



Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

February 10, 2022

The Honorable Paul G. Pinsky
Chair, Senate Education, Health, and Environmental Affairs Committee
2 West, Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 312 – Health Occupations – Nurse Anesthetists – Drug Authority and Collaboration – Letter of Support

Dear Chair Pinsky and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of support for Senate Bill (SB) 312 – Health Occupations – Nurse Anesthetists – Drug Authority and Collaboration. This bill authorizes a nurse anesthetist to prescribe, order, and administer drugs, including controlled dangerous substances, without obtaining approval from a practitioner with whom the nurse anesthetist collaborates. This bill authorizes a nurse anesthetist to collaborate with a podiatrist.

Certified Registered Nurse Anesthetists (CRNAs) are independent advanced practice registered nurses (APRNs) who plan and deliver anesthesia, pain management, and procedural care to patients of all health complexities. CRNAs must be licensed registered nurses (RNs) with critical care nursing experience. Built on this foundation, they must successfully complete a comprehensive didactic and clinical practice curriculum at an accredited nurse anesthesia program. In current practice, CRNAs provide anesthesia in collaboration with surgeons, dentists, and physician anesthesiologists. The standards of practice for a CRNA allow them the flexibility to practice in hospitals, non – operating room anesthetizing areas, ambulatory surgical centers, and office – based settings.¹

The pandemic has brought many challenges into the healthcare setting, particularly for Marylanders in rural and underserved communities. There have been incredible limitations for healthcare practitioners in being able to provide adequate and expeditious care. Individuals in need of anesthesia services or pain management care were burdened with finding an available practitioner within their community. The Board believes it is essential to increase access to healthcare services for all Marylanders. Allowing CRNAs to practice independently and autonomously would provide an additional avenue amongst other solutions.

¹ Scope of Nurse Anesthesia Practice. American Association of Nurse Anesthesiology

Maryland Health Occupations Article (Title 8) and Code of Maryland Regulations (COMAR) stay silent with respect to CRNAs prescribing controlled dangerous substances and other drugs. In contrast, 27 States authorize CRNAs to order, prescribe, and administer anesthetic and non – anesthetic medications. A few States neighboring Maryland include Delaware, District of Columbia, Virginia, and West Virginia. The Board believes this discipline of APRNs are qualified to make independent judgements regarding aspects of anesthesia care based on their education, training, licensure, and certification. The Board believes the provisions of SB 312 fall within a CRNA’s scope and standards of practice.

For the reasons discussed above, the Board of Nursing respectfully submits this letter of support for SB 312.

I hope this information is useful. For more information, please contact Iman Farid, Health Policy Analyst, at (410) 585 – 1536 (iman.farid@maryland.gov) or Rhonda Scott, Deputy Director, at (410) 585 – 1953 (rhonda.scott2@maryland.gov).

Sincerely,

A handwritten signature in black ink, appearing to read 'G. Hicks', with a long horizontal flourish extending to the left.

Gary N. Hicks
Board President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.