

HB1996/SB1207: An Act to Remove Restrictions on the Licenses of Nurse Practitioners and Certified Registered Nurse Anesthetists as Recommended by the Institute of Medicine and the Federal Trade Commission

NO CHANGE	PROPOSED CHANGES	NO CHANGE	NO CHANGE			
CRNA - Scope of Practice	VS	CRNA - Prescriptive Practice	VS	CRNA - Anesthesia Practice	VS	Federal Medicare Billing Rules
<p>HB1996/SB1207 proposes NO CHANGES to current CRNA Scope of Practice</p> <ul style="list-style-type: none"> The scope of nurse anesthesia practice is determined by experience, education, Board Certification, Licensure The scope of nurse anesthesia practice IS NOT DETERMINED or GRANTED by Boards of Medicine or any other discipline <p>Nurse anesthesia scope of practice may include, but is not limited to:</p> <ul style="list-style-type: none"> performing a comprehensive history and physical conducting a pre-anesthesia evaluation obtaining informed consent for anesthesia selecting, ordering, prescribing and administering drugs and controlled substances provide acute, chronic and interventional pain management services critical care and resuscitation services order and evaluate diagnostic tests; request consultations; and perform point-of-care testing plan and initiate anesthetic techniques, including general, regional, local, and sedation facilitate emergence and recovery from anesthesia; and provide post-anesthesia care, including medication management, conducting a post-anesthesia evaluation, and discharge from the post-anesthesia care area or facility <p><i>American Association of Nurse Anesthetists, 2013. Scope of Nurse Anesthesia Practice</i></p>	<p>Consistent with CRNA scope of practice and modernized legal status, HB1996/SB1207 revises:</p> <ul style="list-style-type: none"> MGL c 112 §80B: removes oversight of the Board of Registration in Medicine for development of regulations for prescriptive authority for APRN's – this "oversight" and related requirements are unnecessary and inappropriate, given that the BoM does not grant scope of practice in the first place. There is no evidence that either "oversight" of prescriptive practice or a retrospective review of prescriptions/orders that have already been written, filled or administered makes prescriptions and/or orders any safer for patients MGL c 112 §80H: removes the <i>additional</i> limitation of only the CRNA's prescriptive authority to the 24 hour period around a patient's surgery/procedure – there is no evidence that orders written by CRNA's are any safer when written within 24 hours of the patient surgery or procedure; in fact, orders written by CRNA's during a pre-testing interview 5-10 days before surgery leads to more efficient and well-planned care for the patient on the day of surgery <p>Massachusetts is the only state in New England that has these antiquated laws for CRNA prescriptive practice</p> <p><i>189th General Court of the Commonwealth of Massachusetts - General Laws. (2016).</i></p>	<p>HB1996/SB1207 proposes NO CHANGES to current CRNA anesthesia practice laws</p> <p>Hospitals/Facilities maintain the authority to adopt the business model of their choice</p> <ul style="list-style-type: none"> The practice of anesthesia is a recognized nursing and medical specialty unified by the same standard of care CRNA's are advanced practice registered nurses (APRNs) licensed as independent practitioners CRNAs practice both autonomously and in collaboration with other health providers on an inter- professional team There are no Massachusetts (or federal) laws that require physician supervision of CRNA anesthesia practice <p><i>American Association of Nurse Anesthetists, 2013. Scope of Nurse Anesthesia Practice 189th General Court of the Commonwealth of Massachusetts - General Laws. (2016).</i></p>	<p>HB1996/SB1207 proposes NO CHANGES to current Federal Medicare Billing Rules</p> <ul style="list-style-type: none"> These billing terms are MISNOMERS ARE NOT MEANT to govern CRNA practice They simply provide a means to submit claims to Medicare for reimbursement. Billing terms: Medical Direction, Medical Supervision, Opt Out Often confused and/or falsely represented as CRNA practice laws or regulations <p><i>U.S. Government Publishing Office - Code of Federal Regulations. (2007, November 27)</i></p>			

