2024 FANA Legislative Issues of Importance & Position

HB 257/SB 810 - Autonomous Practice by a Certified Registered Nurse Anesthetists by Rep. Mike Giallombardo and Sen. Blaise Ingoglia

Provides exemptions for CRNAs registered as autonomous advanced practice registered nurses.
Revises staff membership & clinical privileges for certified registered nurse anesthetists; authorizes certified registered nurse anesthetists to perform specified acts; revises practice requirements for autonomous advanced practice registered nurses & for certified nurse midwives; authorizes autonomous advanced practice registered nurses to perform certain acts.

Please SUPPORT HB 257/SB 810

- **INCREASES access to care.** ***Keeps physicians in the care team at all times.*** DOES NOT increase scope of practice for CRNAs, rather, allows them to be fully utilized! Will allow for CRNAs to be included in autonomous practice for APRNS which passed in 2020 (**HB 607**).
    - Allows for CRNAs to register as autonomous APRNs. To qualify as autonomous: must have no disciplinary action in past 5 years, must complete 3,000 clinical hours, & must complete 6 graduate-level semester education hours.
    - Healthcare is a marketplace, and if the additional cost to maintain a written protocol for supervision of CRNAs is removed, the marketplace will respond. In Florida, there are over 34,000 Advanced Practice Registered Nurses (APRNs) currently practicing, of which over 5,400 are CRNAs. A 2024 survey sampling over 450 CRNAs has shown that 80% of the participants have a supervisory protocol with a physician OTHER than a physician anesthesiologist, i.e. the Gastroenterologist, dentist, or other proceduralist.
- **INCREASES Facility choice.** Allows for and encourages local facility choice of the safest and most effective model for their patients. Makes clear that hospitals and surgery centers may continue to require the supervision models they desire.

UPDATES unnecessarily restrictive language. Aligns Florida with **43 other states'** CRNA practice acts which do not include the term supervision in their nurse practice acts.

- **Addresses workforce shortages. Utilizes providers to full licensure.** This bill **is not** a "scope creep" or a "scope of practice bill." Current statute does not require a physician anesthesiologist to "supervise" CRNAs, but rather any physician or dentist.
    - There are two types of board-certified anesthesia providers educated and trained to work as the sole anesthesia provider, ***CRNAs and physician anesthesiologists.*** There is simply no need to expand or add to the well-established scope of practice for a CRNA because they are trained and certified to perform all types of anesthesia procedures. In short, there is no case a physician anesthesiologist can do that a CRNA cannot do.
    - As we look to solve the shortages in healthcare, we must look to our potential workforce – our graduates. Unfortunately, among the 9 nurse anesthesia programs in FL we are seeing that 1 in 3 of our graduates leave the state. Among those graduates who leave, 84.5% go to states that do not require physician supervision.
    - Removal of unnecessarily restrictive supervision language can help our CRNA programs retain some of the ***32.8% of nurse anesthesia graduates we have lost in the last 5 years from our 9 programs.***
- **Remove barriers to patient care.** This legislation **WILL NOT** result in our physician anesthesiologist colleagues losing their jobs. We need all our physician anesthesiologist colleagues and all of the CRNAs! Instead of having one provider acting as a supervisor, passage of this legislation could free that physician anesthesiologist of their supervisory role so that they can also be utilized to provide direct patient care. Ensuring facilities can utilize both physician anesthesiologists and CRNAs to their full potential for direct patient care means increased access to care for the citizens of FL.

HB 1295/SB 1112 - Health Care Practitioner Titles and Designations by Rep. Ralph Massullo and Sen. Gayle Harrell

Providing that, for specified purposes, the use of specified titles or designations in connection with one's name constitutes the practice of medicine or the practice of osteopathic medicine; revising grounds for disciplinary action relating to a practitioner's use of such titles or designations in identifying himself or herself to patients or in advertisements for health care services; requiring certain health care practitioners to prominently display a copy of their license in a conspicuous area of their practice, etc.

MONITOR – H 1295/ SB 1112

- As with last year's bill, this bill understands that doctorates are degrees and that a professional should be able to identify their training, whether in the academic or clinical setting.
- A CRNA may:
    - Call themselves "nurse anesthetist", "certified registered nurse anesthetist", or "CRNA". A CRNA may, in the clinical setting or advertisement, list the education and degrees they have received and training they have completed.
- A CRNA or other APRN with a doctorate degree may call themselves "Doctor John Doe, CRNA/Nurse Practitioner," etc. They may not refer to themselves as Doctor of Medicine Doe or MD in anyway. They MAY also say, I'm John Doe, your Certified Registered Nurse Anesthetist. I have a Masters/Doctorate in Nurse Anesthesiology from the University of X".
- An Anesthesiologist Assistant may only refer to themselves as "anesthesiologist assistant", "AA" or "CAA." They MAY NOT call themselves "anesthetist."

HB 63/ SB 410 – Protection from Surgical Smoke by Representative Marie Paule Woodson (Co-Sponsors: Rep. Anna Eskamani, Rep. Alina Garcia) and Sen. Ileana Garcia

Defining the terms "smoke evacuation system" and "surgical smoke"; requiring hospitals and ambulatory surgical centers to, by a specified date, adopt and implement policies requiring the use of smoke evacuation systems during certain surgical procedures, etc.

Please SUPPORT – HB 63/ SB 410

- Requires surgical providers to utilize smoke evacuation systems in order to protect patients, medical, and surgical staff from surgical smoke which can contain 150 hazardous chemicals including aerosolized blood and pathogens.
- 15 states have enacted surgical smoke prevention legislation. In the 2024 legislative session there are 6 states with pending legislation, including Florida.
- Surgical smoke occurs when human tissue is burned using surgical tools which are used to reduce blood loss during surgical procedures. The Association of periOperative Registered Nurses (AORN) states that 90% of surgeries create surgical smoke. These include cesarean sections where a newborn's first breath of life can be contaminated with this smoke.
- According to the AORN, "[the] average daily impact of surgical smoke to the OR team is equivalent to inhaling the smoke of 27-30 unfiltered cigarettes."
- The National Fire Protection Association (NFPA) has introduced a new 2024 requirement to capture surgical smoke at the source or as close as possible, via vacuum system.