

HOUSE BILL REPORT

ESSB 6286

As Reported by House Committee On:

Health Care & Wellness
Appropriations

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: Senate Committee on Ways & Means (originally sponsored by Senators Rivers, Cleveland, Dhingra, Dozier, Nobles, Padden, Robinson, Wellman and Wilson, L.).

Brief History:

Committee Activity:

Health Care & Wellness: 2/14/24, 2/21/24 [DP];
Appropriations: 2/23/24, 2/26/24 [DP].

Brief Summary of Engrossed Substitute Bill

- Establishes a grant program to incentivize certified registered nurse anesthetists to precept nurse anesthesia residents.
- Directs the Center for Health Workforce Studies at the University of Washington to study the workforce shortages in anesthesia care in each facility providing anesthesia services.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 17 members: Representatives Riccelli, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Hutchins, Assistant Ranking Minority Member; Bronoske, Caldier, Davis, Graham, Harris, Macri, Maycumber,

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.

Mosbrucker, Orwall, Simmons, Stonier, Thai and Tharinger.

Staff: Chris Blake (786-7392).

Background:

Anesthesia is the use of medicines to prevent patients from feeling pain during health care procedures such as dental procedures, some screening and diagnostic procedures, and surgery. The medicines, known as anesthetics, may be administered by injection, inhalation, topical lotion, spray, eye drops, or skin patch. Anesthesia may be local anesthesia for a small part of the body, regional anesthesia for larger areas of the body where the patient may either be awake or sedated during the procedure, or general anesthesia which affects the whole body and the patient is unconscious and unable to move.

Advanced registered nurse practitioners (ARNPs) are one of the three primary health professions in Washington that may perform anesthesia on a general basis within their scope of practice. An ARNP is a registered nurse who is licensed by the Washington State Board of Nursing upon meeting requirements related to graduate education, national specialty certification and supervised advanced clinical practice hours. Among the certifications recognized by the Board is the certified registered nurse anesthetist designation issued by the National Board of Certification and Recertification for Nurse Anesthetists. The curriculum requirements for ARNP education programs include the completion of at least 500 hours in direct patient care in the ARNP role with clinical preceptor supervision and faculty oversight.

Summary of Bill:

Nurse Anesthesia Preceptor Grant Program.

The Board of Nursing must establish a grant program to provide incentives to certified registered nurse anesthetists (CRNAs) to precept nurse anesthesia residents in health care settings. Funds must be distributed equally among qualified applicant preceptors who provide at least 80 hours per year to precepting nurse anesthesia residents. The grant program is subject to appropriation.

Anesthesiology Workforce Study.

The Center for Health Workforce Studies (Center) at the University of Washington must study the workforce shortages in anesthesia care in each facility providing anesthesia services in Washington. In conducting the study, the Center must collaborate with the Board of Nursing, the Medical Commission, and the Department of Health.

The Center must submit an initial report to the Legislature by June 30, 2025, with updated reports submitted annually until the submission of the final report on June 30, 2029. The final report must detail the progress made in the previous five years and findings and policy

recommendations to address workforce shortages and barriers to further expand the education of CRNAs. The reports must:

- identify the factors and barriers to entry into the profession of nurse anesthesiology;
- evaluate and assess the current training and pipeline for CRNAs;
- develop recommendations to reduce barriers for persons who would like to become nurse anesthetists and increase the available training slots for nurse anesthesia residents;
- create and maintain an implementation plan to improve the pipeline of CRNAs;
- identify the number of qualified anesthesia providers who may practice independently at facilities providing anesthesia services, including physician anesthesiologists and CRNAs; and
- provide policy recommendations to expand the nurse anesthesia workforce and optimize the cost of providing anesthesia services, including initiatives, to allow independent anesthesia providers to practice at the top of their licenses.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) The anesthesia workforce shortage is widely documented, and this bill will address the workforce issues the state is facing. There have been many stakeholder meetings over the past several months to address workforce issues and this bill is a direct result of those meetings. This will reduce barriers for certified registered nurse anesthetists (CRNAs) to enter the workforce. The more anesthesia providers that are brought into the workforce, the better off the health care system and the patients will be.

The Department of Health has conducted surveys of the workforce, but not an actual study of the physician workforce which will have 12,500 fewer anesthesiologists in the next 5 to 10 years. This bill addresses the detrimental and unintended consequences that will occur if anesthesiologist assistants become licensed in Washington.

The problem in Washington is the inability to expand the CRNA program to fill in the workforce gaps. A major barrier to access to clinical sites for CRNA students lies with the physician groups that are the gatekeepers to the sites where residents need to obtain training. The introduction of a new provider would further increase clinical access to training sites for both physicians and CRNA residents.

(Opposed) None.

Persons Testifying: Senator Ann Rivers, prime sponsor; Carolyn Logue, Washington Academy of Anesthesiologist Assistants; Sarah Brown; and Dee Bender, Kelli Camp, and John Wiesbrod; Washington Association of Nurse Anesthetists.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass. Signed by 28 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Corry, Ranking Minority Member; Chambers, Assistant Ranking Minority Member; Connors, Assistant Ranking Minority Member; Berg, Callan, Chopp, Davis, Fitzgibbon, Harris, Lekanoff, Pollet, Riccelli, Rude, Ryu, Sandlin, Schmick, Senn, Simmons, Slatter, Springer, Stokesbary, Stonier, Tharinger and Wilcox.

Minority Report: Without recommendation. Signed by 1 member: Representative Couture, Assistant Ranking Minority Member.

Staff: Kate Henry (786-7349).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:

No new changes were recommended.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Nurse anesthetists currently face workforce barriers. The Senate budget partially funds the workforce study at the University of Washington. The preceptorships for the Department of Health were fully funded in the Senate budget, which is greatly appreciated. If fully funding both aspects is not an option, funding for the study should be prioritized. Barriers to clinical sites are not financial in nature. Those in the profession believe in the service and value that nurse anesthetists provide without requiring incentives to train residents.

(Opposed) None.

Persons Testifying: Kelli Camp, Washington Association of Nurse Anesthetists.

Persons Signed In To Testify But Not Testifying: None.