



## Full Practice Authority Task Force Report 2021-22


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### Call To Action

- CANA President Darna commissioned CANA members from a variety of practice settings to form the “full practice authority” task force
- The mission of the task force was to identify feasibility, implications, and options regarding the potential to obtain full practice authority for California CRNAs
- *Liz Bamgbose (co-chair)*
- *Sandra Bordi*
- *Jon Wilton*
- *Melanie Rowe*
- *Jason Bolt*
- *Loretta Gibson (co-chair)*
- *Garret Kitt*
- *Maricel Reighard*
- *Ken Childers*
- *Rod Hoover*

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Year 1	Year 2	Year 3
Discovery	Formalize, fund, & build a foundation	Execute



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## RECAP: Year 1: Discovery

<p><b>FPA definition:</b></p> <ol style="list-style-type: none"> <li>List of states with FPA</li> <li>List of states who have attempted FPA</li> <li>Definition used by other states</li> <li>Key contacts for those involved when FPA achieved (in other states)</li> <li>Key contacts at AANA (Anna Polyak / Jana Conover)</li> <li>Key contacts outside of AANA (TNAG, Mike McKinnon, etc.)</li> <li>Road bumps other states hit when attempting FPA</li> <li>Key items CANA hopes to achieve with FPA (dental, fluoro, prescriptive/furnishing, medical board)</li> <li>Create one pager defining difference between FPA and opt-out (billing versus scope)</li> <li>Key contact at CANP</li> <li>Key contact at CAPA</li> </ol>	<p><b>Funding FPA</b></p> <ol style="list-style-type: none"> <li>Key PAC contact for states who achieved FPA (how much did they plan to/did they raise)</li> <li>Key contacts for states with successful PACs</li> <li>PAC accounting practices used elsewhere (what are options for microdonations that are feasible)</li> <li>CANA goal for PAC (year-on-year)</li> </ol>	<p><b>Legislation:</b></p> <ol style="list-style-type: none"> <li>Key contact list for all districts (53)</li> <li>List of meet and greets in 53 districts</li> <li>Possible discussion with Wood (author of AB-890)</li> <li>Keywords/value messaging: access to care, cost savings, streamlined care, closing provider gap             <ol style="list-style-type: none"> <li>OFA</li> <li>rural care</li> <li>suboxone</li> </ol> </li> <li>Discussion with Political Solutions regarding task force</li> <li>Consult workforce study</li> </ol>
<p><b>Social Media:</b></p> <ol style="list-style-type: none"> <li>Value messaging “full access to care”</li> <li>Building the brand</li> <li>Ensuring knowledge of the profession - and CRNAs as THE SOLUTION (OFA, pain, access, etc.)</li> <li>Stories - editorials - etc.</li> <li>Let us be the consultants</li> </ol>		

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## ***RECAP: Year 1: Definition***

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- AANA consulted regarding legislative bill language used by other states for:
  - *Prescriptive authority*
  - *FPA*
  - *Fluoroscopy*
  - *Diagnosis/management*
  - *Ordering diagnostic tests*
  - *Dental permits*
  - *Medical board participation*
- Discovery of SB 697
  - *Significant increase in scope and practice of PAs in California*
  - *Connection made with past President of CAPA*
- Spreadsheet created of current bills (in other states) and similar bills in California created for comparison

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## ***RECAP: Year 1: Bill Title***

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- **Full Practice Authority:**
  - Potentially misleading or misinterpreted (given current opt-out)
  - Potential for political backlash from physician community/associations

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## ***RECAP: Year 1: Considerations***

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1. What portions of increase in scope are limited by regulations (CA Nurse Practice Act) versus legislation?
2. Should CANA use a step-wise approach (introducing single-issue legislation) OR consider an “all-inclusive” bill OR a hybrid of the two?
3. What is the impact on California CRNAs if a full access to care/FPA bill is passed/or not?
4. What can we learn from SB889 and SB697?

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## ***RECAP: Year 1: To-Do***

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1. Discovery and create opinion on title
2. Decide on issues to be included in suggested bill
3. Identify potential issues with regulation restrictions
4. Create educational content regarding CURRENT state of practice, to be disseminated to members and stakeholders on SM
5. Continue discussion with AANA Gov. Affairs – work towards draft bill language by year-end
6. Work with CANA PAC to create fundraising goals and ideas
7. Present Year 1 findings to CANA BOD and members  
at Fall 2022 CANA meeting

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## Full Practice Authority Task Force Report 2021-22

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### Full Access to Care

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- Full Practice Authority (FPA) is a misleading and potentially politically aggressive title
- “Authority” is riddled with power assumptions and may be recognized as a threat by our physician colleagues
- FPA (in title) does not acknowledge the scope of practice already offered by nurse anesthesiologist in California, independent practice in all settings
- The taskforce recommends a bill title which better represents the proposed purpose and outcome: **Full Access to Care (FAC)**

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## Full Access to Care Together (FACT)

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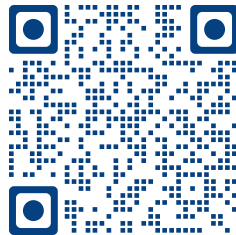
- With a goal to create relationships and trust with their constituents, legislators are often seeking bills that have a direct impact on their communities
- **The task force recommends considering adding “together”; the proposed title would then read” Full Access to Care Together (FACT)**
- Both the title and acronym bring clarity and a high level of impact to the bill; we believe this will be appealing to potential author(s)

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## Open Comment Period: *4 minutes*

*Please direct all suggestions and questions to:*

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## Keys items for future legislative bill



**Prescriptive authority**



**Fluoroscopy permitting**



**Ability to be a voting member on medical executive board**



**Dental permitting for general anesthesia**



**Reimbursement for ordering diagnostic tests**

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## Voting member on medical executive board

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- Title 22 §707031(a)(1)(E)

### VERSUS

- California Business & Professions Code (BPC) 2282(b) and 2283(a)
- California Business & Professions Code (BPC) 2282.5 Medical Staff also have a right of self-governance

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## Voting Member on Medical Executive Board

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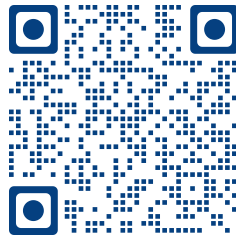
- ***Task Force Recommendation:***
- Move to Practice Committee and Lobbyist (and likely legal consult)

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## Fluoroscopy Permits

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- HEALTH AND SAFETY CODE – HSC DIVISION 104
- ENVIRONMENTAL HEALTH [106500 - 119406]  
( Division 104 added by Stats. 1995, Ch. 415, Sec. 6. )
- PART 9. RADIATION [114650 - 115342]  
( Part 9 added by Stats. 1995, Ch. 415, Sec. 6. )
- CHAPTER 8. Radiation Control Law [114960 - 115273]  
( Chapter 8 added by Stats. 1995, Ch. 415, Sec. 6. )
- ARTICLE 4. Licensing and Regulation of Sources of Ionizing Radiation [115060 - 115093]

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## Fluoroscopy Permits

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- ***Eligibility to take the Fluoroscopy Exam:***

***\*\*Individuals who have graduated on or after January 1, 2011 from a diagnostic radiologic technology program accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) and passed the American Registry of Radiologic Technologists (ARRT) radiography examination; or***

***\*\*Individuals certified by ARRT on or after January 1, 2011 in Radiography, and who are current ARRT registrants.***

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## Fluoroscopy Permits

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- Meeting with past-president of CAPA (suggestions)
  - Fellowships: *Will help to address the need for 40 hours of supervised fluoroscopy*
  - If developing legislation, consider:
    - Include an accredited fellowship program related to fluoroscopy will allow CRNA to sit for permit exam
    - SRNAs may obtain fluoroscopy time (40 hours) as a part of training
    - Consider eliminating attendance at accredited school, replace with certificate or CEs may be obtained from approved program

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## Fluoroscopy Permits

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- Meeting with past-president of CAPA (barriers)
  - Also seeking fluoroscopy permits = physician assistants (PAs) , nurse practitioners (NPs), and radiation technologists (Rad Techs)
  - PAs and NPs will be our allies
  - Rad techs and potentially radiologists (by association to rad techs) will likely oppose
  - There is a massive shortage of Rad Techs (published studies prove this)
  - Director of Rad Techs has stated APRNs will impinge on their practice if they are granted permits

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## Fluoroscopy Permits

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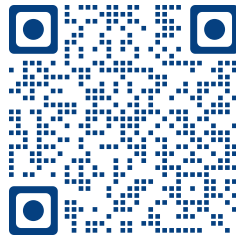
- ***Task Force Recommendation:***
  - Separately work with APRN and PA associations to determine if organized attempt at addressing access to care issues can be better communicated to legislators – in order to achieve advanced practice provider eligibility to sit for fluoroscopy exams

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## Prescriptive Authority

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- Full prescriptive authority
- Time-limited authority
- Setting-specific authority
- Schedule-specific authority

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## Prescriptive Authority

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### *Sample Language:*

*Scope of Regulation Excerpt from Business and Professions Code Division 2, Chapter 6.  
Article 2 Section 2725. Legislative intent: Practice of Nursing Defined*

- ***2725.1. (a) Notwithstanding any other provision of law, a registered nurse may dispense drugs or devices upon an order by a licensed physician and surgeon or an order by a certified nurse-midwife, nurse practitioner, or physician assistant issued pursuant to Section 2746.51, 2836.1, or 3502.1, respectively, if the registered nurse is functioning within a licensed primary care clinic as defined in subdivision (b), (c), (h), or (j) of Section 1206 of, the Health and Safety Code***

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## Prescriptive Authority

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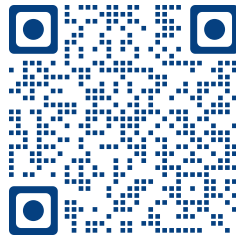
- **Task Force Recommendation:**
  - Include full prescriptive authority in FACT bill

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## Dental Permitting for General Anesthesia

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- Current NPA limits the provision of general anesthesia in a dental office/clinic/outpatient setting *to be delivered IF a general anesthesia permit has been obtained by the dentist or a physician anesthesiologist*
- California regulations only allow for a dentist or physician anesthesiologist to obtain the permit
- CRNAs hold the qualifications necessary to obtain dental permits, the barrier to obtaining them *significantly* limits access to care

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## Dental Permitting for General Anesthesia

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- NPA must be changed:

*(NPA 2827: If a general anesthetic agent is administered in a dental office, the dentist shall hold a permit authorized by Section 1646)*

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## Dental Permitting for General Anesthesia

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- ***Task Force Recommendation:***

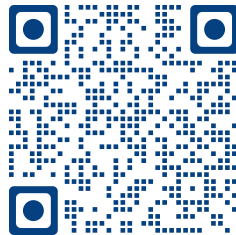
- Change language in the NPA to articulate the ability for a CRNA to administer general anesthesia if they hold a dental permit
- Align with the Dental Board of California to allow for CRNAs to apply for a general anesthesia permit
- Consider including/addressing modifications in FACT bill

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## Reimbursement/Ordering Diagnostic Tests

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- The ability for CRNAs to order diagnostic tests in California is currently allowable by regulation
- At this point there is not mechanism to bill for ordering of diagnostics

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## Reimbursement/Ordering Diagnostic Tests

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- ***Task Force Recommendation:***
  - Incorporate language similar to Arizona and Rhode Island, consistent with the ability to diagnose, order, and bill for diagnostics into FACT bill
  - This *must* be inclusive of POCUS/FOCUS

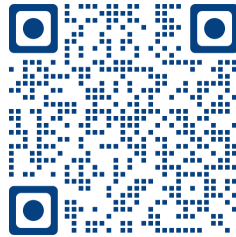
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## FACT: Next Steps

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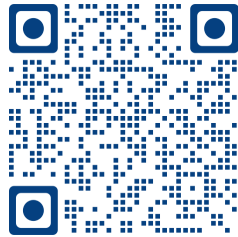
- Full Access to Care Together
  - First impressions from Political Solutions
- Continue discussion with CANA Practice Committee and AANA Government Affairs
- Forge continued relationships with CAPA and CANP
- Advocacy and professional literacy within CANA
- Continue task force for 2022-23 year

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