

SENATE BILL REPORT

SB 6286

As of February 2, 2024

Title: An act relating to addressing the anesthesia workforce shortage by reducing barriers and expanding educational opportunities to increase the supply of certified registered nurse anesthetists in Washington.

Brief Description: Addressing the anesthesia workforce shortage by reducing barriers and expanding educational opportunities to increase the supply of certified registered nurse anesthetists in Washington.

Sponsors: Senators Rivers, Cleveland, Dhingra, Dozier, Nobles, Padden, Robinson, Wellman and Wilson, L..

Brief History:

Committee Activity: Health & Long Term Care: 1/26/24, 1/30/24 [DP-WM].
Ways & Means: 2/03/24.

Brief Summary of Bill

- Requires the Washington State Board of Nursing to develop and manage a grant program to precept nurse anesthesia residents in health care settings.
- Directs the Health Workforce Council to study the workforce shortages in the state's anesthesia care and submit an initial report to the Legislature by June 30, 2025, and a final report by June 30, 2029.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Robinson, Vice Chair; Rivers, Ranking Member; Muzzall, Assistant Ranking Member; Conway, Dhingra, Holy, Padden, Randall and Van De Wege.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Staff: Julie Tran (786-7283)

SENATE COMMITTEE ON WAYS & MEANS

Staff: Monica Fontaine (786-7341)

Background: The Board of Nursing (Board) regulates the nursing profession in Washington and establishes, monitors, and enforces licensing, standards of practice, and discipline. The Board currently is operating the Washington State Student Nurse Preceptor Grant Program to address the nursing workforce demands. The grant program is currently funded at \$3 million annually and funds nurses who precept nursing students in healthcare settings including advanced registered nurse practitioner (ARNP), registered nurse, and licensed practical nurse programs.

A certified registered nurse anesthetist (CRNA) is a ARNP who administers anesthesia and other medications. They can practice independently and they also take care of and monitor people who receive or are recovering from anesthesia.

Health Workforce Council. The Workforce Training and Education Coordination Board staffs a task force, called the Health Workforce Council (Council), which is responsible for creating a statewide plan to address healthcare workforce shortages. The Council provides updates to policymakers on health workforce supply and demand, tracks progress on implementation of new programs, and brings key stakeholders together to develop and advocate for sustainable solutions.

Summary of Bill: Preceptor Grant Program. The Board must develop and manage a grant process for the purpose of providing incentives to CRNAs to precept nurse anesthesia residents in health care settings. The Board must ensure the grant process funds are distributed equally among the total qualified applicant preceptors that dedicate at least 80 hours per year to precepting any nurse anesthesia residents.

Workforce Study. The Council, in collaboration with the Board, Washington Medical Commission, and the Department of Health, must study the workforce shortages in anesthesia care in Washington State. An initial report must be submitted to the Legislature beginning June 30, 2025, and an update report must be submitted annually thereafter.

The initial report must include, but is not limited to: identifying the factors and barriers to entry into the anesthesia workforce; evaluating and assessing the current training and pipeline for the health care providers who may provide anesthesia care; developing recommendations that reduce barriers for individuals who want to become CRNAs and increasing the available clinical training slots for nurse anesthesia residents; and creating and maintaining an implementation plan to improve the pipeline of anesthesia care providers in the state.

The Council must submit a final report by June 30, 2029, detailing the progress made in the previous five years and any findings and policy recommendations to further address the workforce shortage in anesthesia care.

Appropriation: The bill contains a section or sections to limit implementation to the availability of amounts appropriated for that specific purpose.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony (Health & Long Term Care): PRO: All work to build anesthesiology in the state and the country is important. This bill comes from stakeholder discussions and attempts to address stakeholder concern that there needs to be more done to build training spots and increase the CRNA workforce. The state values CRNAs and there is hope that the Preceptor Grant Program and the study will both work together to build more opportunities for CRNAs. There are those who don't believe a study is necessary to determine whether an anesthesia provider shortage exists because there are anecdotes of hospitals having available hospital rooms that cannot be in use due to a lack of anesthesia providers and ample evidence of a workforce shortage in anesthesia care. The state should adopt any and all provisions to help address this workforce shortage. There is an amendment request to change "residents" to "students."

OTHER: CRNAs in Washington face barriers in the education and training pipeline and this prevents expansion of the providers who actually delivered the largest majority of the anesthetics in Washington State. Although CRNAs have been lawfully permitted to practice independently in Washington for over two decades, there are still areas of the state where nurse anesthetists are kept from practicing at the top of their training and are reduced to a supervised model, which sometimes means CRNAs are excluded all together. This is an inefficient use of anesthesia resources and access to care is decreased. It also limits surgical and procedural capabilities and why there is a need for a workforce study. This bill attempts to address many concerns some stakeholders had with another bill that was before the committee but there is a request for an amendment to include language that links the bills and for there to be negotiations for agreed-upon amendments.

Persons Testifying (Health & Long Term Care): PRO: Senator Ann Rivers, Prime Sponsor; Amy Brackenbury, WA State Society of Anesthesiologists; Carolyn Logue, WA Academy of Anesthesiologist Assistants.

OTHER: Dee Bender, Washington Association of Nurse Anesthetists.

Persons Signed In To Testify But Not Testifying (Health & Long Term Care): No one.