

2026 -- H 7426

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

A N A C T

RELATING TO BUSINESSES AND PROFESSIONS -- NURSE ANESTHETISTS

Introduced By: Representatives Hopkins, Tanzi, Casimiro, J. Brien, Perez, Sanchez, Cotter, and Roberts

Date Introduced: January 30, 2026

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Sections 5-34.2-2 and 5-34.2-5 of the General Laws in Chapter 5-34.2 entitled

2 "Nurse Anesthetists" are hereby amended to read as follows:

3 **5-34.2-2. Definitions.**

4 ~~(a)~~(1) "Board" means the board of nurse registration and nurse education established in §
5 5-34-4.

6 ~~(b)~~(2) "Certified registered nurse anesthetist" (CRNA) means a registered nurse who has
7 successfully met the requirements stated in this chapter.

8 ~~(c)~~(3) "Practice of certified registered nurse anesthesia" means providing certain healthcare
9 services in collaboration with anesthesiologists, licensed physicians, or licensed dentists in
10 accordance with § 5-31.1-1(17) which requires substantial specialized knowledge, judgment, and
11 skill related to the administration of anesthesia, including preoperative and postoperative
12 assessment of patients; administering anesthetics; monitoring patients during anesthesia;
13 management of fluid in intravenous therapy; and management of respiratory care. It also includes,
14 in connection with the immediate perioperative care of a patient, the ability to issue a medication
15 order for drugs or medications to be administered by a licensed, certified, or registered healthcare
16 provider; to order and evaluate laboratory and diagnostic test results and perform point-of-care
17 testing that the CRNA is qualified to perform; and order and evaluate radiographic imaging studies
18 that the CRNA is qualified to order and interpret. For the purposes of this section, the immediate
19 perioperative care of a patient shall be defined as the period commencing on the day prior to surgery

1 and ending upon discharge of the patient from post-anesthesia care. CRNAs shall comply with the
2 requirements set forth in this chapter, including § 5-34.2-5(b) regarding scope of practice and
3 prescriptive authority, and the requirements set forth in chapter 34 of this title, as applicable. In the
4 case of any conflict between this chapter and chapter 34 of this title with regard to the licensure
5 and practice of CRNAs, this chapter shall control.

6 (4) “Non-supervised certified registered nurse anesthetist” or “non-supervised CRNA”
7 means a CRNA with not less than two (2) years’ supervised practice following certification from
8 the National Board of Certification and Recertification for Nurse Anesthetists and issuance of initial
9 licensure by the board pursuant to § 5-34-45.

10 (5) “Supervised certified registered nurse anesthetist” or “supervised CRNA” means a
11 CRNA with less than two (2) years’ supervised practice following certification from the National
12 Board of Certification and Recertification for Nurse Anesthetists and issuance of initial licensure
13 by the board pursuant to § 5-34-45.

14 **5-34.2-5. Accountability — Scope of practice. Accountability -- Scope of practice --**
15 **prescriptive authority -- rulemaking authority.**

16 (a) Accountability. The certified registered nurse anesthetist (“CRNA”) shall be
17 responsible and accountable to the consumer for ~~his or her~~ the CRNA’s practice of nurse anesthesia
18 as defined under this chapter.

19 (b) Scope of practice and prescriptive authority.

20 (1) A non-supervised CRNA shall have independent practice authority to deliver anesthesia
21 care, including the proper administration of the drugs or medicine necessary to deliver anesthesia
22 care, and related services across the lifespan in various settings based on the non-supervised
23 CRNA’s education, training and certification, without physician oversight.

24 (2) A non-supervised CRNA may issue written prescriptions and medication orders and
25 order tests and therapeutics pursuant to guidelines mutually developed and agreed upon by the non-
26 supervised CRNA and the supervising CRNA or supervising physician. A prescription issued by a
27 non-supervised CRNA shall include the name of the supervising CRNA or the supervising
28 physician with whom the non-supervised CRNA mutually developed and agreed upon guidelines.
29 Nothing in this section shall require a non-supervised CRNA to obtain prescriptive authority to
30 deliver anesthesia care as provided in subsection (b)(1) of this section.

31 (3) The board may allow a non-supervised CRNA to exercise independent practice
32 authority as provided in subsection (b)(1) of this section upon satisfactory demonstration of
33 alternative professional experience if the board determines that the CRNA has a demonstrated
34 record of safe prescribing and good conduct consistent with professional licensure obligations

1 required by each jurisdiction in which the CRNA has been licensed.

2 (4) A supervised CRNA shall practice under the supervision of a healthcare professional
3 who meets minimum qualification criteria promulgated by the board, which shall include a
4 minimum number of years of independent practice experience.

5 (5) A hospital shall not limit the independent practice authority of a non-supervised CRNA.

6 (c) This chapter and the rules and regulations of the board ~~The governing board of a~~
7 ~~licensed hospital or, in the case of a clinic or office a licensed anesthetist, physician, or dentist,~~
8 shall determine the scope of practice of ~~the nurse anesthetists CRNAs~~. ~~All responsibilities shall be~~
9 ~~in writing in the form prescribed by hospital or office policy~~. Additionally, ~~nurse anesthetists~~
10 CRNAs shall practice in accordance with the current American Association of Nurse Anesthetists
11 guidelines for nurse anesthesia practice if ~~the nurse anesthetists~~ those guidelines for nurse
12 anesthesia practice ~~neither do not violate nor or contradict hospital, clinic, or physician or dentist~~
13 ~~office bylaws, rules, regulations, and policies, nor~~ this chapter.

14 (d) The board is authorized and directed to promulgate rules and regulations to implement
15 this section.

16 (e) The executive office of health and human services shall apply to the United States
17 Department of Health and Human Services for any amendment to the state Medicaid plan or for
18 any Medicaid waiver as necessary to implement this section. The executive office of health and
19 human services shall submit the Medicaid state plan amendment no later than September 1, 2026.

20 SECTION 2. This act shall take effect on January 1, 2027.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO BUSINESSES AND PROFESSIONS -- NURSE ANESTHETISTS

- 1 This act would expand the scope of practice for nurse anesthetists with two (2) years or
- 2 more experience to remove the requirement of physician supervision. This act would also direct
- 3 the EOHHS to apply to the U.S. Department of Health and Human Services for any required
- 4 Medicaid waiver for CRNA reimbursement.
- 5 This act would take effect on January 1, 2027.

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