

Department of Legislative Services
Maryland General Assembly
2001 Session

FISCAL NOTE

House Bill 1356 (Delegate Goldwater, *et al.*)
Environmental Matters

Nurse Anesthetists

This bill requires the Board of Nursing to adopt and enforce regulations that conform to the intent of the federal Health Care Financing Administration (HCFA) regulations governing the administration of anesthesia in hospitals and ambulatory surgical centers by nurse anesthetists.

Fiscal Summary

State Effect: The adoption and enforcement of regulations could be handled with existing Board of Nursing resources.

Local Effect: None.

Small Business Effect: Minimal. Small business ambulatory surgical centers could experience administrative savings if the Board of Nursing adopts new regulations permitting certified registered nurse anesthetists to practice anesthesiology without physician supervision.

Analysis

Current Law: COMAR provides that a certified registered nurse anesthetist (CRNA) must collaborate with an anesthesiologist, licensed physician, or dentist in the following manner: (1) an anesthesiologist, licensed physician, or dentist must be physically available to the nurse anesthetist for consultation at all times during the administration of, and recovery from, anesthesia; (2) an anesthesiologist shall be available for consultation to the nurse anesthetist for other aspects of the practice of nurse anesthesia; and (3) if an

anesthesiologist is not available, a licensed physician or dentist must be available to provide this type of consultation.

Background: HCFA issued a final rule on January 17, 2001 that defers to state professional practice laws and hospital by-laws to determine which licensed professionals can administer anesthesia. The rule removes a federal requirement for physician supervision of anesthesia administration in hospitals, critical access hospitals, and ambulatory surgical centers. The old rule required supervision by physicians, whether or not they had any expertise in the delivery of anesthesia. The new rule increases overall flexibility by letting states and hospitals, which are closer to patient care delivery, make decisions about the best way to deliver care. The new rule allows CRNAs to practice without physician supervision where state laws and/or regulations permit.

State Fiscal Effect: The Board of Nursing currently requires a CRNA to administer anesthesia and perform related services in collaboration with a licensed physician, dentist, or anesthesiologist. HCFA's new rule does not require the State to remove physician supervision requirements; however, if the board chooses to do so, the adoption and enforcement of new regulations could be handled with existing board resources.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): U.S. Health Care Financing Administration, Department of Health and Mental Hygiene (Board of Nursing), Department of Legislative Services

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