

# VANA Asks You to *SUPPORT* HB 2391: Removal of Supervision for Certified Registered Nurse Anesthetists



**HB 2391** maintains a CRNA and physician relationship but replaces “supervision” with “consultation” to reflect what’s actually happening in surgical facilities today.

The **Joint Commission on Health Care** found in 2024 that both anesthesiologists and CRNAs provide safe, effective, and high-quality anesthesia services to patients after completing thousands of hours of education and training.

The **Virginia Department of Health Professions** found in December 2023 that Virginia is an anomaly when compared to other state rules regarding the practice requirements for nurse anesthetists.

## **It’s time to remove barriers for Virginia nurse anesthetists like the majority of states across the country.**

Most states are reducing barriers for nurse anesthetists. According to the American Association of Nurse Anesthesiology, **43 states** do not use the word supervision in state law. Further, the December 2023 report from the Virginia Department of Health Professions noted that Virginia rules are an **anomaly** when compared to other state rules regarding the practice requirements for nurse anesthetists. Removing supervision will improve access to safe, high-quality anesthesia care, and have a significant positive impact on healthcare facilities across the Commonwealth. No patient should ever face a delay in care due to burdensome supervision requirements in state law.

## **Removing burdensome supervision regulations addresses the workforce shortage for anesthesia services in Virginia.**

The existing supervision requirement leads to inconsistencies in the interpretation and application of the law, resulting in a wide variance in patient care and access experiences. Supervision creates hurdles for CRNAs and exacerbates the healthcare workforce shortage, particularly in rural areas where access to quality care is already a challenge. **A 2024 JCHC Report found that more restrictive supervision requirements for CRNAs would be detrimental to efforts to address anesthesia workforce shortages**, particularly for remote or rural facilities in Virginia which use proceduralists as CRNA supervisors and may not have physician anesthesiologists on staff. Evidence indicates that **less restrictive CRNA supervision requirements present a low risk of harm to patients and a possible benefit to the anesthesia workforce.**

## **Removing supervision aligns the law with daily best practices currently used across Virginia, resulting in cost savings and better patient care and access experiences.**

Virginia uniquely subjects CRNAs, **unlike every other category of Advanced Practice Registered Nurse (APRN)**, to supervision by a physician, dentist, or podiatrist. This discrepancy is puzzling and compromises the high standard of care that CRNAs are trained to deliver. By removing this barrier to practice, Virginia would allow CRNAs to practice to the full extent of their education, licensure and training.

**Stand with CRNAs.  
Support HB 2391.**

Learn more about Virginia’s 2,300 CRNAs at [VirginiaCRNA.org](https://VirginiaCRNA.org).