



# TxANA

TEXAS ASSOCIATION of  
NURSE ANESTHETISTS

**Advancing patient safety and  
the profession of nurse  
anesthesia.**



## About Us

For more than 150 years, nurse anesthetists have provided safe, effective anesthesia care to patients nationwide. **Certified Registered Nurse Anesthetists (CRNAs)** administer 58+ million anesthetics in the United States each year, delivering efficient, compassionate care in every setting where anesthesia is provided. In Texas, nearly 4,500 CRNAs help ensure access to care—especially in rural communities and in military service.

## Get to Know a CRNA



### Rural Care

CRNAs are often the sole anesthesia providers in rural Texas counties.



### Practice Settings

CRNAs practice in every setting where anesthesia is delivered, including the U.S. military.



### Military

CRNAs have full practice authority in every branch of the military and are the primary providers of anesthesia care to U.S. military.



### Education

CRNA preparation requires 8–8.5 years of education and experience.

- Nurse anesthetists were the **first anesthesia providers**, dating back to the Civil War—physicians didn't specialize in anesthesia until decades later.
- CRNAs deliver **58 million+ anesthetics** in the U.S. each year.
- CRNAs practice wherever anesthesia is delivered—**hospitals, outpatient and dental/surgical offices, pain management, and the U.S. military.**
- In most rural Texas counties, **CRNAs are the primary (often sole)** anesthesia providers, supporting surgery, OB, and trauma stabilization.
- CRNAs have been **frontline anesthesia providers** for U.S. military operations since WWI—and continue to be today.



# PRIORITIES

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- ✓ **Dental Anesthesia**  
Support the removal of the unnecessary requirement that dentists have a permit when the CRNA provides care.
- ✓ **Surgical Smoke Evacuation**  
Support the requirement for use of surgical smoke evacuation systems in hospitals and ambulatory surgical centers.
- ✗ **AA Licensure**  
Oppose the licensure of Anesthesiologist Assistants (AAs). AAs are an unproven provider that will not improve access to anesthesia services for Texans. They are inflexible providers who are not interchangeable with CRNAs, and the AA-anesthesiologist model is the costliest model of anesthesia care.

# SUPERVISION

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## **Does Texas law require supervision of CRNAs? No.**

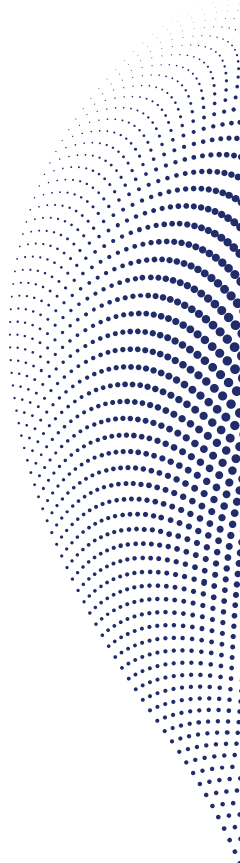
Texas law (Tex. Occ. Code §157.058) does not require physician supervision of CRNAs unless dictated by facility bylaws or when otherwise mandated by federal law, such as for Medicaid and Medicare reimbursement.

Texas law currently requires delegation by a physician to a CRNA. The delegating physician is not required to be an anesthesiologist. Once the CRNA receives the physician's order and begins to administer anesthesia, the CRNA is engaged in an act of nursing.

The CRNA selects, obtains, and administers the drugs and applies the medical devices appropriate to accomplish the order. According to Texas law, Section 157.058 should be liberally construed to permit the full use of the skills and services of CRNAs.

Research shows that CRNAs are the most cost-effective anesthesia providers with exceptional safety records.

Healthcare facilities that hire anesthesiologists to delegate to CRNAs may more than triple the costs of anesthesia delivery without improving patient outcomes, lowering risk, or reducing liability coverage costs.



# EDUCATION & TRAINING

CRNAs are highly educated, advance practice registered nurses who deliver anesthesia to patients in exactly the same ways, for the same types of procedures, and just as safely, as anesthesiologists.

CRNAs have a minimum of 7 to 8<sup>1/2</sup> years of education and training specific to nursing and anesthesiology before they are licensed to practice anesthesia.



Baccalaureate prepared RN

Average  
2.9 Years

Critical care nursing experience prior to entering nurse anesthesia program<sup>1</sup>

24 - 42  
Months

Classroom and clinical education and training



Master's or Doctoral Degree from a COA-accredited nurse anesthesia educational program<sup>2</sup>

By 2025, all anesthesia program graduates will earn doctoral degrees

Nurse anesthetists obtain an average of

**9,369**  
**Clinical**  
**Hours**



of training prior to becoming a CRNA.

## Constant Learners



CRNAs must pass a **National Certification Examination** for entry into practice and be recertified every 4 years so they are current on anesthesia techniques and technologies.

They must also pass a Continued Professional Certification exam every 8 years. Anesthesiologists are recertified every 10 years.



Minimum **60 hours** of approved continuing education and **40 hours** professional development activities every 4 years



Documentation of substantial anesthesia practice



Maintenance of current state licensure



CRNAs are qualified to administer **every type of anesthesia in any healthcare setting**, including pain management for acute or chronic pain.



Manage difficult cases



Use advanced monitoring equipment



Interpret diagnostic information



Respond appropriately in any emergency situation

Research shows that CRNAs are



**Less costly** to educate and train than anesthesiologists.<sup>3</sup>

As the demand for healthcare continues to grow, increasing the number of CRNAs will be key to containing costs while maintaining quality care.

<sup>1</sup> CRNAs are the only anesthesia professionals with this level of critical care experience prior to entering an educational program.

<sup>2</sup> Council on Accreditation of Nurse Anesthesia Educational Programs

<sup>3</sup> Update of Cost Effectiveness of Anesthesia Providers, Lewin Group Publications, May 2016

For more information, visit [www.anesthesiafacts.com](http://www.anesthesiafacts.com)  
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# SAFETY

## CRNAs: Ensuring Safe Anesthesia Care

### WHY SURGEONS AND OTHER HEALTHCARE PROVIDERS RELY ON CRNAs

Certified Registered Nurse Anesthetists (CRNAs) are advanced practice registered nurses who collaborate with surgeons, obstetricians, dentists and other healthcare providers to deliver safe, high-quality and cost-effective anesthesia care to patients in virtually every healthcare setting.

#### Access to Care



CRNAs practice in **all 50 states** and in the military, safely providing more than 50 million anesthetics each year.

#### Patient Safety



**National studies confirm** that CRNAs are integral to high-value anesthesia care delivery where quality and safety are emphasized.\*



Anesthesia care is **nearly 50x safer** than it was in the 1980s.\*\*

This is due to **advancements in monitoring** technology, anesthetic drugs, provider education, and standards of care.

#### Risk Management



CRNAs are **educated, trained and experienced** in providing anesthesia care for complicated medical procedures and handling emergency situations.



**As licensed professionals**, CRNAs are responsible and accountable for decisions made and actions taken in their professional practice.



**Case law shows** that surgeons and other healthcare providers face no increase in liability when working with a CRNA versus a physician anesthesiologist.

For a surgeon (or other healthcare provider) to be liable for the acts of an anesthesia professional, the surgeon must control the actions of the CRNA or anesthesiologist and not merely supervise or direct them.



Courts apply the same standard to judge whether a surgeon is liable for the acts of a CRNA or an anesthesiologist.

On a nationwide basis, the average 2020 malpractice liability insurance premium for self-employed CRNAs was **36 percent less than it was in 1988**. When trended for inflation through 2020, **the reduction in premium is 71 percent**.



#### Cost Savings

**Healthcare facilities that hire** anesthesiologists to supervise CRNAs in an effort to manage risk may more than triple the costs of anesthesia delivery without improving patient outcomes, lowering risk or reducing liability coverage costs.



\*RTI

\*\*Institute of Medicine

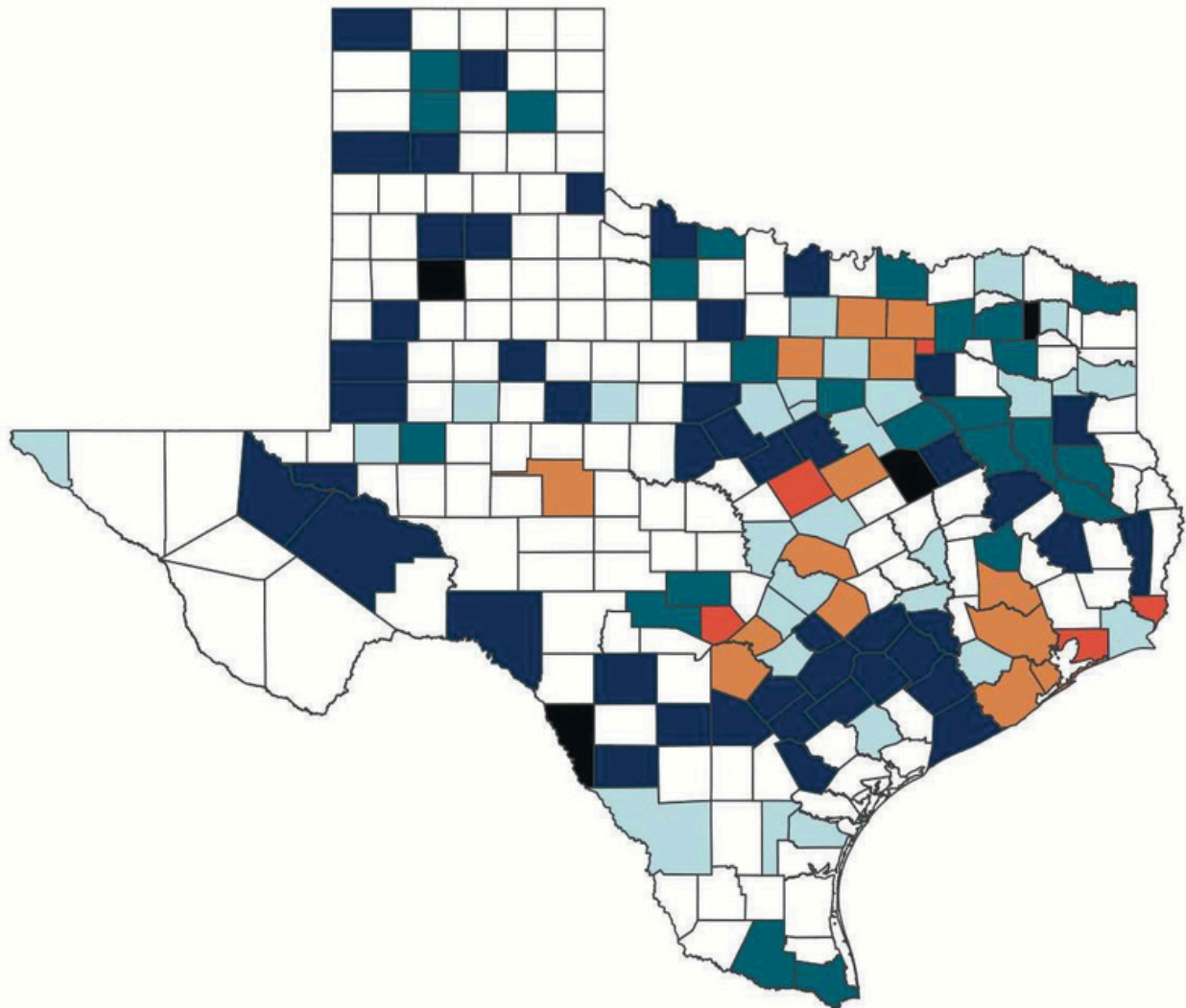
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## 2025 Distribution of Anesthesia Providers

### Texas

\*CRNA=4,291 (55.6%), \*MDA=3,430 (44.4%)



Map illustrates the percentage of CRNAs or MDAs of the combined total anesthesia providers in each county.

\*Unique providers in state

Data Source: Anesthesia providers were identified using the Physician Compare National Downloadable file. Physician Compare includes records for each practice address of all providers who bill Medicare Part B. Those who have a practice address in multiple counties are represented in each county. Some providers who do not bill Medicare Part B may not be accurately represented such as those working exclusively for the Veteran's Administration or CRNAs practicing at rural hospitals electing cost-based reimbursement under the Medicare Part A nurse anesthesia exception.

Data retrieved on February 3, 2025