

December 27, 2019

Office of the General Counsel

Department of Public Health

250 Washington Street

Boston, Massachusetts 02108

Re: BORN: 244 CMR 10.00

Dear Commissioner Bharel:

I write as current President of the Massachusetts Association of Nurse Anesthetists (MANA), representing more than 1100 Certified Registered Nurse Anesthetists (CRNAs) in the Commonwealth. MANA seeks to define “anesthesia-related care” in proposed regulations currently under review by the Board of Registration in Nursing.

A CRNA’s scope of practice is identified in 244 CMR 4.06 as both anesthesia care and anesthesia-related care, but neither term is currently defined. During my time as President, I have heard from MANA membership that the ambiguity surrounding “anesthesia-related care” makes many CRNAs uneasy about aspects of their practice. MANA seeks the inclusion of the following definition in 244 CMR 10.00 to reflect the full scope for which a CRNA is both educated and board-certified to practice in Massachusetts.

*“Anesthesia-related care” means the modalities associated with the delivery of anesthesia, as well as ancillary services provided by a CRNA including, but not limited to, the administration, selection, and prescription of any necessary controlled substance, diagnostic study, therapeutic regimen, and medical device.*

CRNAs across Massachusetts are performing anesthesia-related care for patients every day. Nurse anesthesia practice may include, but is not limited to, these elements: a comprehensive history and physical; conducting a pre-anesthesia evaluation; obtaining informed consent for anesthesia; developing and initiating a patient-specific plan of care; selecting, ordering, prescribing and administering drugs and controlled substances; and selecting and inserting invasive and noninvasive monitoring modalities. CRNAs provide acute, chronic, and interventional pain management services, as well as critical care and resuscitation services; order and evaluate diagnostic tests; request consultations, and perform point-of-care testing. CRNAs plan and initiate anesthetic or infusion techniques, including general, regional, local, and sedation. Anesthetic techniques may include the use of ultrasound, fluoroscopy and other technologies for diagnosis and care delivery, and to improve patient safety and comfort. Nurse anesthetists respond to emergency situations using airway management and other techniques; facilitate emergence and recovery from anesthesia; and provide post-anesthesia care, including medication management, conducting a post-anesthesia evaluation, and discharge from the post-anesthesia care area or facility.

While the traditional views of a CRNA’s work are limited to the delivery of anesthesia connected to an in-patient surgery, there are CRNAs throughout Massachusetts currently working in a variety of out-patient settings doing the above patient-centered work. Additionally, as CRNAs, we are well equipped to be on the front lines to combat the ongoing opioid epidemic in Massachusetts. We hope that any definition of our practice continues to allow us to contribute our expertise to help resolve this crisis.

Thank you for your consideration of this matter. Please, feel free to contact me with any questions related to MANA or a CRNA’s practice.

Sincerely,

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Melissa Croad, MSNA, CRNA, APRN

President

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