

The State of Texas
House of Representatives

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Hugo Berlanga
District 34

RECEIVED MAY 14 1997

May 9, 1997

John M. Zerwas, M.D.
President
Texas Society of Anesthesiologists
401 W. 15th, Ste. 990
Austin, Texas 78701

Dear Dr. Zerwas:

It has come to my attention that the Texas Society of Anesthesiologists (TSA) sent a letter to its membership dated January 31, 1997, interpreting SB 673. The language from SB 673 referred to in your letter was taken out of context and the legislative intent was misconstrued. As House sponsor of this Senate Bill in the 1995 Texas Legislature, I feel it is important to clarify my interpretation of the language and express my concern over this letter.

Organizations representing physicians, professional nurses, advanced practice nurses and physician assistants carefully negotiated this bill prior to its passage. This positive communication continued through the meetings of the Ad-Hoc Committee on Collaborative Practice and has facilitated implementation of SB 673. Your communication, if it were accurate, would reflect a backward step for Certified Registered Nurse Anesthetists (CRNAs) by removing practice rights already in place prior to passage of SB 673. Advanced practice nurses would not have agreed to such a restriction, and I did not intend to place such a restriction on their practice.

The intent of SB 673 was to provide for more complete use of advanced practice nurses and physician assistants throughout the health care system. The language of SB 673 codified into statute the existing practice for CRNAs. In fact, SB 673 amended the Medical Practice Act to recognize the standard practice of physician/CRNA relations as previously recognized by the Board of Nurse Examiners and the Board of Pharmacy. The rules adopted by the Board of Medical Examiners reflect these same changes.

Your letter only quotes a portion of SB 673 as it relates to CRNAs. Please see the complete citation here.

"Section 3.06, Subsection (d), Subdivision (6)

(I)(i) In a licensed hospital or ambulatory surgical center a physician may delegate to a certified registered nurse anesthetist the ordering of drugs and devices necessary for a certified registered nurse anesthetist to administer an anesthetic or an anesthesia-related service ordered by the physician. The physician's order for anesthesia or anesthesia related services does not have to be drug-specific, dose-specific, or administration-technique-specific. Pursuant to the order and in accordance with facility policies or medical staff bylaws, the nurse anesthetist may select, obtain, and administer those drugs and apply the appropriate medical devices necessary to accomplish the order and maintain the patient within a sound physiological status.

(ii) This paragraph shall be liberally construed to permit the full use of safe and effective medication orders to utilize the skills and services of certified registered nurse anesthetists.

(K) A physician shall not be liable for the act or acts of a physician assistant or advanced nurse practitioner solely on the basis of having signed an order, a standing medical order, a standing delegation order, or other order or protocols authorizing a physician assistant or advanced nurse practitioner to perform the act or acts of administering, providing, carrying out, or signing a prescription drug order unless the physician has reason to believe the physician assistant or advanced nurse practitioner lacked the competency to perform the act or acts."

No where in SB673 is CRNA practice designated as delegated medicine. Only the ordering from the pharmacy of the drugs and devices necessary for the CRNA to administer the anesthesia or perform an anesthesia related service is delegated, and this may be delegated by any type of physician. The CRNA practices in accordance with the Nurse Practice Act as further defined by the Board of Nurse Examiner's rule. Interpretation of SB 673 is to be liberally construed to permit the full use of the skills and services of CRNAs. The language also specifies that a physician who initiates an order for an anesthetic is not liable for the acts of the CRNA by signing the order for an anesthetic.

I hope this clarifies the legislative intent and resolves some of the misunderstanding that has occurred. Please contact me if you have any further questions regarding SB 673.

Sincerely,



State Representative, Hugo Berlanga

cc: Coalition for Nurses in Advanced Practice, Kathy Hutto
Texas Medical Association, Alfred Gilcrest
Texas Association of Nurse Anesthetists, Phyllis Pilger
Texas Nurses Association, Jim Willman