

Governor Executive Orders – CRNA Scope of Practice

Alabama

https://www.abn.alabama.gov/wp-content/uploads/2020/04/2020-04-02-Fifth-Supplemental-SOE_COVID-19.pdf

CRNAs “are authorized to practice to the full scope of their practice as determined by their education, training, and current national certification(s) by the National Board of Certification and Recertification of Nurse Anesthetists or other certifying body approved by the Board of Nursing.”

CRNAs “practicing under this subsection are authorized to determine, prepare, monitor, or administer such legend and controlled medications as are necessary for the performance of anesthesia-related services, airway management services (whether or not associated with the provision of anesthesia), and other acute care services within the scope of their practice as determined by their education, training, and current national certification(s) by the National Board of Certification and Recertification of Nurse Anesthetists or other certifying body approved by the Board of Nursing.”

“The chief of the medical staff or medical director of a licensed health care facility, or his or her designee, may ... provide direction to an unlimited number of **Certified Registered Nurse Anesthetists...**”

Connecticut

<https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7DD.pdf>

“Temporary Suspension of In-Person Supervision Requirement for Advanced Practice Registered Nurses. Section 20-87a(b)(2) of the Connecticut General Statutes is modified to suspend the requirement that a physician, medically directing the prescriptive activity of an **advanced practice registered nurse who is prescribing and administering medical therapeutics during surgery [i.e., CRNAs]**, must be physically present in the institution, clinic or other setting where the surgery is being performed.”

Kansas

<https://governor.kansas.gov/wp-content/uploads/2020/04/EO-20-26-Executed.pdf>

“b. The suspensions under this section include, but are not limited to, the following:

...

ii. K.S.A. 65-1130, 65-1158 and K.A.R. 60-11-101, 60-11-104a, 60-11-104, 60-11-105, and 60-11-107 and related provisions of Kansas law, as they relate to supervision, delegation, and related issues to the extent necessary to permit advanced practice registered nurses to provide care without a written collaborative agreement and protocols, and **including nurse anesthetists**, to provide medical services appropriate to the professional's education, training, and experience, without physician supervision or direction and without criminal, civil, or administrative penalty related to a lack of such supervision....”

Kentucky

<https://kbn.ky.gov/Documents/Order%20 KBN APRNs.pdf>

From the KY Board of Nursing:

On March 31, 2020, J. Michael Brown, Secretary of the Governor's Executive Cabinet, signed an Order suspending collaborative agreement requirements for the duration of the COVID19 State of Emergency pursuant to Senate Bill 150 Section 13 (2020), and Executive Orders 2020-243 and 2020-257. For Kentucky **APRNs**, and out-of-state APRNs who have been approved to practice in Kentucky during the State of Emergency, the requirement for collaborative agreements with physicians for the prescribing of controlled substances and legend drugs has been lifted. Specifically, KRS 314.042 Sections 8 and 10 have been suspended, as well as 201 KAR 20:057 Section 7. APRNs who prescribe controlled substances will still need a DEA registration and a KASPER master account in order to review patient KASPER data prior to the initial prescribing of a controlled substance to a patient, and no less frequently than every 90 days for ongoing prescribing of controlled substances to a patient.

From KANA:

Ky **CRNAs** have full practice within the realm of anesthesia but anything outside of this would require a collaborative agreement as required for APRNs for prescribing. This removes that need for CRNAs. No DEA/Kasper will be needed (PER KBN) unless CRNA needs to write prescriptions for Controlled Substances to go home. But to do everything else that will be needed for prescribing and ordering within Hospital Critical care setting (outside of our anesthesia world) nothing else is needed.

Louisiana

<https://gov.louisiana.gov/assets/Proclamations/2020/38-JBE-2020.pdf>

“The requirements that a **certified registered nurse anesthetist** provide anesthesia care under the direction and supervision of a physician or dentist licensed to practice in Louisiana as set forth in R.S. 37:930(A)(3) and (F) are temporarily suspended, provided that the certified

registered nurse anesthetist is within his/her scope of practice and has the education, knowledge, skills, and ability to provide such anesthesia care and ancillary services without supervision or direction.”

“The collaborative practice agreement requirements of the Louisiana State Board of Medical Examiners and the Louisiana State Board of Nursing for advanced practice registered nurses, including certified nurse midwives, **certified registered nurse anesthetists**, clinical nurse specialists, and nurse practitioners, are suspended for this public health emergency.”

Maine

<https://www.maine.gov/governor/mills/sites/maine.gov.governor.mills/files/inline-files/EO%2016%20An%20Order%20Suspending%20Provisions%20of%20Certain%20HC%20Professional%20Licensing.pdf>

“The relevant provisions of Maine Revised Statutes, Title 32, Chapters 31, 36 and 48, and related rules are hereby suspended to the extent necessary to allow:

...

Mandatory supervision or collaborative practice requirements for otherwise qualified physician assistants and **advanced practice registered nurses** who are assisting or will assist in the health care response to COVID-19 are suspended during the public health emergency.”

Maryland

<https://governor.maryland.gov/wp-content/uploads/2020/03/Executive-Order-Health-Care-Matters.pdf>

“A health care practitioner may engage in activities that are not authorized by his/her license at a health care facility in Maryland if:

- a. Doing so is necessary to allow the health care facility to meet required staffing ratios or otherwise ensure the continued and safe delivery of health care services: and
- B. qualified supervisory personnel at the health care facility:
 - i. reasonably conclude that the health care practitioner can competently engage in such activities; and
 - ii. reasonably supervise the health care practitioner while he/she is engaged in such activities.”

Massachusetts

<https://www.mass.gov/doc/march-26-2020-advanced-practice-registered-nurses-order/download>

“APRNs in all BORN recognized categories, other than certified nurse midwives, who have at least 2 years of supervised practice experience, or its equivalent as specified in BORN guidance issued pursuant to this order, shall be exempt from requirements of physician supervision and written guidelines for prescriptive practice.”

“APRNs in all BORN recognized categories, other than certified nurse midwives, who have less than 2 years of supervised practice experience, or its equivalent as specified in BORN guidance issued pursuant to this order, may engage in prescriptive practice with physician supervision of such prescriptive practice as currently required by law. In the event that the APRN collaborates with a different physician for purposes of supervision of prescriptive practice during the state of emergency, the requirement for written guidelines may be substituted with a record signed by both the APRN and the supervising physician that acknowledges the consent by each to the supervision of prescriptive practice and the dates during which such supervision shall apply.”

Michigan

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-523481--,00.html

“1. Any and all provisions in Article 15 of the Public Health Code, 1978 PA 368, as amended, MCL 333.16101 et seq., relating to scope of practice, supervision, and delegation, are temporarily suspended, in whole or part, to the extent necessary to allow licensed, registered, or certified health care professionals to provide, within a designated health care facility at which the professional is employed or contracted to work, medical services that are necessary to support the facility’s response to the COVID-19 pandemic and are appropriate to the professional’s education, training, and experience, as determined by the facility in consultation with the facility’s medical leadership.

(a) Medical services may be provided under this section without supervision from a licensed physician, without regard to a written practice agreement with a physician, and without criminal, civil, or administrative penalty related to a lack of supervision or to the lack of such agreement.

...

(b) The suspensions of Article 15 under this section include, but are not limited to, the following:

(1) Parts 170, 175, and 180, and related provisions of the Public Health Code, as they relate to scope of practice, supervision, and delegation, to the extent necessary to permit physician

assistants to provide medical services appropriate to the professional's education, training, and experience, without a written practice agreement with a physician and without criminal, civil, or administrative penalty related to a lack of such agreement.

(2) Parts 170, 172, and 175, and related provisions of the Public Health Code, as they relate to scope of practice, supervision, and delegation, to the extent necessary to permit advanced practice registered nurses, as defined in MCL 333.17201 and **including nurse anesthetists**, to provide medical services appropriate to the professional's education, training, and experience, without physician supervision and without criminal, civil, or administrative penalty related to a lack of such supervision."

New Jersey

<https://nj.gov/infobank/eo/056murphy/pdf/EO-112.pdf>

CRNAs are APNs-anesthesia in New Jersey:

"For the duration of the State of Emergency or Public Health Emergency, whichever is longer, the following statutory provisions that may serve to limit the scope of practice of advanced practice nurses are suspended and waived, and compliance with such provisions will not be required, for advanced practice nurses acting within the scope of their education, training, experience, and competence, to the extent that such provisions would otherwise require an **advanced practice nurse** to:

- a. Enter into a joint protocol with an individual collaborating physician who is present or readily available through electronic communication (N.J.S.A. 45:11-49);
- b. Include the name, address, and telephone number of a collaborating physician on prescriptions or orders (N.J.S.A. 45:11-49);
- c. Review patient charts and records with the collaborating physician (N.J.S.A. 45:11-49); and
- d. Obtain the authorization or written approval from a collaborating physician in order to dispense narcotic drugs for maintenance treatment or detoxification treatment or to determine the medical necessity for services for treatment of substance use disorder (N.J.S.A. 45:11-49.3)."

New York

<https://www.governor.ny.gov/news/no-20210-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency>

"I hereby temporarily suspend or modify, for the period from the date of this Executive Order through April 22, 2020 the following:

...

Sections 405.13 and 755.4 of Title 10 of the NYCRR to the extent necessary to permit an **advanced practice registered nurse with a doctorate or master's degree specializing in the administration of anesthesia** administering anesthesia in a general hospital or free-standing ambulatory surgery center without the supervision of a qualified physician in these health care settings;”

Pennsylvania

<https://www.governor.pa.gov/wp-content/uploads/2020/05/20200506-GOV-health-care-professionals-protection-order-COVID-19.pdf>

Suspends supervision requirements in the state’s hospital and ambulatory surgical facility rules, including those applicable to CRNAs:

“The following regulatory statutes and regulations relating to the Department of Health’s licensure and certification authority over health care facilities set forth in the Health Care Facilities Act, 35 P.S. §§ 448.101 et seq., and Emergency Medical Services Agencies and Providers set forth in the Emergency Medical Services System Act, 35 Pa. C.S. §§ 8101 et seq., are hereby temporarily suspended to the extent those provisions could prevent, hinder or delay the delivery of health care services in response to the COVID-19 disaster emergency:

...

Regulations relating to hospitals and ambulatory surgical facilities and other health care settings, including 28 Pa. Code §§ 109.4, 109.5, 109.66, 117.30, 123.5, 123.14 (1) and (6) and 559.49(b), to the extent needed to relax the scope of practice requirements and **supervision requirements for health care professionals working in those facilities;**

....”

Tennessee

<https://publications.tnsosfiles.com/pub/execorders/exec-orders-lee15.pdf>

[Only applies to APRN prescriptive authority; removes some elements of collaborative agreements related to prescribing, but does not remove the need for a collaborative agreement. There are no current state law provisions requiring supervision of CRNA practice in Tennessee, or for CRNAs “ordering” within facilities; ordering authority is distinct from prescribing in Tennessee.]

West Virginia

<https://wvrnboard.wv.gov/Documents/EO%2017-20.pdf>

<https://wvrnboard.wv.gov/Pages/COVID-19-Information.aspx>

The West Virginia Board of Examiners for Registered Professional Nurses at the emergency meeting on April 3, 2020 reviewed, considered and approved changes for RN and APRN practice in response to the COVID-19 pandemic.

Pursuant to the Governor's Executive Order 17-20 permitting the West Virginia Board of Examiners for Registered Professional Nurses, in their discretion, to suspend or modify the requirements for the administration of anesthesia, the Board suspends and modifies the requirement contained in W. Va. Code §30-7-15 as follows:

- Requirements for supervision or presence of any other healthcare provider when anesthesia is administered by a **certified registered nurse anesthetist** (CRNAs) (WV Code §30-7-15) is suspended.

Pursuant to the Governor's Executive Order 17-20 permitting the West Virginia Board of Examiners for Registered Professional Nurses, in their discretion, to temporarily suspend or modify the requirements for the authorization for prescriptive authority, collaborative requirements for prescriptive authority, prescriptive formulary limitations, prescriptive refill and supply limitations, and other prescriptive limitations including continuing education and renewal requirements, contained in W. Va. Code §30-7-15a, §30-7-15b, §30-7-15c), the Board suspends and modifies the requirements as follows:

- The advanced practice registered nurse shall practice in conformity with the advanced practice registered nurse's education, training, and certification and in accord with the delineation of privileges granted to the advanced practice registered nurse by the hospital/facility to use the advanced practice registered nurse to the fullest extent possible.
- For West Virginia APRNs, who have been approved to practice in West Virginia during the State of Emergency, the requirement for collaborative agreements with physicians for the prescribing of medications is suspended and automatically reinstated when the declared emergency is lifted.
- For West Virginia APRNs with prescriptive authority, who have been approved to practice in West Virginia during the State of Emergency, Schedule II drugs of the Uniform Controlled Substances Act and antineoplastics, if the patient has been on these medications, are permitted to be refilled if the refill is required during the declared emergency. The prescribing physician's name must be written on the prescription as well as the last date the prescription was filled. The Board of Pharmacy requests the

name of practitioner and prescription number of the original prescription the APRN is refilling. They suggest notifying that practitioner as well. The implementation date with the DEA is pending. The Board will announce the details when they become available.

- For West Virginia APRNs with prescriptive authority, who have been approved to practice in West Virginia during the State of Emergency, the Drugs listed under Schedule III shall not be limited to a thirty day supply and are permitted to be refilled if the refill is required during the declared emergency.
- The fee for initial prescriptive authority shall be waived until 30 days after the state of emergency is lifted by the Governor.
- The APRN certifications renewal extension is based on certifying body policy

Wisconsin

[https://content.govdelivery.com/attachments/WIGOV/2020/03/27/file_attachments/1413356/DSPS%20 %20Reduced.pdf](https://content.govdelivery.com/attachments/WIGOV/2020/03/27/file_attachments/1413356/DSPS%20%20Reduced.pdf)

Suspends the requirement for collaboration/collaborative agreement for **CRNAs** and other APRNs.

“Admin. rule: Wis. Admin. Code N 81.0(2) and (7)

Description of rule: Nursing care management and collaboration with other health care professionals.

Status: Suspended.”