

# SENATE BILL 312

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CF HB 55

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By: **Senator Reilly**

Introduced and read first time: January 20, 2022

Assigned to: Education, Health, and Environmental Affairs

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## A BILL ENTITLED

1 AN ACT concerning

2 **Health Occupations – Nurse Anesthetists – Drug Authority and Collaboration**

3 FOR the purpose of authorizing a nurse anesthetist to prescribe, order, and administer  
4 drugs, including controlled dangerous substances, without obtaining approval from  
5 a practitioner with whom the nurse anesthetist collaborates, subject to certain  
6 limitations; authorizing a nurse anesthetist to collaborate with a podiatrist; and  
7 generally relating to nurse anesthetists.

8 BY repealing and reenacting, with amendments,

9 Article – Health Occupations

10 Section 8–513, 12–101(b), and 12–102(e)

11 Annotated Code of Maryland

12 (2021 Replacement Volume)

13 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
14 That the Laws of Maryland read as follows:

15 **Article – Health Occupations**

16 8–513.

17 (a) In this section, “perioperative assessment and management” means the  
18 assessment and management of a patient preoperatively, intraoperatively, and  
19 postoperatively.

20 (b) (1) A nurse anesthetist may perform the following functions:

21 (i) Perioperative assessment and management of patients requiring  
22 anesthesia services;

23 (ii) Administration of anesthetic agents;

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (iii) Management of fluids in intravenous therapy; [and]

2 (iv) Respiratory care; AND

3 (V) SUBJECT TO PARAGRAPH (4) OF THIS SUBSECTION,  
4 PRESCRIPTION, ORDERING, AND ADMINISTRATION OF DRUGS, INCLUDING A DRUG  
5 THAT IS CLASSIFIED AS A CONTROLLED DANGEROUS SUBSTANCE UNDER TITLE 5,  
6 SUBTITLE 4 OF THE CRIMINAL LAW ARTICLE.

7 (2) A nurse anesthetist has the right and obligation to refuse to perform a  
8 delegated act if in the nurse anesthetist's judgment, the act is:

9 (i) Unsafe;

10 (ii) An invalidly prescribed medical act; or

11 (iii) Beyond the clinical skills of the nurse anesthetist.

12 (3) Paragraph (1) of this subsection may not be construed to authorize a  
13 nurse anesthetist to:

14 (i) Diagnose a medical condition;

15 (ii) Provide care that is not consistent with the scope of practice of  
16 nurse anesthetists; or

17 (iii) Provide care for which the nurse anesthetist does not have proper  
18 education and experience.

19 (4) A NURSE ANESTHETIST MAY PRESCRIBE DRUGS UNDER  
20 PARAGRAPH (1) OF THIS SUBSECTION:

21 (I) ONLY IN AN AMOUNT THAT DOES NOT EXCEED A 10-DAY  
22 SUPPLY;

23 (II) ONLY FOR AN INDIVIDUAL WITH WHOM THE NURSE  
24 ANESTHETIST HAS, AT THE TIME OF PRESCRIPTION, ESTABLISHED A CLIENT OR  
25 PATIENT RECORD;

26 (III) ONLY IN CONNECTION WITH THE DELIVERY OF ANESTHESIA  
27 SERVICES; AND

28 (IV) WITHOUT OBTAINING APPROVAL FROM A PRACTITIONER  
29 WITH WHOM THE NURSE ANESTHETIST COLLABORATES UNDER SUBSECTION (C) OF

1 **THIS SECTION.**

2 (c) A nurse anesthetist shall collaborate with an anesthesiologist, a licensed  
3 physician, [or] a dentist, **OR A PODIATRIST** in the following manner:

4 (1) An anesthesiologist, a licensed physician, [or] a dentist, **OR A**  
5 **PODIATRIST** shall be physically available to the nurse anesthetist for consultation at all  
6 times during the administration of, and recovery from, anesthesia;

7 (2) An anesthesiologist shall be available for consultation to the nurse  
8 anesthetist for other aspects of the practice of nurse anesthesia; and

9 (3) If an anesthesiologist is not available, a licensed physician [or], dentist,  
10 **OR PODIATRIST** shall be available to provide this type of consultation.

11 (d) The nurse anesthetist shall ensure that a qualified anesthesia provider:

12 (1) Performs a thorough and complete preanesthetic assessment;

13 (2) Obtains informed consent for the planned anesthetic intervention from  
14 the patient or an individual responsible for the patient; and

15 (3) Formulates a patient-specific plan for anesthesia care.

16 (e) The nurse anesthetist as part of the standards of practice shall:

17 (1) Implement and adjust an anesthesia care plan as needed to adapt to  
18 the patient's response to the anesthesia;

19 (2) Monitor a patient's physiologic condition for untoward identifiable  
20 reactions and initiate appropriate corrective actions as required;

21 (3) Enter prompt, complete, and accurate documentation of pertinent  
22 information on a patient's record;

23 (4) Transfer responsibility for care of a patient to other qualified providers  
24 in a manner that ensures continuity of care and patient safety;

25 (5) Ensure that appropriate safety precautions are taken to minimize the  
26 risks of fire, explosion, electrical shock, and equipment malfunction;

27 (6) Maintain appropriate infection control standards;

28 (7) Evaluate anesthesia care to ensure its quality;

29 (8) Maintain continual competence in anesthesia practice; and

1 (9) Respect and maintain the basic rights of patients.

2 (f) This section may not be construed to require a written collaboration  
3 agreement between a nurse anesthetist and an anesthesiologist, a physician, [or] a dentist,  
4 **OR A PODIATRIST.**

5 12–101.

6 (b) “Authorized prescriber” means any licensed dentist, licensed dental hygienist  
7 with prescriptive authority under § 4–206.4 of this article, licensed physician, licensed  
8 podiatrist, licensed veterinarian, advanced practice nurse with prescriptive authority  
9 under § 8–508 of this article, **LICENSED NURSE ANESTHETIST**, or other individual  
10 authorized by law to prescribe prescription or nonprescription drugs or devices.

11 12–102.

12 (e) (1) This title does not prohibit:

13 (i) A dentist, physician, or podiatrist from administering a  
14 prescription drug or device in the course of treating a patient; [or]

15 (ii) A licensed dental hygienist from administering medication under  
16 § 4–206.4 of this article; **OR**

17 **(III) A NURSE ANESTHETIST FROM ADMINISTERING**  
18 **MEDICATION UNDER § 8–513 OF THIS ARTICLE.**

19 (2) For the purposes of paragraph (1)(i) of this subsection, “administering”  
20 means the direct introduction of a single dosage of a drug or device at a given time, whether  
21 by injection or other means, and whether in liquid, tablet, capsule, or other form.

22 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
23 October 1, 2022.