



S.C.A.N.A.

SC Association of
Nurse Anesthetists

Integrity Professionalism Advocacy Quality

2024

LEGISLATIVE PRIORITIES

- Improving access to safe, cost-effective anesthesia care, enabling healthcare facilities to provide essential surgical, obstetrical, and trauma services, especially in rural and other medically underserved areas of SC.
- Support S.855 Joint Resolution establishing a Healthcare Reform Market Committee
- Support H.3785 Full utilization of CRNAs as allowed in 43 other states, will improve patient access to care
- Oppose H.3877 (Anesthesiologist Assistants) AAs cannot work independently, they can only work under the direct supervision of anesthesiologists, dramatically limiting where and when they can provide care

Learn more



43 states and the District of Columbia have no “supervision” requirements concerning nurse anesthetists in nurse practice acts, board of nursing rules/regulations, medical practice acts, board of medicine rules/regulations, or their generic equivalents.

PLEASE Support S.855

Increasing the number of healthcare professionals practicing in South Carolina;

Establishing expanded roles for providers through increased scopes of practice acts;

Eliminating requirements for rigid collaborative practices between health professions;

Evaluating market forces and how they are impacting the delivery of services and impacting our rural hospitals;

Eliminating healthcare regulations that increase price, limit choice, and stifle competition.

PLEASE Support H.3785

Removing the state-mandated supervision requirement does not mean that an individual facility cannot impose such a requirement, affording South Carolina facilities the flexibility to utilize CRNAs in ways that best enable each facility to meet the needs of the patients and communities they serve.

Many of the limits on CRNA practice are arbitrary and contradict all research data since 2000 which confirm the safety and quality of care provided by CRNAs.

CRNAs practicing to their full scope of practice can contribute more efficiently to the patient care needs of each facility.

SC INSTITUTE OF MEDICINE and PUBLIC HEALTH

The South Carolina Institute of Medicine and Public Health 2020 Policy Brief titled, “Anesthesia Providers and Patient Outcomes” Review of the laws regarding “supervision” of CRNAs and the outcomes in quality of care reported, “Studies to date demonstrate that there are no statistically significant differences between anesthesia delivery models and patient mortality rate due to anesthesia, including anesthesia care teams, CRNAs working alone and anesthesiologists working alone.”

[South Carolina Institute of Medicine and Public Health <https://imph.org/anesthesia-providers-and-patient-outcomes/> May 2020]

RESEARCH

Many of the limits on CRNA practice are arbitrary and contradict all research data since 2000 which confirm the safety and quality of care provided by CRNAs. CRNAs practicing to their full scope of practice can contribute more efficiently to the patient care needs of each facility.