

Legislative Analysis



CERTIFIED NURSE ANESTHETIST SCOPE OF PRACTICE

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<http://www.house.mi.gov/hfa>

House Bill 4359 as enacted

Public Act 53 of 2021

Sponsor: Rep. Mary Whiteford

House Committee: Health Policy

Senate Committee: Health Policy and Human Services

Complete to 2-4-22

Analysis available at
<http://www.legislature.mi.gov>

SUMMARY:

House Bill 4359 amends the Public Health Code to prescribe the scope of practice for a certified nurse anesthetist (a registered professional nurse who holds a specialty certification as a nurse anesthetist).

Under the bill, in addition to duties within the scope of practice of nursing, a certified nurse anesthetist's scope of practice includes any of the following anesthesia and analgesia services if performed in accordance with the American Association of Nurse Anesthetists Standards for Nurse Anesthesia Practice:

- Development of a plan of care.
- Performance of all patient assessments, procedures, and monitoring to implement the plan of care or to address patient emergencies that arise during its implementation.
- Selection, ordering, or prescribing and the administration of anesthesia and analgesic agents, including prescription drugs or controlled substances. These services may be provided only as described below. This authority does not extend to situations that would allow a patient to self-administer, obtain, or receive those drugs or controlled substances outside of the facility or outside of the specified time period.

A certified nurse anesthetist may provide the anesthesia and analgesia services described above in a **health care facility** as long as the facility has a policy in place to allow for the provision of anesthesia and analgesia services. If the health care facility uses a certified nurse anesthetist who is not employed by the facility, the facility must ensure that the certified nurse anesthetist or the person employing the certified nurse anesthetist maintains medical malpractice insurance. The services may be performed for and during the perioperative, periparturient, or periprocedural period.

Health care facility would mean any of the following:

- A hospital inpatient or outpatient facility.
- A freestanding surgical outpatient facility.
- An office of a physician, podiatrist, or dentist.
- Any other office or facility in which diagnostic or therapeutic procedures are provided to a patient, including imaging, endoscopy, or cystoscopy services.

A certified nurse anesthetist practicing pain management in a freestanding pain clinic would have to be under the supervision of a physician. A certified nurse anesthetist **collaboratively participating** in a **patient-centered care team** could provide the anesthesia or analgesia

services without supervision if the certified nurse anesthetist met *either* of the following conditions:

- The certified nurse anesthetist has been a nurse anesthetist for at least three years and has practiced in that specialty field in a health care facility for at least 4,000 hours.
- The certified nurse anesthetist has a doctor of nurse anesthesia practice degree or doctor of nursing practice degree.

Collaboratively participating means practicing and communicating with health care professionals involved in the patient-centered care team to optimize the overall care delivered to the patient.

Patient-centered care team would mean a group of health care professionals, which must include a ***qualified health care professional***, who directly or indirectly care for a patient by each contributing specialized knowledge, skill, and experience to the care of the patient.

Qualified health care professional would mean any of the following who is qualified by education, training, and experience in anesthesia care and is acting pursuant to any applicable rules regarding anesthesia care promulgated under Article 15 (Occupations) of the code:

- A physician.
- A dentist.
- A podiatric physician.

In addition, the bill amends Part 177 (Pharmacy Practice and Drug Control) of the code to add certified nurse anesthetists to the list of those defined as prescribers under that part, to the extent described above. The bill states that this addition does not require new or additional third-party reimbursement or mandated worker's competition benefits for anesthesia and analgesia services provided by a certified nurse anesthetist.

Finally, the bill adds an emergency supply of insulin to the definition of "prescription drug" for purposes of Part 177.

MCL 333.17210 and 333.17708

FISCAL IMPACT:

House Bill 4359 would not have an appreciable fiscal impact on any unit of state or local government.

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations and does not constitute an official statement of legislative intent.