



CALIFORNIA CRNA SCOPE OF PRACTICE

Introduction

California Certified Registered Nurse Anesthetists (CRNAs) have practiced independently for decades. Since 1983, the [Nurse Anesthetists Act](#) (Article 7) within [California Business & Professions Code \(BPC\) 2827](#) has authorized CRNAs to provide anesthesia services ordered by a physician, dentist, or podiatrist, in accordance with community practice and policies of the organized health care system in which the service is provided.

As of 2025, California amended the Nurse Anesthetists Act to define “[anesthesia services](#)” as all of the following:

- (1) Preoperative, intraoperative, and postoperative care and pain management provided by a nurse anesthetist for patients receiving anesthesia pursuant to an order by a physician, dentist, or podiatrist for anesthesia services.
- (2) Selecting and administering medication pursuant to an order for anesthesia services by a physician, dentist, or podiatrist.
- (3) Providing emergency, critical care, and resuscitation services.

[New sections](#) of the Nurse Anesthetists Act add language authorizing a nurse anesthetist to perform these anesthesia services; to select, implement, abort, or modify the modality of anesthesia for the patient; and to select and administer medications, including controlled substances, for anesthesia care and for pain management during the entire perioperative period without needing a prescription.

The amended [BPC 2833.6](#) incorporates existing case law and advisory opinions, including a [1984 Attorney General Opinion](#) advising that CRNAs do not perform anesthesia pursuant to standardized procedures and advising that CRNAs have authority to administer anesthesia upon the mere order by a physician. [A 1988 letter by the California Board of Registered Nursing](#) further supports this principle of law.

CANA Board of Directors

Kristen Roman, CRNA (President)
Joshua Carr, PhD, DNP, CRNA (President-Elect)
Thomas Bachtler, DNP, CENP, CRNA (Secretary)
Rommel Uniza, CRNA (Treasurer)
Emily Francke, CRNA (Immediate Past President)

Gregory Crawford, CRNA (Three-Year Director)
Daniel Bell, DNP, CRNA (Trustee)
Audra Kennedy, DNAP, CRNA (Trustee)
Mark Pahed, DNAP, CRNA (Trustee)
Debra Varela, DNP, CRNA (Trustee)



California “Opt Out” of Physician Supervision Requirements for CRNAs

In 1988, California’s Medi-Cal program opted out of CRNA supervision requirements. In June 2009, the California Governor opted out of Medicare’s physician supervision requirements for CRNAs practicing in the acute care hospital, critical access hospital, and ambulatory surgery center settings. The opt outs enabled California hospitals and surgery centers to utilize CRNAs independently while remaining eligible for Medicare and Medicaid reimbursements.

In early 2010, physician trade groups sued the Governor over California’s Medicare opt out and argued that the word “order” necessarily implied “supervision.” The trial court disagreed, and the physician trade groups appealed. The California Court of Appeal affirmed the trial court’s holding after undertaking an independent review and determining that ***CRNAs do not require physician supervision to administer anesthesia in California.*** The Court’s holding has been incorporated into the Nurse Anesthetist Act as of 2025.

California CRNAs Do Not Need Prescriptive Authority to Order Medications

Although California CRNAs do not have the authority to write prescriptions, CRNAs may select and administer the anesthetic and any perioperative medications for care and pain management. According to the Code of Federal Regulations, the definition of “Prescription” does “not include an order for medication which is dispensed for immediate administration to the ultimate user.” Since 1997, the U.S. Drug Enforcement Administration (DEA) has exempted CRNAs from registering with the DEA when engaging in usual and customary clinical anesthesia practice.

Regulatory Barriers to Independent Practice Remain in Some Settings

Notwithstanding that CRNAs have independent scope of practice by law, there are several regulatory barriers that continue to exist in California and Federally. In the hospital setting, anesthesia services “must be provided in a well-organized manner under the direction of a qualified doctor of medicine or osteopathy.” California hospital regulations also limit medical staff membership to physicians, dentists, podiatrists, and clinical psychologists, even though BPC 2282(b) and 2283(a) authorize medical staff membership for “other licensed practitioners competent in their respective fields and worthy in professional ethics.” In some cases, physician-led medical staffs have implemented hospital bylaws and policies that restrict CRNA practice.

CANA Board of Directors

Kristen Roman, CRNA (President)
Joshua Carr, PhD, DNP, CRNA (President-Elect)
Thomas Bachtler, DNP, CENP, CRNA (Secretary)
Rommel Uniza, CRNA (Treasurer)
Emily Francke, CRNA (Immediate Past President)

Gregory Crawford, CRNA (Three-Year Director)
Daniel Bell, DNP, CRNA (Trustee)
Audra Kennedy, DNAP, CRNA (Trustee)
Mark Pahed, DNAP, CRNA (Trustee)
Debra Varela, DNP, CRNA (Trustee)



CALIFORNIA ASSOCIATION OF NURSE ANESTHESIOLOGY (CANA)

CANA advances patient safety, fosters access to the highest quality anesthesia and supports the nurse anesthesia profession in California.

In a dental office where general anesthesia is performed, CRNAs must practice with a [dentist who holds a special permit](#).

In the outpatient setting, including [in surgery centers, in vitro facilities, and others](#), there are [no legal restrictions](#) on CRNA scope of practice.

When Practicing Independently, the Law Requires Non-Discriminatory Reimbursement

Since 1988, the Centers for Medicare & Medicaid (CMS) has authorized CRNAs to directly bill Medicare and [to receive 100% of the reimbursement](#) made to physician anesthesiologists. As part of the Affordable Care Act, the Federal [Provider Non-Discrimination Law](#) extended non-discriminatory reimbursement rules to all non-grandfathered healthcare payors with respect to participation under plan coverage and provider reimbursement. Provider Non-Discrimination means that CRNAs may not be paid less on the basis of licensure status. CRNAs also cannot be denied access to insurance contracts on the basis of licensure status. Notably, the “Non-Discrimination in Health Care” Law [extends the 100% reimbursement rule](#) to ERISA health plans, commercial insurance, and Medicare Advantage plans.

CRNAs Are Extensively Trained and Must Pass a Board Examination to Obtain Licensure

California CRNAs are extensively educated advanced practice nurse specialists. CRNAs are required to complete six to seven years of education in a nationally-accredited program, thousands of hours of clinical work, and a minimum of 650 anesthetics [before they qualify to sit for their national certification examination](#). Only after passing their [Board examination](#) are CRNAs eligible to become licensed anesthesia providers. In California, all CRNAs will graduate with [a doctoral degree](#) by the year 2025. Independently practicing CRNAs are [liable for their own professional errors and omissions](#).

Conclusion

For decades, CRNAs have provided safe and effective anesthesia care. For more information, please visit this website maintained by the [California Board of Registered Nursing](#).

CANA Board of Directors

Kristen Roman, CRNA (President)
Joshua Carr, PhD, DNP, CRNA (President-Elect)
Thomas Bachtler, DNP, CENP, CRNA (Secretary)
Rommel Uniza, CRNA (Treasurer)
Emily Francke, CRNA (Immediate Past President)

Gregory Crawford, CRNA (Three-Year Director)
Daniel Bell, DNP, CRNA (Trustee)
Audra Kennedy, DNAP, CRNA (Trustee)
Mark Pahed, DNAP, CRNA (Trustee)
Debra Varela, DNP, CRNA (Trustee)