

SENATE BILL REPORT

SB 5922

AS REPORTED BY COMMITTEE ON HEALTH & HUMAN SERVICES,
MARCH 3, 1993

Brief Description: Regarding the use of controlled substances by advanced registered nurse practitioners, certified nurse anesthetists.

SPONSORS: Senators Snyder, Deccio, Vognild and Newhouse

SENATE COMMITTEE ON HEALTH & HUMAN SERVICES

Majority Report: That Substitute Senate Bill No. 5922 be substituted therefor, and the substitute bill do pass.

Signed by Senators Talmadge, Chairman; Wojahn, Vice Chairman; Deccio, Erwin, Franklin, Fraser, Hargrove, McAuliffe, McDonald, Moyer, Niemi, Prentice, Quigley, Sheldon, L. Smith, and Winsley.

Staff: Scott Plack (786-7409)

Hearing Dates: March 3, 1993

BACKGROUND:

The state Board of Nursing may designate a registered nurse as an advanced registered nurse practitioner (ARNP) upon completion of advanced specialized training and certification by an approved national certification body. A Certified Registered Nurse Anesthetists (CRNA) is one type of ARNP specialty recognized by the Board.

The Board of Nursing is further authorized in law to grant registered nurses authority to prescribe legend drugs and schedule V controlled substances. Registered nurses, including ARNPs, are currently prohibited from prescribing schedule I through IV controlled substances. A registered nurse, however, may administer schedule II through IV controlled substances to patients if a physician or other authorized practitioner has ordered the use of the drug. Authorized practitioners currently include physicians, osteopathic physicians, podiatric physicians and dentists.

CRNAs administer anesthesia in a variety of health care settings including hospitals and outpatient surgical centers. Because of the shortage of anesthesiologists (physicians) CRNAs are widely used in rural hospitals to administer preoperative and postoperative anesthesia. There are cases where CRNAs have been "selecting", "ordering" and "administering" schedule II through IV controlled substances as preoperative and postoperative anesthesia for patients without an order or signed prescription from an authorized practitioner.

In 1990, the Board of Pharmacy conducted an investigation at a rural hospital where a CRNA was "selecting" and "ordering" a schedule II controlled substance and forwarded the case to the Board of Nursing to investigate as a possible violation of prescribing prohibition in law. The Board of Nursing dismissed the case ruling that the CRNA had not "prescribed" the anesthesia since the drug was obtained and used on an inpatient basis. The Board of Pharmacy challenged this interpretation and concluded that the activity of "selecting" and "ordering" drugs is a prescribing activity and in violation of state law.

The Board of Pharmacy has announced that it intends to order its pharmacies to discontinue allowing CRNAs to obtain any schedule II through IV controlled substances without an order signed by an authorized practitioner. The shortage of anesthesiologists have many concerned that this action will severely reduce the availability of surgeries in many hospital and outpatient surgical centers.

SUMMARY:

Certified Registered Nurse Anesthetists (CRNA) are authorized to select, order or administer schedule II through IV controlled substances consistent within their Board of Nursing- recognized scope of practice. The authority is limited to administration of these drugs in a health care facility and facility-specific protocols concerning drug use must be observed. A physician, osteopathic physician, dentist or podiatric physician must request the services of a CRNA. The act of "selecting" one of these drugs is defined as the decision-making process of choosing the drug, dosage, route and time of administration. "Ordering" is defined as the process of ordering qualified individuals to administer a drug, or to dispense, deliver or distribute the drug, to a patient pursuant to the instructions of a CRNA.

EFFECT OF PROPOSED SUBSTITUTE:

The use of schedule II through IV controlled substances by CRNAs will be limited to hospitals, clinics, ambulatory surgical facilities or the offices of private physicians, dentists and podiatrists where diagnostic, operative, obstetrical or therapeutic procedures are involved. Facility-specific protocol is defined to mean a statement of practice and documentation concerning categories of patients, medications, and operative procedures. Only licensed individuals whose current statutory authority allows them to administer controlled substances will be permitted to administer controlled substances upon the order of a CRNA.

Appropriation: none

Revenue: none

Fiscal Note: requested

Effective Date: The bill contains an emergency clause and takes effect immediately.

TESTIMONY FOR:

The bill will allow rural hospitals and other facilities doing outpatient surgery to use CRNAs to administer anesthesia. This is necessary because of the shortage of anesthesiologists. The bill legally allows CRNAs to continue the practice of providing anesthesia in a manner that they have been doing for many years.

TESTIMONY AGAINST: None

TESTIFIED: Don Williams, Board of Pharmacy (pro); Pat Brown, Board of Nursing (pro); Dr. Shaun Sullivan, Washington State Society of Anesthesiologists (pro); Ken Plitt, Washington Association of Nurse Anesthetists (pro); Dan Simonson, President, Washington Association of Nurse Anesthetists (pro); Sherm Cox, Department of Health (pro); Maria Gardipel, Department of Health (pro); Lisa Hoffman, Board of Health (pro); Dave Broderick, Hospital Association (pro); Tom Martin, Hospital Association (pro); Dr. Charles Russell, Surgeon, Community Memorial Hospital (pro)