



POLICY OPTIONS IN BRIEF

Option: Direct BON to update regulations governing practice of CRNAs to remove references to any specific edition of the American Association of Nurse Anesthetists' Standards for Nurse Anesthesia Practice (Option 1, page 13).

Option: Not recommend any policy that would make supervision of certified registered nurse anesthetists more restrictive (Option 2, page 14).

Option: Direct the DHP to develop a plan to transition CRNAs with sufficient training and experience to independent practice (Option 3, page 16).

Option: Require DHP to re-analyze the state of the anesthesia workforce in Virginia (Option 4, page 18).

Option: Provide funding to VHWDA to study the capacity and needs of current anesthesiology residency programs and CRNA training programs in Virginia and make recommendations for further expansion (Option 5, page 20).

Strategies to Strengthen the Anesthesia Workforce in Virginia

FINDINGS IN BRIEF

Multiple authorities are responsible for determining supervision requirements of CRNAs

There are at least three layers of rules that may impact the extent to which CRNAs are supervised, including federal rules, state laws, and hospital or facility bylaws. Due to the interplay between these overlapping authorities, CRNA supervision requirements vary widely in each state. In Virginia, CRNAs are currently subject to the federal rule and Code of Virginia § 54.1-2957.

Stakeholders agree that more restrictive supervision requirements would be detrimental to efforts to address anesthesia workforce shortages

Stakeholders agreed that implementing more restrictive supervision requirements for CRNAs would greatly impact how anesthesia care is delivered in Virginia, particularly for remote or rural facilities in Virginia which use proceduralists as CRNA supervisors and may not have physician anesthesiologists on staff.

Available evidence supports a measured approach to changes in CRNA supervision requirements

Evidence indicates that less restrictive CRNA supervision requirements present a low risk of harm to patients and a possible benefit to the anesthesia workforce. State models that step down from supervision into independent practice could be considered so that possible impacts can be monitored over time.

Strengthening Virginia's anesthesia workforce requires a multifaceted approach

Stakeholders interviewed by the JCHC offered alternative strategies to address anesthesia provider workforce shortages beyond changes to CRNA supervision, including the licensing of CAAs to practice in Virginia and developing additional capacity for physician anesthesiologist residency programs and CRNA training programs.

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