outpatient setting, or dental office where the nurse anesthetist has been credentialed to provide anesthesia, anesthesia services may also encompass services performed outside of the perioperative setting, including, but not limited to:
 - Selecting and administering medication, therapeutic treatment, medication-assisted treatment, and adjuvants to psychotherapy.
 - Providing emergency, critical care, and resuscitation services.
 - Performing advanced airway management.
 - Performing point-of-care testing.
 - Ordering, evaluating, and interpreting diagnostic laboratory and radiological studies.
 - Using and supervising the use of ultrasound, fluoroscopy, and other technologies for diagnosis and care delivery.
 - Providing sedation and pain management for palliative care.
 - In accordance with the policies of the facility or office, initiating orders to registered nurses and other appropriate staff, as required, to provide preoperative and postoperative care related to the anesthesia service.
 - Ordering consults, treatments, or services relating to the patient's care.
- To provide anesthesia services in an acute care facility, outpatient setting, or dental office, a trainee, including a nurse anesthesiology resident, resident registered nurse anesthetist, or student registered nurse anesthetist, shall satisfy both of the following requirements:
 - Be enrolled in an accredited doctoral program of nurse anesthesia.
 - Practice under the supervision of a nurse anesthetist or physician anesthesiologist.

Scope of Practice and Supervision

Current law states that in an acute care facility, a nurse anesthetist who is not an employee of the facility shall, nonetheless, be subject to the bylaws of the facility and may be required by the facility to provide proof of current professional liability insurance coverage. A nurse anesthetist shall be responsible for their own professional conduct and may be held liable for those professional acts.

The bill would add the following provisions related to scope of practice and supervision:

- A nurse anesthetist is an advanced practice registered nurse who is authorized to perform independent anesthesia services and is not limited to the scope of practice

of a registered nurse while performing anesthesia services. A nurse anesthetist shall not be required to do any of the following:

- Perform the duties of a perioperative registered nurse or nurse circulator while engaged in the role of anesthesia provider in the perioperative setting.
 - Perform nurse anesthesia services pursuant to standardized procedures.
 - Perform anesthesia services under the supervision of the physician, podiatrist, or dentist who requested the anesthesia to be administered.
- By virtue of being in the same location as a nurse anesthetist performing anesthesia services, a physician, podiatrist, dentist, or other health care provider shall not assume supervision of the nurse anesthetist.

FISCAL IMPACT

None Anticipated.

SUPPORT

California Association of Nurse Anesthetists (Sponsor)

OPPOSITION

None on record.

FULL BOARD POSITION

To Be Determined.