



Supervision: *Does Texas law require supervision of CRNAs?*

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

Unlike sections of the Texas Occupational Code applied to other APRNs, Texas statute does not use the word supervision when referring to the practice of CRNAs. In 1999, the Office of the Attorney General interpreted section 157.058 and concluded that supervision is *not* required.

Texas law currently requires delegation by a physician to a CRNA. The physician, typically a surgeon, delegates to the CRNA through an order for anesthesia services. The delegating physician is not required to be an anesthesiologist. Once the CRNA receives the physician's order and begins to administer anesthesia, he or she is engaged in an act of nursing.

While the training and expertise of the CRNA allow the individual to function without supervision, the CRNA must receive delegation from a physician authorizing the CRNA to order the drugs and devices necessary to provide the requested anesthesia service. The physician's order for anesthesia is not required to specify a drug, dose, or administration technique. Often, the physician's order will simply state, "anesthesia per CRNA." This allows the physician to focus on providing care in their specialty while leaving the provision of anesthesia to a trained professional.

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. Further, when a physician delegates to a CRNA, the physician does not automatically become liable for the acts of the CRNA. The CRNA retains complete liability for his or her actions and maintains separate liability insurance from the physician.

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