



ARIZONA STATE SENATE

RESEARCH STAFF

EDEN ROLLAND
LEGISLATIVE RESEARCH ANALYST
HEALTH COMMITTEE
Telephone: (602) 926-3171
Facsimile: (602) 926-3833

TO: JOINT LEGISLATIVE AUDIT COMMITTEE

DATE: November 23, 2011

SUBJECT: Arizona Association of Nurse Anesthetists – Sunrise Application

Attached is the final report of the sunrise review of the application submitted by the Arizona Association of Nurse Anesthetists, which was conducted by the Senate Healthcare and Medical Liability Reform and the House of Representatives Health and Human Services Committee of Reference on October 31, 2011.

This report has been distributed to the following individuals and agencies:

Governor of the State of Arizona
The Honorable Janice K. Brewer

President of the Senate
Senator Steve Pierce

Speaker of the House of Representatives
Representative Andrew J. Tobin

Senate Members
Senator Nancy Barto, Co-Chair
Senator Paula Aboud
Senator Linda Lopez
Senator Rick Murphy
Senator John B. Nelson

House Members
Representative Heather Carter, Co-Chair
Representative Cecil Ash
Representative Kate Brophy-McGee
Representative Matt Heinz
Representative Katie Hobbs

Arizona Association of Nurse Anesthetists
Arizona State Board of Nursing
Office of the Auditor General
Arizona State Library, Archives and Public Records

Senate Resource Center	Office of the Chief Clerk
Senate Republican Staff	House Republican Staff
Senate Democratic Staff	House Democratic Staff
Senate Research Staff	House Research Staff

COMMITTEE OF REFERENCE REPORT

SUNRISE APPLICATION OF THE ARIZONA ASSOCIATION OF NURSE ANESTHETISTS

I. Background

Pursuant to Arizona Revised Statutes (A.R.S.) §§ 32-3104 and 32-3106, the Arizona Association of Nurse Anesthetists submitted a sunrise application to the Joint Legislative Audit Committee (JLAC) to amend the Nurse Practice Act to codify the existing practice of certified registered nurse anesthetists, under authority and subject to regulation by the Arizona Board of Nursing, and to implement a statutory definition of certified registered nurse anesthetists.

In accordance with A.R.S. § 32-3104, JLAC assigned review of the sunrise application to the Senate Healthcare and Medical Liability Reform and the House of Representatives Health and Human Services Committee of Reference. Attached is a copy of the application submitted by the Arizona Association of Nurse Anesthetists.

II. Committee of Reference Sunset Review Procedure

The Senate Healthcare and Medical Liability Reform and the House of Representatives Health and Human Services Committee of Reference conducted one public meeting on October 31, 2011, to review the sunrise application as required by A.R.S. § 32-3104 and to receive public testimony.

III. Committee Recommendations

The Committee of Reference recommended a bill be drafted for consideration by the full legislature containing the items in the sunrise application submitted by the Arizona Association of Nurse Anesthetists.

IV. Attachments*

- A. Meeting Notice.
- B. Minutes of Committee of Reference.
- C. Sunrise Application submitted by the Arizona Association of Nurse Anesthetists.

* On file with the Senate Resource Center, Chief Clerk, Arizona State Library, Archives and Public Records and House and Senate Research Staff

Interim agendas can be obtained via the Internet at <http://www.azleg.state.az.us/InterimCommittees.asp>

ARIZONA STATE SENATE

INTERIM MEETING NOTICE
OPEN TO THE PUBLIC

**SENATE HEALTHCARE AND MEDICAL LIABILITY REFORM AND HOUSE HEALTH AND HUMAN SERVICES COMMITTEE OF REFERENCE FOR THE SUNSET REVIEWS OF:
BOARD OF CHIROPRACTIC EXAMINERS
ARIZONA MEDICAL BOARD
ARIZONA STATE BOARD OF NURSING
BOARD OF DISPENSING OPTICIANS
UNEXPLAINED INFANT DEATH ADVISORY COUNCIL
AND THE
SUNRISE APPLICATIONS OF:
THE ARIZONA ASSOCIATION OF CHIROPRACTIC
ARIZONA STATE DENTAL HYGIENISTS' ASSOCIATION
ARIZONA ASSOCIATION OF NURSE ANESTHETISTS
ARIZONA PSYCHOLOGICAL ASSOCIATION**



Date: Monday, October 31, 2011

Time: 8:30 A.M.

Place: SHR 1

AGENDA

- 1. Call to Order
- 2. Opening Remarks
- 3. Sunset Audit of the Arizona State Board of Chiropractic Examiners
 - Presentation by Auditor General
 - Response by the Board
 - Public Testimony
 - Discussion and Recommendations by the Committee of Reference
- 4. Sunset Audit of the Arizona Medical Board
 - Presentation by Auditor General
 - Response by the Board
 - Public Testimony
 - Discussion and Recommendations by the Committee of Reference
- 5. Sunset Audit of the Arizona State Board of Nursing
 - Presentation by Auditor General
 - Response by the Board
 - Public Testimony
 - Discussion and Recommendations by the Committee of Reference

6. Sunset Audit of the Arizona State Board of Dispensing Opticians
 - Presentation by Legislative Staff
 - Response by the Board
 - Public Testimony
 - Discussion and Recommendations by the Committee of Reference
7. Sunset Audit of the Unexplained Infant Death Advisory Council
 - Presentation by Legislative Staff
 - Response by the Department of Health Services
 - Public Testimony
 - Discussion and Recommendations by the Committee of Reference
8. Sunrise Application of the Arizona Association of Chiropractic
 - Presentation by Legislative Staff
 - Public Testimony
 - Discussion and Recommendations by the Committee of Reference
9. Sunrise Application of the Arizona Association of Nurse Anesthetists
 - Presentation by Legislative Staff
 - Public Testimony
 - Discussion and Recommendations by the Committee of Reference
10. Sunrise Application of the Arizona State Dental Hygienists' Association
 - Presentation by Legislative Staff
 - Public Testimony
 - Discussion and Recommendations by the Committee of Reference
- 11. ~~Sunrise Application of the Arizona Psychological Association~~
 - ~~—Presentation by Legislative Staff~~
 - ~~—Public Testimony~~
 - ~~—Discussion and Recommendations by the Committee of Reference~~
12. Adjourn

Members:

Senator Nancy Barto, Co-Chair
 Senator Paula Aboud
 Senator Linda Lopez
 Senator Rick Murphy
 Senator John Nelson

Representative Heather Carter, Co-Chair
 Representative Cecil Ash
 Representative Kate Brophy McGee
 Representative Matt Heinz
 Representative Katie Hobbs

10/14/11
 10/25/11
 sp

Persons with a disability may request a reasonable accommodation such as a sign language interpreter, by contacting the Senate Secretary's Office: (602)926-4231 (voice). Requests should be made as early as possible to allow time to arrange the accommodation.

ARIZONA STATE LEGISLATURE

SENATE HEALTHCARE AND MEDICAL LIABILITY REFORM AND HOUSE HEALTH AND HUMAN SERVICES COMMITTEE OF REFERENCE

Minutes of the Meeting
Monday, October 31, 2011
8:30 a.m., Senate Hearing Room 1

Members Present:

Senator Nancy Barto, Co-Chair
Senator Paula Aboud
Senator Linda Lopez
Senator Rick Murphy
Senator John Nelson

Representative Heather Carter, Co-Chair
Representative Cecil Ash
Representative Kate Brophy McGee
Representative Matt Heinz
Representative Katie Hobbs

Staff:

Eden Rolland, Senate Research Analyst
Ingrid Garvey, House Research Analyst

Co-Chairman Barto called the meeting to order at 8:42 a.m. and attendance was called.

Senator Barto gave the order of the meeting and noted that the Sunrise Application of the Arizona Psychological Association is withdrawn at this time.

Representative Carter read a letter into the record from Representative Carter to the Committee Members and Stakeholders dated October 28, 2011 (Attachment A) concerning the Sunrise Application of the Arizona Association of Chiropractic. She announced that the Sunrise Application of the Arizona Association of Chiropractic would be withdrawn at this time.

Sunset Audit of the Arizona State Board of Chiropractic Examiners

Dot Reinhard, Manager, Office of the Auditor General (OAG), distributed the OAG's Report NO. 10-06 (Attachment B), gave a Powerpoint presentation (Attachment C) and explained the history and responsibilities of the Arizona State Board of Chiropractic Examiners. She discussed the OAG report, findings, recommendations and implementations.

Patrice Pritzl, Executive Director, Arizona State Board of Chiropractic Examiners, discussed implementation of the OAG's recommendations and answered questions posed by the Committee.

Senator Barto noted the individuals who registered their position on the agenda items (Attachment D).

Discussion and Recommendations by the Committee of Reference

Representative Carter moved that the Arizona State Board of Chiropractic Examiners be continued for ten years until July 1, 2022 and authorized staff to draft conforming legislation. The motion CARRIED by voice vote.

Sunset Audit of the Arizona State Board of Dispensing Opticians

Eden Rolland, Senate Research Analyst, gave a brief overview of the Arizona State Board of Dispensing Opticians and answered questions posed by the Committee.

Lori Scott, Executive Director, Arizona State Board of Dispensing Opticians, answered questions posed by the Committee.

Senator Barto noted the individuals who registered their position on the agenda items (Attachment D).

Discussion and Recommendations by the Committee of Reference

Representative Carter moved that the Arizona State Board of Dispensing Opticians be continued for ten years until July 1, 2022 and authorized staff to draft conforming legislation. The motion CARRIED by voice vote.

Sunset Audit of the Arizona Medical Board

Emily Chipman, Team Leader, Office of the Auditor General (OAG), distributed the OAG's Report NO. 11-04 (Attachment E), gave a Powerpoint presentation (Attachment F) and a brief overview of the purpose and responsibilities of the Arizona Medical Board. She explained the OAG report, findings, recommendations and implementations.

Lisa Wynn, Executive Director, Arizona Medical Board, explained the implementations that have taken place, addressed the topics recently brought to her attention by the Committee Co-chairs and answered questions posed by the Committee.

Public Testimony

Stuart Goodman, Arizona Medical Board, addressed the committee and answered questions posed by the Committee.

Andrew Schlafly, General Counsel, Association of American Physicians and Surgeons, distributed a letter dated October 22, 2011 (Attachment G) and discussed possible improvements to the Arizona Medical Board. He answered questions posed by the Committee.

Dr. Bill Wolf, Chief Medical Consultant, Arizona Medical Board, answered questions posed by the Committee.

David Ruben, M.D., Pain Society of Southern Arizona and Pain Patient Alliance, discussed issues with the Arizona Medical Board and answered questions posed by the Committee.

Jane Orient, Association of American Physicians & Surgeons, distributed a packet of letters (Attachment H) and spoke about problems with the Arizona Medical Board. She answered questions posed by the Committee.

Dot Reinhard, OAG, answered questions posed by the Committee.

Roy Spece, Professor of Law, representing himself, distributed "Indiana Health Law Review" (Attachment I) and discussed the clear and convincing evidence standard of proof. He answered questions posed by the Committee.

Dr. Steven Gitt, representing himself, discussed problem situations involving the Arizona Medical Board and answered questions posed by the Committee.

Scott Forrer, M.D., representing himself, distributed copies of legal documents and letters relating to the Arizona Medical Board (Attachments J,K,L,M,N) and discussed problems with the Arizona Medical Board.

Andrea Russell, Ph.D., Licensed, Board Certified Psychotherapist, Board Certified Neurotherapist, representing herself, distributed a packet of papers including "Minutes from a Arizona Medical Board Meeting" (Attachment O) and discussed problems with the Arizona Medical Board procedures.

Jennifer Boucek, Assistant Attorney General, answered questions posed by the Committee.

David Landrith, Vice President of Policy & Political Affairs, Arizona Medical Association, discussed the findings of the OAG and the ten year continuation recommendation. He answered questions posed by the Committee.

Discussion and Recommendations by the Committee of Reference

Representative Carter moved the Arizona Medical Board be continued for ten years until July 1, 2022 and authorized staff to draft conforming legislation. The motion CARRIED by voice vote.

Sunset Audit of the Arizona State Board of Nursing

Shan Hays, Performance Audit Manager, Auditor General's Office (OAG), distributed the OAG's Report No. 11-02 (Attachment P) and a Powerpoint presentation (Attachment Q). She gave a brief overview of the purpose and responsibilities of the Arizona State Board of Nursing. She explained the OAG report, findings, recommendations and implementations.

Jo Ridenour, Executive Director, Arizona State Board of Nursing, gave a brief overview of her background and answered questions posed by the Committee.

Rory Hays, Arizona Nurses Association, discussed the impacts of budget sweeps on the nursing industry.

Senator Barto noted the individuals who registered their position on the agenda items (Attachment D).

Discussion and Recommendations by the Committee of Reference

Representative Carter moved that the Arizona State Board of Nursing be continued for ten years until July 1, 2022 and authorized staff to draft conforming legislation. The motion CARRIED by voice vote.

Sunrise Application of the Arizona Association of Nurse Anesthetists

Eden Rolland, Senate Research Analyst, explained the sunrise process for the Arizona Association of Nurse Anesthetists.

Rodney Moffett, Certified Registered Nurse Anesthetist (CRNA), Arizona Association of Nurse Anesthetists (AzANA), discussed prescriptive authority of nurse anesthetists.

Public Testimony

David Landrith, Vice President of Policy & Political Affairs, Arizona Medical Association, registered as neutral and spoke to problems that need to be corrected and answered questions posed by the Committee.

Michael Liburdi, Attorney, Arizona Society of Anesthesiologists, distributed a letter from a doctor regarding CRNA scope of practice (Attachment R) and spoke in opposition to the sunrise application of the Arizona Association of Nurse Anesthetists. He answered questions posed by the Committee.

Senator Barto noted the individuals who registered their position on the agenda items (Attachment D).

Discussion and Recommendations by the Committee of Reference

Representative Carter moved that the Committee of Reference recommend a bill be drafted for consideration by the full Legislature containing the items in the sunrise application submitted by the Arizona Association of Nurse Anesthetists. The motion CARRIED by a voice vote.

Senator Aboud and Representative Carter requested to take part in stakeholder negotiations.

Sunrise Application of the Arizona State Dental Hygienists' Association

Eden Rolland, Senate Research Analyst, explained the sunrise application of the Arizona State Dental Hygienists' Association.

Sara Sparman, Government Relations Specialist, Arizona State Dental Hygienists' Association, explained the goals of the association.

Patty Price, Arizona Dental Hygienists' Association, explained the need for legislation and answered questions posed by the Committee.

Senator Barto noted the individuals who registered their position on the agenda items (Attachment D).

Public Testimony

Kevin Earle, Executive Director, Arizona Dental Association, answered questions posed by the Committee and requested being a part of stakeholder negotiations.

Discussion and Recommendations by the Committee of Reference

Representative Carter moved that the Committee of Reference recommend a bill be drafted for consideration by the full Legislature containing the items in the sunrise application submitted by the Arizona State Dental Hygienists' Association. The motion CARRIED by a voice vote.

Sunset Audit of the Unexplained Infant Death Advisory Council

Eden Rolland, Senate Research Analyst, explained the sunset process and gave an overview of the Unexplained Infant Death Advisory Council. She answered questions posed by the Committee.

Colby Bower, Legislative Liaison, Arizona Department of Health Services, explained the recommendation to consolidate the Unexplained Infant Death Advisory Council with the Child Fatality Review Team and the logic for the consolidation. He explained that there is no reason to continue the Council because the Child Fatality Review Team already duplicates or can absorb the duties of the Council. Mr. Bower answered questions posed by the Committee.

Discussion and Recommendations by the Committee of Reference

Representative Carter moved that the Unexplained Infant Advisory Council be terminated, that its functions be consolidated with the Child Fatality Review Team, and authorized staff to draft any necessary conforming legislation. The motion CARRIED by a voice vote.

There being no further business, the meeting was adjourned at 1:24 p.m.

Respectfully submitted,

Shelley Ponce
Committee Secretary

(Audio recordings and attachments are on file in the Secretary of the Senate's Office/Resource Center, Room 115. Audio archives are available at <http://www.azleg.gov>)

Sunrise
Application
September 1, 2011

To Provide
Statutory
Authority for the
Arizona State
Board of Nursing
to Certify Certified
Registered Nurse
Anesthetists and to
Implement a
Statutory
Definition of
Certified
Registered Nurse
Anesthetists

Arizona Association of Nurse
Anesthetists
Rodney Moffett, CRNA, MS
President

1. A DEFINITION OF THE PROBLEM AND WHY A CHANGE IN SCOPE OF PRACTICE IS NECESSARY INCLUDING THE EXTENT TO WHICH CONSUMERS NEED AND WILL BENEFIT FROM PRACTITIONERS WITH THIS SCOPE OF PRACTICE.

This sunrise application seeks permission and direction, pursuant to A.R.S. §32-3106, to amend the Nurse Practice Act to codify the existing practice of certified registered nurse anesthetists (“CRNAs”), under a grant of authority and subject to regulation by the Arizona State Board of Nursing (the “Board”), and to also implement a statutory definition of said healthcare professionals.

Rules adopted by the Board pursuant to its general rule making power and A.R.S. §32-1661 and approved by the Governor’s Regulatory Review Council (“GRRC”) in 1999 approved the work of CRNAs in hospitals and other healthcare institutions to administer anesthetics under the direction of and in the presence of a licensed physician or surgeon if the registered nurse has completed a nationally accredited program in anesthesia. The direct regulation of these activities undertaken by a CRNA can be found in A.A.C. R4-19-515 and R4-19-516 which define and describe the qualifying requirements and scope of practice of a CRNA. Despite the approval of the rules by GRRC, the community’s acceptance and support for the work of CRNAs in the healthcare field, their administration by the Board and a history of more than 10 years under these rules, questions recently have been raised by the Auditor General in its Performance Audit and Sunset Report of the Board concerning the statutory support for the rules.

This sunrise application seeks only to codify existing practice and thus clarify the statutory support for the work of CRNAs as a valuable component of the healthcare delivery system and to confirm the statutory and regulatory authority of the Board with respect to CRNAs practicing in Arizona. The Arizona Association of Nurse Anesthetists (AzANA) believes a sunrise application is necessary to ensure the appropriate statutory provisions are codified.

CRNAs work as advanced practice registered nurses who have acquired graduate-level education and certification in anesthesia. The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) governs CRNA certification and recertification, and the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs governs the education of CRNAs.

Nurse anesthetists have been providing anesthesia care in the United States for nearly 150 years, and the credential “CRNA” came into existence in 1956. According to the American Association of Nurse Anesthetists (AANA), nurse anesthetists are the oldest nurse specialty group in the United States. Today, nurse anesthetists practice in all 50 states and the District of Columbia, and administer approximately 32 million anesthetics each year.

In rural America, CRNAs serve as the primary providers of anesthesia care, which enables healthcare facilities in these medically underserved areas to offer obstetrical, surgical, and trauma stabilization services to patients near their homes and supports the existence of these facilities in small communities across the state.

CRNAs provide anesthesia in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other qualified healthcare professionals. CRNAs practice in every setting calling for the delivery of anesthesia, such as traditional hospital surgical suites and obstetrical delivery rooms; critical access hospitals; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, and plastic surgeons; and U.S. military, Public Health Services, and Department of Veterans Affairs healthcare facilities.

2. THE EXTENT TO WHICH THE PUBLIC CAN BE CONFIDENT THAT QUALIFIED PRACTITIONERS ARE COMPETENT INCLUDING:

A. EVIDENCE THAT THE PROFESSION’S REGULATORY BOARD HAS FUNCTIONED ADEQUATELY IN PROTECTING THE PUBLIC.

The Arizona State Board of Nursing has an excellent reputation and record for protecting the public, as noted by the auditor general in its most recent Performance Audit and Sunset Review of the Board.

In addition and as noted on the Board’s website, “The State Board of Nursing assures that standards of practice are met and that persons engaged in the practice of nursing are competent. It approves individuals for licensure, registration and certification, approves educational programs for nurses and nursing assistants, investigates complaints concerning licensee's compliance with the law, and

determines and administers disciplinary actions in the event of proven violations of the Nurse Practice Act.”

B. WHETHER EFFECTIVE QUALITY ASSURANCE STANDARDS EXIST IN THE HEALTH PROFESSION, SUCH AS LEGAL REQUIREMENTS ASSOCIATED WITH SPECIFIC PROGRAMS THAT DEFINE OR ENDORSE STANDARDS OR A CODE OF ETHICS.

To become certified as a CRNA, the NBCRNA requires that candidates must first complete a bachelor's degree in a science-related field or a Bachelor of Science in Nursing. In addition, they must be licensed registered nurses. CRNA candidates are required to have a minimum of one year of full-time nursing experience in an acute care setting, such as medical intensive care unit or a surgical intensive care unit. Following the acute care experience, applicants apply to a Council on Accreditation (COA)-accredited program of nurse anesthesia. COA-accredited programs currently provide education at a master's degree or doctoral degree level. Program length varies from 24 to 36 months. Many programs require entrance prerequisites similar to medical schools (pre-med courses) and up to two years of acute care experience. The content of the training program for nurse anesthesia programs is governed by the COA standards and provide students the scientific, clinical, and professional foundation upon which to build sound and safe clinical practice. Clinical rotations afford supervised experiences for students during which time they are able to learn anesthesia techniques, test theory, and apply knowledge to clinical problems. Students gain experience with patients of all ages who require medical, surgical, obstetrical, dental, and pediatric interventions. In addition, many require study in methods of scientific inquiry and statistics, as well as active participation in student-generated and faculty-sponsored research.

The certification and recertification process of CRNAs is governed by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA). The NBCRNA exists as an autonomous not-for-profit incorporated organization. This independent status provides assurance to the public that CRNA candidates have completed certification requirements that have met or exceeded benchmark qualifications and knowledge of anesthesia. CRNAs also have continuing education requirements and recertification every two years thereafter.

The NBCRNA certification and recertification programs are accredited by the National Commission for Certifying Agencies (NCCA) a private not-for-profit organization. The NCCA is the accrediting branch of the National Organization for Competency Assurance (NOCA) which is the national standard setting organization for credentialing groups including certification boards, licensing boards and associations. The programs have been continuously accredited since 1980.

The American Board of Nursing Specialties (ABNS), established in 1991, is a national peer review program for specialty nursing certification bodies. It promotes the highest quality of specialty nursing practice through the establishment of standards of professional specialty nursing certification. The NBCRNA certification and recertification programs were among the first national certification bodies to be recognized and approved by the ABNS.

C. EVIDENCE THAT STATE APPROVED EDUCATIONAL PROGRAMS PROVIDE OR ARE WILLING TO PROVIDE CORE CURRICULUM ADEQUATE TO PREPARE PRACTITIONERS AT THE PROPOSED LEVEL.

The accreditation program for nurse anesthesia was initiated in 1952 by the American Association of Nurse Anesthetists (AANA). The accreditation function was transferred to the Council on Accreditation of Nurse Anesthesia Educational Programs/Schools in 1975 in response to a major revision of the U.S. Office of Education criteria. Since 1975, the COA has existed as a fiscally autonomous multidisciplinary body. This multidisciplinary structure gives recognition to the various publics that represent the community of interest within which the nurse anesthesia profession resides. The 12 members of the COA are representative of the following groups: nurse anesthesia educators and practitioners, nurse anesthesia students, health care administrators, university representatives, and the public. All are voting members except the student member.

The COA's scope of accreditation is for institutions and programs of nurse anesthesia at the post master's certificate, master's or doctoral degree levels in the United States, its territories and protectorates. Both the United States Department of Education and the Council for Higher Education Accreditation recognize the COA as an accrediting agency for nurse anesthesia.

The COA is responsible for establishing the standards and policies for nurse anesthesia educational programs subject to consideration by its communities of interest. The standards address administrative policies and procedures, institutional support, curriculum and instruction, faculty, evaluation, and ethics. The first set of standards was adopted in 1952, and the standards have been under review and subject to periodic major and minor revisions since that time. Compliance with the standards forms the basis for accreditation decisions made by the COA.

The accreditation process for an established program is based on self-evaluation by the program and a site visit by a team of two or three reviewers. The process is repeated at intervals of up to 10 years and may be supplemented by progress reports. A summary report of the review and the program's response to the report are presented to the COA for an accreditation decision.

A new program desiring accreditation must complete a capability study and undergo an on-site evaluation prior to being considered for accreditation. A similar review is required five years following the start of the program's first class.

Accreditation provides quality assurances concerning educational preparation through continuous self-study and review. The ultimate goal of accreditation is to improve the quality of nurse anesthesia education and provide competent practitioners to health care consumers and employers. Graduation from an approved program is one prerequisite of eligibility for national certification and a consideration used by governmental funding and licensing agencies, employers and potential students.

The COA publishes this list of accredited nurse anesthesia programs on an annual basis as information for the public, other agencies and prospective students. Across the nation there are currently 112 COA-accredited nurse anesthesia programs. In Arizona, Midwestern University is currently the only accredited nurse anesthesia program.

3. THE EXTENT TO WHICH AN INCREASE IN THE SCOPE OF PRACTICE MAY HARM THE PUBLIC INCLUDING THE EXTENT TO WHICH AN INCREASED SCOPE OF PRACTICE WILL RESTRICT ENTRY INTO THE PRACTICE AND WHETHER THE PROPOSED LEGISLATION REQUIRES REGISTERED, CERTIFIED OR LICENSED

PRACTITIONERS IN OTHER JURISDICTIONS WHO MIGRATE TO THIS STATE TO QUALIFY IN THE SAME MANNER AS STATE APPLICANTS FOR REGISTRATION, CERTIFICATION OR LICENSURE IF THE OTHER JURISDICTION HAS SUBSTANTIALLY EQUIVALENT REQUIREMENTS FOR REGISTRATION, CERTIFICATION OR LICENSURE AS THOSE IN THIS STATE.

The AzANA anticipates that the current quality and safety of CRNA practice will be maintained if a statutory amendment is enacted and anticipate no harm to the public. As mentioned above, CRNAs are adequately prepared to provide safe anesthesia treatment by virtue of the education in nationally-accredited programs and strict certification and recertification requirements. As these standards are all set by national boards and councils, the proposed statutory amendment will neither restrict entry into the profession nor have a negative effect on CRNAs migrating from other states. In fact, the proposed changes will more clearly identify and articulate the necessary requirements to practice in the field of nurse anesthesia, and will also codify the practice of CRNAs in Arizona. Currently, CRNAs practice in both rural and urban communities throughout Arizona. CRNAs have been welcomed by large metropolitan medical centers, small community hospitals, and outpatient surgery centers throughout the state.

4. THE COST TO THIS STATE AND TO THE GENERAL PUBLIC OF IMPLEMENTING THE PROPOSED INCREASE IN SCOPE OF PRACTICE

There is no anticipated financial impact to the state or the public. In essence, the proposed changes seek to codify current certification and practice of CRNAs already being required by the Board, with the expense for the program paid for by CRNAs through reasonable application fees administered by the Board.

