

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 876
AUTHOR: Flora
BILL DATE: July 9, 2025, Amended
SUBJECT: Nurse Anesthetists: Scope of Practice
SPONSOR: California Association of Nurse Anesthesiology
POSITION: Neutral

DESCRIPTION OF CURRENT LEGISLATION:

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

During the prior quarterly meeting, the Medical Board of California (Board) discussed AB 876, but did not take a position on the bill.

RECENT AMENDMENTS:

On July 9, 2025, the bill was amended, as follows:

- Removed language that codified specific authority for CRNAs to provide anesthesia services in acute care facilities, outpatient settings, and dental offices.
- Added language to the Nurse Anesthetists Act that does the following:
 - Defines anesthesia services that may be performed by a CRNA.
 - Authorizes a CRNA to select and implement the modality of anesthesia for a patient that has an order for anesthesia services issued by a physician, dentist, or podiatrist.
 - States that the selection and administration of medication by a CRNA pursuant to an order by a physician, dentist, or podiatrist does not constitute a prescription, as defined in Section 1300.01 of Title 21 of the Code of Federal Regulations.

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 CRNAs 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 updates the Nurse Anesthetists Act to include a definition of anesthesia services, as follows:

- Preoperative, intraoperative, and postoperative care and pain management provided by a nurse anesthetist for patients receiving anesthesia pursuant to an order by a physician, dentist, or podiatrist for anesthesia services.
- Selecting and administering medication pursuant to an order for anesthesia services by a physician, dentist, or podiatrist.
- Providing emergency, critical care, and resuscitation services.

The bill also adds three sections to the Nurse Anesthetists Act that state the following:

- A CRNA is authorized to perform anesthesia services (as defined above).
- An order by a physician, dentist, or podiatrist for anesthesia services for a specific patient shall be the authorization for the nurse anesthetist to select and implement the modality of anesthesia for the patient and to abort or modify the modality of anesthesia for the patient during the course of care.
- The selection and administration of medication by a nurse anesthetist, including controlled substances, for preoperative, intraoperative, and postoperative care and for pain management purposes pursuant to an order by a physician, dentist, or podiatrist shall not constitute a prescription, as that term is defined in Section 1300.01 of Title 21 of the Code of Federal Regulations.

Finally, AB 876 updates BPC section 2833.6 (also within the Nurse Anesthetist Act) 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 Comments and Concerns

Based upon comments on July 14, 2025, from [representatives of the physician community](#) in the Senate Committee on Business, Professions, and Economic Development, opponents consider the current version of AB 876 to be more narrowly focused and indicate that the recent amendments alleviate, but do not resolve, their concerns. They emphasized that physician-led anesthesia care is the safest model for patients and indicated concerns that some aspects of the bill could be interpreted to expand the scope of services for a CRNA.

A letter from the American Board of Medical Specialties (ABMS), based on the prior version of the bill, notes the substantial differences in training between a board-certified anesthesiologist, including earning a medical degree (M.D., D.O.) 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

If the Board has questions or concerns about AB 876, the Board could take a position or continue to 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 expected to the Board.

SUPPORT: California Nurse-Midwives Association

OPPOSITION: **(all listed opposition is based on the prior version of AB 876)**
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
Osteopathic Medical Board of California

POSITION: No staff recommendation.

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