

SENATE BILL REPORT

SB 6286

As Reported by Senate Committee On:
Health & Long Term Care, January 30, 2024
Ways & Means, February 5, 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, 2/05/24 [DPS].

Brief Summary of First Substitute 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 University of Washington's Institute for Health Metrics and Evaluation to study the workforce shortages in anesthesia care in each facility providing anesthesia services in the state and to submit an initial report to the Legislature by June 30, 2025.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

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

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.

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

Staff: Julie Tran (786-7283)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Substitute Senate Bill No. 6286 be substituted therefor, and the substitute bill do pass.

Signed by Senators Robinson, Chair; Mullet, Vice Chair, Capital; Nguyen, Vice Chair, Operating; Wilson, L., Ranking Member, Operating; Gildon, Assistant Ranking Member, Operating; Schoesler, Ranking Member, Capital; Rivers, Assistant Ranking Member, Capital; Warnick, Assistant Ranking Member, Capital; Billig, Boehnke, Braun, Conway, Dhingra, Hasegawa, Hunt, Keiser, Muzzall, Pedersen, Randall, Saldaña, Torres, Van De Wege, Wagoner and Wellman.

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.

Institute for Health Metrics and Evaluation. The University of Washington Institute for Health Metrics and Evaluation (IHME) started in 2007 with the goal of providing impartial, evidence-based picture of global health trends to inform the work of policymakers, researchers, and funders. IHME identifies the world's major health problems, how well society is addressing these problems, and how leaders can best dedicate resources to maximize health improvement.

Summary of Bill (First Substitute): 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. IHME, in collaboration with the Board, Washington Medical Commission, and the Department of Health, must study the workforce shortages in each facility providing anesthesia services 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 and each subsequent report must include, but is not limited to: identifying the factors and barriers to entry into the profession of nurse anesthesia; evaluating and assessing the current training and pipeline for CRNAs; developing recommendations that reduce barriers for individuals who want to become CRNAs and increasing the available clinical training slots for nurse anesthesia residents; creating and maintaining an implementation plan to improve the pipeline for CRNAs in the state; identifying the number of qualified anesthesia providers, including, at a minimum, physician anesthesiologists and CRNAs, who may practice independently in the state of Washington at each facility providing anesthesia services; and providing policy recommendations to expand the nurse anesthesia workforce and optimize the cost of providing anesthesia services, including initiatives for all practicing independent anesthesia providers to practice at the top of their license.

IHME shall submit a final report due June 30, 2029, detailing the progress made in the previous five years and any findings and policy recommendations to further address the workforce shortages and barriers to further expanding education of CRNAs.

EFFECT OF CHANGES MADE BY WAYS & MEANS COMMITTEE (First Substitute):

- Replaces references to “nurse anesthesia students” with “nurse anesthesia residents.”
- Amends the parameters of the anesthesia care workforce shortage study.
- Directs the University of Washington’s Institute for Health Metrics and Evaluation rather than the Health Workforce Council to study the anesthesia care workforce shortage.
- Changes the intent section to recognize that certified registered nurse anesthetists are an essential provider of anesthesia care.
- Specifies the Legislature’s intent to encourage an ongoing supply and improve the pipeline of certified registered nurse anesthetists in Washington State.

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 on Original Bill (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.

Staff Summary of Public Testimony on Original Bill (Ways & Means): *The committee recommended a different version of the bill than what was heard.*

PRO: We are looking at anything we can to expand the workforce. This will allow us to address concerns while also getting more data. Investing in student nurse anesthetists is one way to address the current shortage and this bill complements other current legislation being considered by the Senate to expand capacity in the profession. This would improve the training pipeline. We would like to refine and clarify the focus of the study. Maximizing the number of anesthesia providers is unavoidable. We need to make sure there are enough providers so that services and surgeries can be provided. This is important for patient care. This bill demonstrates that the legislature understands the current anesthesia workforce shortage and workforce constraints. Nursing anesthetists are independent anesthesia providers but are not always able to practice independently depending on the practice model used at each facility.

Persons Testifying (Ways & Means): PRO: Senator Ann Rivers, Prime Sponsor; Amy Brackenbury, Washington State Society of Anesthesiologists; Carolyn Logue, Washington Academy of Anesthesiologist Assistants; Ebony McNeal, Washington Association of Nurse Anesthetists.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.