

Bill No. SB 312 **Committee:** Senate Education, Health, and Environmental Affairs
Title: Health Occupations – Nurse Anesthetists – Drug Authority and Collaboration
Hearing Date: February 10, 2022 **Position:** Support
Witness: Shirley Devaris, RN, BSAD, MSA, JD (shirleydevaris@yahoo.com)

Good afternoon, Mr. Chairman, Madam Vice Chair, and Members of the Committee.

My name is Shirley Devaris, and I am offering testimony in favor of this bill based on my 19 years of experience with regulating nursing practice, first as staff to the former House Environmental Matters Committee, and then with the Board of Nursing as Director of Legislative Affairs before retiring.

This bill fulfills the recommendation from the Institute of Medicine “Report on the Future of Nursing” that all Advanced Practice Registered Nurses (APRNs) be allowed to practice to the full extent of their education and training,

This bill limits prescriptions to a ten day supply. That provides for continuity of care until a patient is seen for a follow-up visit. Prescribing is allowed in the perioperative period and is only in connection with administration of anesthesia. The bill provides a very limited scope for prescribing.

Certified Registered Nurse Anesthetists (CRNA) are APRNs trained to practice in every setting in which anesthesia is delivered. They are the sole providers of anesthesia in nearly all rural hospitals, the primary providers of anesthesia to men and women in the US Armed Services, and well established nationally as a key component of the clinical team. They have been providing anesthesia to patients in the US for more than 150 years. Research on anesthesia safety has shown that there is no difference in care between CRNAs and Anesthesiologists. Regardless of whether their educational background is in nursing or medicine, all anesthesia professionals give anesthesia the same way. Legislation passed by Congress in 1986 made nurse anesthetists the first nursing specialty to be accorded direct reimbursement rights under the Medicare program and CRNAs bill Medicare directly for 100% of the physician fee schedule amount for services.

It takes a minimum of 7-8.5 calendar years of education and experience to prepare a CRNA. The minimum education and experience required to become a CRNA includes: a BSN in nursing or other appropriate major; an unencumbered RN or APRN in the United States; a minimum of 1 year as an RN in a critical care setting; graduation with a master’s or higher-level degree from an approved accredited CRNA program; and national certification. Students complete an average of 9,369 clinical hours by the time they graduate.

Currently, CRNAs practice independently (no supervision) in 35 states and have prescriptive authority in 26 of them. 9 states that authorize independent practice do not authorize prescriptive authority and, unfortunately, Maryland is one of them. In 2020 in response to the dire need for care of Covid-19 patients, the VA issued a directive temporarily allowing all professionals to practice the full scope of their licensure and certification without supervision.

Since then, the Director of health services for the VA has recommended that this becomes permanent.

The COVID-19 public health emergency has demonstrated the critical need for healthcare professionals to care for patients to the full extent of their education and training. During the pandemic, the removal of barriers to CRNA practice at the state and federal levels allowed CRNAs to provide critical, lifesaving care to COVID-19 patients, including at VA facilities.

The National Council of State Boards of Nursing supports prescriptive authority for CRNAs as does the American Association of Nurse Anesthetists. This bill will also prepare Maryland for entry into the APRN compact.

For these reasons and those presented by other witnesses I ask for a favorable response to this bill. Thank you.