

MEMO

February 8, 2017

TO: Chief Executive Officers
Directors of Surgery
Directors of Compliance
Directors of Regulation and Accreditation
Directors of Pharmacy

FROM: Sarah Willson
Vice President of Clinical and Regulatory Affairs

SUBJECT: Prescribing and Administering of Controlled Substances by Certified Registered Nurse Anesthetists

The Missouri Hospital Association is re-issuing guidance it provided several years ago concerning ordering and administering of controlled substances by certified registered nurse anesthetists. The guidance initially was issued to address conflict regarding the interpretation of controlled substance authority. We have been made aware that there continues to be interpretive discourse. We would like to provide a recap of the guidance and offer hospitals the opportunity to clarify remaining questions.

Based on the Missouri's Bureau of Narcotics and Dangerous Drugs' interpretation of existing state statutes, CRNAs do not have independent controlled substance authority (see Section 195.070, RSMo). CRNAs may administer anesthesia services without a collaborative practice arrangement, provided the CRNA is under the supervision of an anesthesiologist or other physician, dentist or podiatrists who is immediately available if needed (see Section 334.104.7, RSMo). However, according to BNDD interpretation, CRNAs cannot administer any controlled substances without order from a physician or pursuant to an approved protocol.

Further, state hospital licensure regulations restrict who can order controlled substances and under what conditions they may be dispensed and administered. Under [19 CSR 30-20.100](#), all orders except pneumococcal and influenza orders must be written in the medical record and signed by the ordering practitioner. Additionally, the federal regulation at [42 CFR 482.52\(a\)](#)

establishes the Centers for Medicare & Medicaid Services' qualifications and, where applicable, supervision requirements for personnel who administer anesthesia. This expectation is consistent with the requirement under this condition of participation to provide anesthesia services in a "well-organized manner," but also with various provisions of the Medical Staff CoP at [§482.22](#) and the Nursing Services CoP at [§482.23](#) related to qualifications of personnel providing care to patients. Taken together, these regulations require the hospital to ensure that any staff administering drugs for anesthesia must be appropriately qualified, and that the drugs are administered in accordance with accepted standards of practice.

MHA does not take a position on this issue. However, until otherwise interpreted, it is the direction of Missouri's BNDD that hospitals should have anesthesia protocols in place which guide the selection and use of controlled substances used for the purpose of administering anesthesia. If not, the CRNA would need to obtain such orders from a physician during the intraoperative period. Sample protocols may be available from the [Missouri Hospital Association](#), the [Missouri Society of Anesthesiologists](#) or the [Missouri Association of Nurse Anesthetists](#). These tools are not to be considered an endorsement by any organization, but rather designed to be used as a starting point for hospitals to work with their physicians and anesthesia providers in developing protocols that are relevant to their facility.

If you have questions, contact me at 573/803-3700, ext. 1304, or swillson@mhanet.com.

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