

# **SB 1011– Health Occupations – Nurse Anesthetists – Drug Authority and Collaboration**

## **Before Senate EHEA Committee**

### **Position – Favorable**

March 24, 2022

Dear Chair Pinsky and members of the committee:

My name is Mary Scott-Herring, I am a CRNA living in the seventh district. I hold a doctorate degree from the University of Maryland, and I am an assistant professor at Georgetown University. Many of our students live, train, and plan to practice in Maryland. I administer anesthesia at the University of Maryland and Shock Trauma, and prior to that, Johns Hopkins.

CRNAs provide all levels of anesthesia services to all types of patients, from birth to end of life. There are very few practices that you would NOT find a CRNA at the head of the operating room table. If you have ever had anesthesia, chances are it was a CRNA who administered it.

The Comprehensive addiction and Recovery Act, 2016 (CARA) and Support Act, 2018 extended prescriptive ability to other practitioners (Nurse Practitioners (NPs), Physician Assistants (PAs), Clinical Nurse Specialists (CNSs), Certified Registered Nurse Anesthetist (CRNAs), and Certified Nurse-Midwives (CNMs) until October 1, 2023, for buprenorphine in office-based settings. Without RX authority, MD residents in need of this treatment cannot be treated by CRNAs after that date, whereas patients in DC and VA can, because Maryland CRNAs do not have prescriptive authority.

The pharmacology education of CRNAs is strong. The curricula at Georgetown, Maryland, and Johns Hopkins, contain about TWICE the pharmacy credit hours as our nurse practitioner counterparts. In fact, a minimum of 90 contact hours of advanced pharmacology must be completed prior to graduation, similar to medical education.

All CRNAs must pass a national certification exam and become board certified to practice. One part of the exam covers over 40 classifications of medications. After

becoming board certified, CRNAs must complete 100 continuing education hours every 4 years, and an assessment test every 8. One of the 4 focus areas of that test is pharmacology.

CRNAs have prescriptive authority in twenty-seven states. In addition to my Maryland CRNA license, I have one in Washington DC. where I have independent prescriptive authority. Maryland is the only state in the DMV area that does not have prescriptive authority for CRNAs.

In 2010, the Institute of Medicine proclaimed that barriers to practice should be removed, and that advanced practice registered nurses like CRNAs be permitted to practice to the fullest extent of their education. It is time for Maryland to remove this barrier to practice for CRNAs and grant them prescriptive authority.

Thank you for your time!

Dr. Mary Scott-Herring DNP, MS, CRNA