

HB 1881 -- NURSE ANESTHETISTS

SPONSOR: Lewis (25)

Currently, a certified registered nurse anesthetist (CRNA) is required to enter into a collaborative practice arrangement or be under the direct supervision of an anesthesiologist or other physician, dentist, or podiatrist in order to provide anesthesia services. This bill removes those requirements for the CRNA to provide anesthesia services.

This bill also allows a CRNA to provide anesthesia care to a patient for a surgical, obstetrical, therapeutic, or diagnostic procedure or treatment without having to obtain a certificate of controlled substance prescriptive authority from the Board of Nursing.

The bill allows a CRNA to issue orders for and administer controlled substances listed in Schedules II, III, IV, and V of Section 195.017, RSMo or other drugs or anesthetic agents for and during the course of providing anesthesia care to a patient for a surgical, obstetrical, therapeutic, or diagnostic procedure or treatments if a physician, dentist, or podiatrist has requested the anesthesia care. The CRNA must develop a plan of anesthesia care for procedures and treatments before the CRNA can provide anesthesia.

This bill also defines infusion therapy as the intravenous, musculocutaneous, subcutaneous, or dermal administration of medication or other therapeutic substances, such as vitamins, minerals, antioxidants, and fluids, to a patient.

This bill authorizes CRNAs to provide infusion therapy if the CRNA:

- (1) Enters into a collaborative practice arrangement for the delivery of infusion therapy or chronic pain management treatment with a physician; or
- (2) Provides infusion therapy and chronic pain management treatment under the supervision of a physician.

This bill is similar to HB 1561 (2024) and HB 329 (2023)