

Chapter 686

(House Bill 55)

AN ACT concerning

**Health Occupations – Nurse Anesthetists – Drug Authority ~~and Collaboration~~**

FOR the purpose of authorizing a nurse anesthetist to prescribe, order, and administer drugs, including controlled dangerous substances, ~~without obtaining approval from a practitioner with whom the nurse anesthetist collaborates,~~ subject to certain limitations; ~~authorizing a nurse anesthetist to collaborate with a podiatrist;~~ and generally relating to nurse anesthetists.

BY repealing and reenacting, with amendments,  
Article – Health Occupations  
Section 8–513, 12–101(b), and 12–102(e)  
Annotated Code of Maryland  
(2021 Replacement Volume)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
That the Laws of Maryland read as follows:

**Article – Health Occupations**

8–513.

(a) In this section, “perioperative assessment and management” means the assessment and management of a patient preoperatively, intraoperatively, and postoperatively.

(b) (1) A nurse anesthetist may perform the following functions:

(i) Perioperative assessment and management of patients requiring anesthesia services;

(ii) Administration of anesthetic agents;

(iii) Management of fluids in intravenous therapy; [and]

(iv) Respiratory care; AND

**(v) SUBJECT TO PARAGRAPH (4) OF THIS SUBSECTION, PRESCRIPTION, ORDERING, AND ADMINISTRATION OF DRUGS, INCLUDING A DRUG THAT IS CLASSIFIED AS A CONTROLLED DANGEROUS SUBSTANCE UNDER TITLE 5, SUBTITLE 4 OF THE CRIMINAL LAW ARTICLE.**

(2) A nurse anesthetist has the right and obligation to refuse to perform a delegated act if in the nurse anesthetist's judgment, the act is:

- (i) Unsafe;
- (ii) An invalidly prescribed medical act; or
- (iii) Beyond the clinical skills of the nurse anesthetist.

(3) Paragraph (1) of this subsection may not be construed to authorize a nurse anesthetist to:

- (i) Diagnose a medical condition;
- (ii) Provide care that is not consistent with the scope of practice of nurse anesthetists; or
- (iii) Provide care for which the nurse anesthetist does not have proper education and experience.

**(4) A NURSE ANESTHETIST MAY PRESCRIBE DRUGS UNDER PARAGRAPH (1) OF THIS SUBSECTION:**

**(I) ONLY IN AN AMOUNT THAT DOES NOT EXCEED A 10-DAY SUPPLY;**

**(II) ONLY FOR AN INDIVIDUAL WITH WHOM THE NURSE ANESTHETIST HAS, AT THE TIME OF PRESCRIPTION, ESTABLISHED A CLIENT OR PATIENT RECORD; AND**

**(III) ONLY IN CONNECTION WITH THE DELIVERY OF ANESTHESIA SERVICES; AND**

**~~(IV) WITHOUT OBTAINING APPROVAL FROM A PRACTITIONER WITH WHOM THE NURSE ANESTHETIST COLLABORATES UNDER SUBSECTION (C) OF THIS SECTION.~~**

(c) A nurse anesthetist shall collaborate with an anesthesiologist, a licensed physician, ~~for~~ a dentist, ~~OR A PODIATRIST~~ in the following manner:

(1) An anesthesiologist, a licensed physician, ~~for~~ a dentist, ~~OR A PODIATRIST~~ shall be physically available to the nurse anesthetist for consultation at all times during the administration of, and recovery from, anesthesia;

(2) An anesthesiologist shall be available for consultation to the nurse anesthetist for other aspects of the practice of nurse anesthesia; and

(3) If an anesthesiologist is not available, a licensed physician ~~for~~, dentist, ~~OR A PODIATRIST~~ shall be available to provide this type of consultation.

(d) The nurse anesthetist shall ensure that a qualified anesthesia provider:

(1) Performs a thorough and complete preanesthetic assessment;

(2) Obtains informed consent for the planned anesthetic intervention from the patient or an individual responsible for the patient; and

(3) Formulates a patient-specific plan for anesthesia care.

(e) The nurse anesthetist as part of the standards of practice shall:

(1) Implement and adjust an anesthesia care plan as needed to adapt to the patient's response to the anesthesia;

(2) Monitor a patient's physiologic condition for untoward identifiable reactions and initiate appropriate corrective actions as required;

(3) Enter prompt, complete, and accurate documentation of pertinent information on a patient's record;

(4) Transfer responsibility for care of a patient to other qualified providers in a manner that ensures continuity of care and patient safety;

(5) Ensure that appropriate safety precautions are taken to minimize the risks of fire, explosion, electrical shock, and equipment malfunction;

(6) Maintain appropriate infection control standards;

(7) Evaluate anesthesia care to ensure its quality;

(8) Maintain continual competence in anesthesia practice; and

(9) Respect and maintain the basic rights of patients.

(f) This section may not be construed to require a written collaboration agreement between a nurse anesthetist and an anesthesiologist, a physician, ~~for~~ a dentist, ~~OR A PODIATRIST~~.

(b) “Authorized prescriber” means any licensed dentist, licensed dental hygienist with prescriptive authority under § 4–206.4 of this article, licensed physician, licensed podiatrist, licensed veterinarian, advanced practice nurse with prescriptive authority under § 8–508 of this article, **LICENSED NURSE ANESTHETIST**, or other individual authorized by law to prescribe prescription or nonprescription drugs or devices.

12–102.

(e) (1) This title does not prohibit:

(i) A dentist, physician, or podiatrist from administering a prescription drug or device in the course of treating a patient; [or]

(ii) A licensed dental hygienist from administering medication under § 4–206.4 of this article; **OR**

**(III) A NURSE ANESTHETIST FROM ADMINISTERING MEDICATION UNDER § 8–513 OF THIS ARTICLE.**

(2) For the purposes of paragraph (1)(i) of this subsection, “administering” means the direct introduction of a single dosage of a drug or device at a given time, whether by injection or other means, and whether in liquid, tablet, capsule, or other form.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2022.

**Enacted under Article II, § 17(c) of the Maryland Constitution, May 29, 2022.**