AANA
American Association of
NURSE ANESTHESIOLOGY

Post-Opt-Out Considerations

After a state receives an opt-out from the federal physician supervision requirement, Certified Registered Nurse Anesthetists (CRNAs), also referred to as nurse anesthesiologists or nurse anesthetists, should take several key steps within their facilities to support proper implementation. This document outlines considerations and recommended actions to support CRNAs, healthcare facilities, and state associations in optimizing anesthesia practice following an opt-out.

Understand the Meaning of the Federal Opt-Out

CRNAs must have a clear understanding of what the federal opt-out means. An opt-out removes the federal Medicare and Medicaid requirement for physician supervision of CRNAs "as part of broader requirements that the facility must meet to be certified to receive reimbursement" but does not change state law or expand the CRNA's clinical scope of practice. Each state may have other requirements within existing state law or regulations. If facility bylaws, policies, or procedures are also more restrictive, this is an opportunity to review and update them to reflect opt-out status.

Scope of Practice Remains Defined by State Law

CRNA scope of practice is not expanded or changed due to an opt-out.
CRNAs must continue to operate within state law and regulations and facility policy.

Stay Informed and Aligned

CRNAs should stay connected with their state association for guidance and information on the impact of the opt-out. Attend any webinars, town halls, or meetings hosted by your state association, and review their communications regarding opt-out status. CRNAs should actively participate with their state association advocacy efforts by sharing data, success stories, and any issues faced to inform further association efforts.

Foster Collaborative Relationships and Engage Stakeholders

A collaborative relationship between CRNAs, surgeons, nursing, and other clinical and administrative leaders, both before and after an opt-out is essential. Fostering interprofessional collaboration increases CRNA visibility and influence, creates an open dialogue for facility policy changes post-opt-out, and promotes mutual respect and efficient care delivery within evolving anesthesia practice models. Utilize available AANA resources, such as practice model resources, clinical practice documents, infographics, and peer-reviewed evidence to support your discussions.

Engage Outside the OR

CRNA value reaches far beyond the operating room. Seek out opportunities to be involved, whether it is on a project/initiative or part of a medical staff, management, or department committee (e.g., credentialing, advanced practice registered nurse, infection control, quality assurance and improvement). The presence of CRNAs on projects or committees helps build credibility and demonstrates CRNA expertise.

CRNA influence can also spread beyond the facility. CRNAs can engage with other organizations to serve on projects, task forces, or boards, roundtable discussions with other advanced practice registered nurses, or with legislators on healthcare related topics. These relationships are effective in increasing CRNA impact and credibility with other stakeholder groups.

Develop CRNA Leaders

Develop CRNA leaders and mentors within the facility. Having a strong chief CRNA or other CRNA leaders as advocates will benefit your practice environment.

Review Facility Bylaws and Policies

Following a federal supervision opt-out, CRNAs and facility leadership should review and update applicable medical staff bylaws, credentialing and privileging documents, and relevant policies to align with the new state status and ensure they properly reflect the anesthesia delivery model being used in the facility. Bylaws must comply with federal, state,

local, and accreditation requirements, but if bylaws are more restrictive than the law requires, they may create unnecessary restrictions and barriers to CRNA practice. While bylaws outline the medical staff organization, rights, responsibilities, and relationship with the governing body, more detailed provisions, such as department structure, patient care responsibilities, and privileging criteria, are typically addressed in department rules, regulations, policies, and procedures which are often easier to amend.

Monitor Outcomes and Quality

Track patient outcomes and participate in facility quality improvement efforts to demonstrate the continued safety and efficacy of CRNA-provided care.

Use AANA Resources

CRNAs are encouraged to review and utilize available AANA resources:

+ Efficiency-driven Anesthesia Modeling (EDAM) Toolkit
+ EDAM Supportive Research
+ Professional Practice Manual for the CRNA
  - Standards of Nurse Anesthesia Practice
  - Scope of Nurse Anesthesia Practice
  - Clinical Privileges and Other Responsibilities of Certified Registered Nurse Anesthetists
+ Business of Anesthesia Resources for AANA Members (member login required)
  - See resources under "Bylaws, Rules and Regulations"
+ Register with the Nurses on Boards Coalition for information on board placement opportunities

Questions?

Contact the Professional Practice Division (practice@aana.com) for clinical practice, scope of practice, or facility accreditation or the State Government Affairs Division (sga@aana.com) for state law, opt-out, or supervision.

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