

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 876  
AUTHOR: Flora  
BILL DATE: April 23, 2025, Amended  
SUBJECT: Nurse Anesthetists: Scope of Practice  
SPONSOR: California Association of Nurse Anesthesiology

DESCRIPTION OF CURRENT LEGISLATION:

Codifies a scope of practice for certified registered nurse anesthetists (CRNA).

BACKGROUND:

The [Nurse Anesthetists Act](#) is contained within the Nursing Practice Act and includes various provisions, including Business and Professions Code (BPC) section 2827, which states that the use of a CRNA in an acute care facility shall be approved by the facility administration and the appropriate committee, and at the discretion of the physician, dentist, or podiatrist. These laws also provide for CRNA title protection and discuss other requirements related to obtaining and renewing a CRNA certificate.

In [California Society of Anesthesiologists v. Brown \(2012\) 204 Cal.App.4th 390](#), the Court of Appeal of California affirmed a lower court ruling that determined that [BPC section 2725\(b\)\(2\)](#) did not require a CRNA to administer anesthesia under physician supervision. Instead, the court held that the statute permitted CRNA's to administer anesthesia "ordered by" a physician.

[Section 1300.01 of Title 21 of the Code of Federal Regulations](#) defines prescription as "an order for medication which is dispensed to or for an ultimate user but does not include an order for medication which is dispensed for immediate administration to the ultimate user (e.g., an order to dispense a drug to a bed patient for immediate administration in a hospital is not a prescription).

ANALYSIS:

According to the author's fact sheet:

"Special interest groups have purposefully exploited language in the Nurse Anesthetist Act to challenge CRNAs' established practice in California and undermine patient access to anesthesia care. These misinterpretations result in restrictions on CRNAs' ability to deliver care, which threatens the availability of essential anesthesia services and erodes public confidence in health care systems."

According to the sponsor, as described in the Assembly Committee on Appropriations analysis:

“[This bill] provides much-needed clarity and stability to the practice of anesthesia in California by codifying existing law and case precedent regarding the scope of practice for [nurse anesthetists]. [This bill] builds upon the landmark 2012 Court of Appeal decision in *California Society of Anesthesiologists v. Brown*, which affirmed that nurse anesthetists are legally authorized to administer anesthesia under the order of a physician without requiring additional supervision. This interpretation aligns with long-standing California law, the Nursing Practice Act, and the standard practice in most hospitals and surgical settings across the state.

The recent disruption in anesthesia services in California’s Central Valley—resulting in widespread cancellations of surgeries due to misinterpretation of nurse anesthetist scope—demonstrates the urgent need for this bill. [This bill] will ensure that patients are not harmed by unnecessary regulatory confusion and that providers can deliver safe, timely care as they have done for over a century.

This bill does not expand [nurse anesthetist] scope of practice. Rather, it simply restates and reaffirms what is already permitted under California law, judicial interpretation, and professional practice: that nurse anesthetists are independently responsible for the full delivery of anesthesia care upon a physician’s order.”

AB 876 amends three sections of law within the Nurse Anesthetists Act. In BPC section 2826, it adds the following definitions:

- “Acute care facility” to mean a general acute care hospital, acute psychiatric hospital, or other setting that is licensed and accredited pursuant to Chapter 2 (commencing with [Section 1250](#)) of Division 2 of the Health and Safety Code.
- “Outpatient setting” means an ambulatory surgery center, clinic, facility, office, or other setting that is licensed and accredited pursuant to Chapter 1.3 (commencing with [Section 1248](#)) of Division 2 of the Health and Safety Code.
- “Dental office” means the office of a dentist holding a permit pursuant to [BPC section 2827](#).

The bill amends BPC section 2827, to authorize a CRNA to perform the following services in an acute care facility or outpatient setting where the CRNA has been credentialed to provide anesthesia, or in a dental office where the dentist holds an appropriate permit:

- Preoperative, intraoperative, and postoperative care and pain management for patients receiving anesthesia ordered by a physician, dentist, or podiatrist that are provided within the scope of practice of the nurse anesthetist.
- Direct and indirect patient care services, including administration of medications and therapeutic agents necessary to implement a treatment, for disease prevention, or a rehabilitative regimen ordered by, and within the scope of practice of, a physician, dentist, podiatrist, or clinical psychologist.

This amended section states that an order entered on the chart or medical record of a patient shall authorize the CRNA to select the modality of anesthesia for the patient and to abort or modify the modality of anesthesia for the patient during the course of care. Ordering and administering controlled substances and other drugs preoperatively, intraoperatively, and postoperatively shall not constitute a prescription, as that term is defined in Section 1300.01 of Title 21 of the Code of Federal Regulations.

Further, this amended section states that a CRNA credentialed in an acute care facility or outpatient setting may provide services outside of the perioperative period in accordance with [BPC section 2725](#) (which states that the Board of Registered Nursing is the only agency authorized to define or interpret the practice of its licensees), including, but not limited to:

- Selecting and administering medication, therapeutic treatment, medication-assisted treatment, and adjuvants to psychotherapy.
- Providing emergency, critical care, and resuscitation services.
- Performing advanced airway management.
- Performing point-of-care testing.
- In accordance with the policies of the facility or office, initiating orders for functions to registered nurses and other appropriate staff, as required, to provide preoperative and postoperative care related to the anesthesia service.

The final section of the bill amends BPC section 2833.6 to state, in effect, that the changes proposed by AB 876 are consistent with existing law and the court opinion in *California Society of Anesthesiologists v. Brown (2012) 204 Cal.App.4th 390*.

## Opponent's Arguments

[In testimony on May 7, 2025](#), before the Assembly Committee on Appropriations, representatives of the California Society of Anesthesiologists and the California Medical Association stated their opposition to the current version of the bill. They made the following points:

- The bill expands the scope of practice for CRNAs.
- Anesthesiologists and CRNAs are both essential but are not interchangeable.
- The anesthesia care team model, led by physicians, is essential to ensure patient safety.

- Reducing physician oversight and lowering safety standards could increase risk of patient harm.
- More effective solutions are available but are not in this bill.

A letter from the American Board of Medical Specialties (ABMS) notes the substantial differences in training between a board-certified anesthesiologist, including earning a medical degree (MD, DO) from a qualified medical school; complete 12,000-16,000 hours of clinical training focused on anesthesia care, pain control, and responding to complications and emergencies in surgery; and pass both a written and oral examination created and administered by the American Board of Anesthesiology, an ABMS Member Board. For CRNAs, the letter notes they have 5-7 years of higher education and 2,500 hours of clinical training.

### **Consideration of a Board Position**

When considering significant and controversial changes in how patient care is delivered, ideally the Board would engage in a process that includes interested party meetings to discuss and provide written and verbal comments from relevant experts and consumer advocates.

In the absence of such a process for this matter, Board staff are unable to provide a recommendation on a position.

If the Board has questions or concerns about AB 876, the Board could take a position or remain neutral and direct staff to monitor the progress of the legislation, and/or direct staff to seek additional information and report back at a future Quarterly Board meeting.

FISCAL: No costs to the Board.

SUPPORT: American Association of Nurse Anesthesiology  
 American Nurses Association - California  
 Bear Valley Community Healthcare District  
 Board of Registered Nursing  
 California Association for Nurse Practitioners  
 California Association of Clinical Nurse Specialists  
 California Behavioral Health Association  
 California Nurse-Midwives Association  
 California Nurses Association  
 Central California Anesthesiology Solutions  
 Central Valley Anesthesia Partners  
 Fairchild Medical Center  
 Kaiser Permanente Nurse Anesthetists Association  
 Mayers Memorial Healthcare District  
 Modoc Medical Center  
 National University  
 Samuel Merritt University

Sedaze Anesthesia Consultants  
Seneca Healthcare District  
Southern California Infusion Therapy  
United Nurses Assn of CA/Union of Health Care Professionals  
Valley Regional Anesthesia Associates  
Western Slope Anesthesia, a Professional Nursing Corporation

OPPOSITION: American Academy of Pediatrics, California  
American College of Obstetricians & Gynecologists - District IX  
American Society of Radiologic Technologists (unless amended)  
California Academy of Eye Physicians and Surgeons  
California Association of Oral and Maxillofacial Surgeons  
California Chapter American College of Cardiology  
California Dental Association  
California Medical Association  
California Orthopaedic Association  
California Podiatric Medical Association  
California Radiological Society  
California Rheumatology Alliance  
California Society of Anesthesiologists  
California Society of Dermatology & Dermatologic Surgery  
California Society of Pathologists  
California Society of Plastic Surgeons  
Osteopathic Physicians and Surgeons of California

POSITION: No staff recommendation.

ATTACHMENT: [AB 876, Flora. Nurse Anesthetists: Scope of Practice.](#)  
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