

HOUSE BILL REPORT

SSB 5922

As Reported By House Committee On:
Health Care

Title: An act relating to the use of controlled substances by advanced registered nurse practitioners, certified nurse anesthetists.

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

Sponsors: Senate Committee on Health & Human Services (originally sponsored by Senators Snyder, Deccio, Vognild and Newhouse).

Brief History:

Reported by House Committee on:
Health Care, March 26, 1993, DPA.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: Do pass as amended. Signed by 14 members: Representatives Dellwo, Chair; L. Johnson, Vice Chair; Dyer, Ranking Minority Member; Appelwick; Campbell; Conway; Cooke; Flemming; R. Johnson; Lisk; Mastin; Morris; Thibaudeau; and Veloria.

Staff: John Welsh (786-7133).

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 of Amended Bill: Certified Registered Nurse Anesthetists (CRNAs) 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.

Amended Bill Compared to Substitute Bill: The amended bill shifts the definition of "protocol" to the section that

specifically refers to CRNA practice and eliminates the reference to all of chapter 18.88 RCW.

Fiscal Note: Not requested.

Effective Date of Amended Bill: 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.

Witnesses: Lis Gildemeister, Washington State Nurses Association & Washington Association of Nurse Anesthetists (pro); Linda Hull, Washington State Society of Anesthesiologists (pro); Lisa Thatcher, Washington State Hospital Association (pro); Carl Nelson, Washington State Medical Association (pro); and Lorraine Overmyer, Washington State Board of Nursing (pro).