
THIRD READING

Bill No: AB 876
Author: Flora (R)
Amended: 7/9/25 in Senate
Vote: 21

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 9-0, 7/14/25
AYES: Ashby, Archuleta, Arreguín, Grayson, Menjivar, Niello, Smallwood-
Cuevas, Strickland, Umberg
NO VOTE RECORDED: Choi, Weber Pierson

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

ASSEMBLY FLOOR: 61-1, 5/15/25 - See last page for vote

SUBJECT: Nurse anesthetists: scope of practice

SOURCE: California Association of Nurse Anesthesiology

DIGEST: This bill defines anesthesia services for purposes of clarifying the practice authority of a certified nurse anesthetist (CRNA), under the nurse anesthetist practice act (NA Act), as specified.

ANALYSIS:

Existing law:

- 1) Establishes the Board of Registered Nursing (BRN) to license and regulated registered nurses (RN), certified nurse midwives (CNMs), nurse practitioners (NPs), CRNAs, clinical nurse specialists (CNS) and approve nursing education programs and sunsets the BRN and its authority to appoint an executive officer on January 1, 2027. (Business and Professions Code (BPC) § 2700 *et seq.*)
- 2) Defines a “nurse anesthetist” to mean a person who is a RN licensed by the BRN who has met standards for certification from the BRN. (BPC § 2826(a))

- 3) Requires a CRNA who provide anesthesia services in an acute care facility to be approved by the facility administration, the appropriate committee, and at the discretion of the physician, dentist or podiatrist, as specified. If a general anesthetic agent is administered in a dental office, the dentist must hold a dental sedation permit, as specified. (BPC § 2827)
- 4) Subjects a CRNA to the bylaws of an acute care facility, when the CRNA is not an employee of the facility, and the CRNA may be required by the facility to provide proof of professional liability insurance coverage, and specifies that a CRNA is responsible for their own professional conduct and may be held liable for those professional acts. (BPC § 2828)
- 5) Regulates health facilities, home health agencies, clinics, and referral agencies through licensure under the California Department of Public Health (CDPH). (Health and Safety Code (HSC) §§ 1200-1796.70)

This bill:

- 1) Authorizes a CRNA to perform anesthesia services, defined as the following for purposes of the NA Act:
 - a) Preoperative, intraoperative, and postoperative care and pain management provided by a nurse anesthetist for patients receiving anesthesia pursuant to an order by a physician, dentist, or podiatrist for anesthesia services.
 - b) Selecting and administering medication pursuant to an order for anesthesia services by a physician, dentist, or podiatrist.
 - c) Providing emergency, critical care, and resuscitation services.
- 2) Makes an order by a physician, dentist, or podiatrist for anesthesia services for a specific patient the authorization for the CRNA to select and implement the modality of anesthesia for the patient and to abort or modify the modality of anesthesia for the patient during the course of care.
- 3) States that the selection and administration of medication by a CRNA, including controlled substances, for preoperative, intraoperative, and postoperative care and for pain management purposes pursuant to an order by a physician, dentist, or podiatrist does not constitute a prescription, as that term

is defined in Section 1300.01 of Title 21 of the Code of Federal Regulations.

- 4) States that the provisions of this bill is to be declaratory of existing law and advisory opinion, including, but not limited to, California Society of Anesthesiologists v. Brown (2012) 204 Cal.App.4th 390.

Background.

CRNA Scope of Practice in California. The authorization for CRNA practice in California is specified in the NA Act. Because a CRNA also holds a license as an RN, the CRNA may perform all of those functions outlined in the Nursing Practice Act, including providing critical care services. The Nursing Practice Act specifies that RNs are permitted to provide services including, but not limited to, direct and indirect patient care; disease prevention and restorative measures; administration of medication and therapeutic agents upon order of a physician, dentist, podiatrist, or specified clinical psychologist; skin tests; immunizations; blood withdrawal; patient assessment, analysis, planning, and referral and reporting. RN practice also includes implementing or changing a treatment regimen or initiating emergency procedures, in accordance with standardized procedures (policies and protocols developed by a licensed health facility or organized health care system that is not a health facility, through collaboration among administrators and health professionals including physicians and nurses).

With the additional certification, a CRNA is able to provide anesthesia services. BPC § 2827 specifies that in an acute care facility, the facility must approve the anesthesia services, and the services must be provided at the discretion of the physician, dentist, or podiatrist. Pursuant to BPC § 2828, in an acute care facility where a CRNA is not an employee of the facility, the CRNA is subject to the bylaws of the facility and may be required to provide professional liability insurance. For those dental offices where general anesthesia is administered, a CRNA may only do so at a dental office where the licensed dentist holds a general anesthesia permit issued by the Dental Board of California (DBC).

Currently the NA Act does not define “anesthesia services” nor delineate services that constitute the practice of a CRNA. CRNAs practice according to their specific education and clinical training and are required to comply with facility-specific requirements, policies, and procedures that govern the operations of the settings where CRNA’s perform anesthesia services.

According to information provided by the BRN, the utilization of a nurse anesthetist to provide anesthesia services is at the discretion of the physician,

dentist or podiatrist. “These services are delivered during the perianesthesia time period which includes pre-operative, intra-operative, and post-operative care that encompasses presurgical testing where the patient is evaluated for their ability to tolerate an anesthetic through delivery of anesthesia and emerging from anesthesia where the patient is monitored and cared for until they are stable enough to safely transfer to other areas for care or is discharged.. Anesthesia services can be provided in California by a CRNA when requested by a physician and without physician supervision or a requirement for standardized procedures.” However, because the above is not codified in statute or regulations, clarity is necessary. This bill is not intended to expand or alter the current scope of services that a CRNA is authorized to perform.

“Order” for Anesthesia. The use of the term “order” in healthcare can refer to a prescription of a physician regarding the treatment of a patient, (*according to Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health*). The term “order” can also refer to the mechanism for delegating a healthcare function, such as the treatment for a condition or the performance of tests by another provider. Current law is silent on what must be contained in the “order” from a qualified licensed physician and surgeon, podiatrist, or dentist for a CRNA to perform anesthesia services for a patient. Standard practice and the education and training of a CRNA make it clear that a CRNA is not authorized to “order” anesthesia services for a patient (determine that the patient’s condition or treatment necessitates anesthesia services); however, once that order is made by the appropriate provider, the CRNA is able to provide anesthesia services. This bill seeks to make it clear that an “order” by a physician, dentist or podiatrist for anesthesia services for a specific patient, is the authorization for the CRNA to select and implement the modality of the anesthesia. As part of the CRNA scope of practice as proposed to be clarified in this bill, the CRNA may select and administer medication pursuant to the order for anesthesia services, but this bill is not intended to authorize a CRNA to make the initial “order” for a patient to receive anesthesia services.

Health Facility and Practice Authority. Concerns have been raised that without specificity in the NA Act or BRN regulations, CRNA service delivery can be impacted or worse, a lack of clarity may leave gaps in access to care. Although CRNAs and the BRN are clear on the authority of a CRNA in their practice and BRN has taken very few enforcement actions in violation of CRNA practice, practice codification in the NA Act may enhance health care facility compliance with state and federal level oversight. CRNAs are authorized to provide anesthesia

services in any setting authorized under current law to provide anesthesia services. In California, those facilities include:

- Acute Care Facilities: Including general acute care hospitals and other settings licensed under the CA Department of Public Health (CDPH)
- Outpatient Settings: As defined in the HSC to mean any facility, clinic, unlicensed clinic, center, office, or other setting that is not part of a general acute care facility, as specified.
- Dental Offices: Licensed dentists who hold a permit under BPC § 1646.2 issued by the DBC may administer general anesthesia in their offices.

The CDPH's, Center for Health Care Quality, Licensing, and Certification Program licenses and certifies more than 30 types of healthcare facilities in California. Health care facility laws encompass a wide range of regulations that govern the operation and standards of care in various healthcare settings. The majority of healthcare facilities such as hospitals are required to obtain a license or certification from the state in order to operate legally. Facilities are responsible for determining staffing requirements, including abiding by mandated ratios for staff to patients, determining the level of care for patients, and the staff that are able to provide that care. In addition, health care facilities must abide by state and federal patient protection laws including privacy and consent, care standards including infection control, financial and operation regulations and only provide medical services, which are legally allowed at that facility. For example, in order for a dentist to provide anesthesia services in a dental office, the dentist must hold an anesthesia services permit from the Dental Board of California.

Pursuant to an all facilities letter from CDPH to licensed general acute care hospitals in this state, the hospital administration is required to approve the use of a CRNA in the facility to provide anesthesia services and they may only administer anesthesia related medications ordered by the physician, dentist, podiatrist, or clinical psychologist, as specified under current CRNA practice.

Designated health care facilities that receive federal funding are subject to federal oversight, in addition to state licensing and oversight requirements. As noted in the CDPH all facilities letter, federal requirements additionally specify that for a general acute care hospital to be authorized to provide anesthesia services, those services must be provided in a well-organized manner under the direction of a qualified doctor of medicine or osteopathy. The facility's policies and procedures on anesthesia services must include the delineation of pre-anesthesia and post-anesthesia responsibilities "by an individual qualified to administer anesthesia. (As

noted in Title 42 CFR section 482.52(b)). To verify compliance, Centers for Medicaid Services (CMS) surveys are conducted to assess healthcare facilities' compliance with federal regulations for Medicare and Medicaid participation. The CDPH is responsible for conducting certification surveys in California on behalf of CMS. These surveys are conducted to verify that health facilities receiving reimbursement under Medicare and Medicaid (referred to as Medi-Cal in California) are complying with all conditions for coverage and conditions of participation for the respective facility type. All health facilities receiving reimbursement under Medicare and Medi-Cal are subject to certification surveys.

By default, the federal Medicare program requires hospitals, ambulatory surgical centers, and critical access hospitals to require CRNAs to be supervised by an anesthesiologist physician in order to receive reimbursement under the program. However, if state law does not require CRNA supervision, the state's governor may submit a letter to the federal CMS, after consultation with the state's boards of medicine and nursing, requesting exemption from physician supervision of CRNAs. The letter must attest that the governor has consulted with boards of medicine and nursing about issues related to access to and the quality of anesthesia services in the state and has concluded that it is in the best interests of the state's citizens to opt-out of the current physician supervision requirement, and that the opt-out is consistent with state law. In 2009, former Governor Schwarzenegger submitted a letter to CMS opting out of the physician supervision requirement of CRNAs for purposes of the Medicare program. California continues to maintain its "opt out" position meaning CRNAs are not required by CMS standards to operate under physician supervision.

Clarification Provided by this Bill. To help address the need to delineate the scope of a CRNA in statute, this bill will generally do the following: 1) Define for purposes of the NA Act, the scope of work which constitutes anesthesia services and expressly authorize a CRNA to perform those anesthesia services; 2) clarify that an "order" from a physician, dentist, or podiatrist for anesthesia is the authorization for the CRNA to determine the modality for providing anesthesia services; and, 3) clarify that the selection and administration of medication related to providing anesthesia services, does not constitute a prescription by a CRNA. As noted by the Author, "These clarifications reflect the care California CRNAs have independently provided for more than 40 years and will help support the evolving needs of California's diverse population."

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

SUPPORT: (Verified 8/25/25)

California Association of Nurse Anesthesiology (Source)
American Association of Nurse Anesthesiology
American Nurses Association California
Association of California Healthcare Districts
Bear Valley Community Healthcare District
California Ambulatory Surgery Association
California Association for Nurse Practitioners
California Association of Clinical Nurse Specialists
California Behavioral Health Association
California Hospital Association
California Nurse-Midwives Association
California Nurses Association
Central California Anesthesiology Solutions
Central Valley Anesthesia Partners
Fairchild Medical Center
Kaiser Permanente Nurse Anesthetists Association
Mayers Memorial Healthcare District
Modoc Medical Center
National Association of Pediatric Nurse Practitioners
National University
Samuel Merritt University
Sedaze Anesthesia Consultants
Southern California Infusion Therapy
UNAC/UHCP
Valley Regional Anesthesia Associates
Western Slope Anesthesia, Professional Nursing Corporation

OPPOSITION: (Verified 8/25/25)

American College of Obstetricians & Gynecologists - District IX
California Chapter American College of Cardiology
California Medical Association
California Podiatric Medical Association
California Radiological Society
California Rheumatology Alliance
California Society of Anesthesiologists
California Society of Pathologists
California Society of Plastic Surgeons
Osteopathic Physicians and Surgeons of California

ARGUMENTS IN SUPPORT: Supporters note, “This important legislation will provide much-needed statutory clarity regarding the authority of Certified Registered Nurse Anesthetists (CRNAs) to practice in alignment with long-standing case law and regulations. AB 876 reaffirms the ability of health care facilities to determine how anesthesia services are delivered locally, while ensuring consistency and certainty for both providers and patients.”

ARGUMENTS IN OPPOSITION: Opponents note, “We appreciate that the scope of AB 876 has been narrowed and now focuses on defining anesthesia services, rather than expanding scope of practice. However, several provisions in the current language could still lead to confusion in practice settings that could lead to unintended consequences that could compromise patient safety.”

ASSEMBLY FLOOR: 61-1, 5/15/25

AYES: Addis, Aguiar-Curry, Ahrens, Alvarez, Ávila Farías, Bauer-Kahan, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Hadwick, Harabedian, Hoover, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, Muratsuchi, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Ransom, Celeste Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Solache, Soria, Ta, Tangipa, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

NOES: Bains

NO VOTE RECORDED: Alanis, Arambula, Bennett, Castillo, Jeff Gonzalez, Mark González, Haney, Hart, Irwin, McKinnor, Nguyen, Quirk-Silva, Ramos, Michelle Rodriguez, Sharp-Collins, Stefani, Valencia

Prepared by: Elissa Silva / B., P. & E.D. / 916-651-4104
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