

# **SB0312 – Health Occupations – Nurse Anesthetists – Drug Authority and Collaboration**

## **Position – Favorable**

### **Testimony of Richard Conley DNP, CRNA District 3 Director of MANA**

**February 10, 2022**

Dear Chair Pinsky and members of the committee:

My name is Richard Conley. I am a CRNA residing in District 8 and working in Baltimore Maryland for the last 17 years. I began working in Maryland immediately after completing my Master of Science in Nurse Anesthesia from Columbia University in 2005. More recently, I earned a Teaching in Nursing and Health Profession Certificate in 2019 and a Doctor of Nursing Practice degree in 2020 from the University of Maryland, Baltimore. I am the current District 3 Director for the Maryland Association of Nurse Anesthetists. I have been involved in the education of nurse anesthetists for the past 15 years including clinical as well as didactic education.

Nurse anesthetists are skilled and highly educated practitioners who provide safe anesthetic care throughout the life span ranging from the neonate to the geriatric patient. A major component of this care involves the administration of a wide range of medications, not just anesthetic medications.

#### **Advanced Pharmacology Educational Requirements**

The safe administration of medications begins with a strong foundational knowledge followed by a continual reinforcement of knowledge throughout the nurse anesthetist's career. Every educational institution and program of nurse anesthesia in the United States and its territories is accredited by the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs. The COA standards for

Accreditation, require, in part, a minimum of 90 contact hours of Advanced Pharmacology in every curriculum.

### **National Certifying Exam (NCE) - Advanced Pharmacology Education Prerequisite**

After graduation from a COA accredited institution, the new nurse anesthetist must pass the National Certifying Exam (NCE) administered by the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA). To be eligible to sit for the NCE the new graduate must be able to prove, at a minimum, 90 contact hours of advanced pharmacology education. The NCE content is at least 25% basic sciences which includes general principles of advanced pharmacology as well as 42 different classifications of medications.

### **Continuing Education Requirements**

Once the nurse anesthetist is certified, they must start the Continuing Professional Certification (CPC) program for recertification. As part of the program of continuing education the nurse anesthetist must complete a minimum of 100 hours of continuing education (CEs) every 4 years, an assessment every 8 years, and demonstrate continued practice as a nurse anesthetist.

The CPC program requires the nurse anesthetist to complete specialized education focused on recently emerging information and evidenced based knowledge in four core knowledge areas. These areas include Airway Management, Applied Clinical Pharmacology, Human Physiology and Pathophysiology, and Anesthesia Equipment and Technology. The assessment taken every 8 years has at least 24% of the content focused on Applied Clinical Pharmacology. The nurse anesthetist must meet these requirements to continue national certification to maintain their state licensure. As you can see every nurse anesthetist starts with a strong foundational knowledge of advanced pharmacology which is reinforced and maintain throughout their careers.

### **Twenty-Seven (27) States Provide CRNAS with Prescriptive Authority**

As you may know twenty-seven states currently provide prescriptive authority to CRNAS. On a personal note, I maintain licensure as a CRNA in Washington, Idaho, and Oregon. In all three of these states, I have independent prescriptive authority with my state licensure. I am also registered with the DEA to prescribe Schedule II-V medications. I have the same education, continuing education, degrees, and national certification but different ability to practice to my full scope in Maryland State due to the lack of prescriptive authority. I respectfully ask the committee to provide a favorable report and support this bill.

Thank you for your time,

Richard Conley DNP, CRNA