

# Nevada State Board of NURSING

Dear CRNA,

Senate Bill 336 of the 2023 Nevada Legislative Session was enacted. This letter is designed to provide guidance on some of the sections of this new Nevada law. Please remember the provisions of SB 336 do not go into effect until January 1, 2024. When SB 336 does go into effect, SB 336 will allow CRNAs to order and prescribe medications in specific situations and locations with a valid controlled substances license issued by the Nevada Board of Pharmacy

Generally, Senate Bill 336 impacts a CRNA's scope of practice based on the location where the CRNA is practicing. I suggest you read the bill in its entirety.

(<https://www.leg.state.nv.us/App/NELIS/REL/82nd2023/Bill/10253/Text>)

If a CRNA is practicing as a CRNA in a facility designated as a Critical Access Hospital in Nevada, then that CRNA's scope of practice has been changed (discussed below). If a CRNA is practicing as a CRNA at a facility that is NOT designated as a Critical Access Hospital, then that CRNA's scope of practice was NOT changed by Senate Bill 336.

The different scopes of practice of a CRNA based upon different practice locations warrants a written example: On Monday, if a CRNA is working as a CRNA at Banner Churchill Community Hospital (a Critical Access Hospital) that CRNA may, under the supervision of a physician, order, prescribe, possess controlled substances to treat a patient under the care of a physician. Then, on Tuesday, if that same CRNA is working at Renown Regional Medical Center (not a Critical Care Hospital) that same CRNA may not order, prescribe, possess controlled substances to treat a patient under the care of a physician.

In other words, if a CRNA is not working at a Critical Access Hospital, then Senate Bill 336 did not change the scope of practice of that CRNA.

As a registered nurse, a CRNA may only possess and administer controlled substances, poisons, dangerous drugs and devices in other circumstances under which a registered nurse may do so pursuant to a valid order from a practitioner. A CRNA may continue to enter chart orders at the direction of a practitioner as defined in NRS 639.0125.

Senate Bill 336 did, however, change the scope of practice of a CRNA who is working at a Critical Access Hospital. The definition of a Critical Access Hospital is defined at 42 U.S.C 1395i -4(e). There are 13 Critical Access Hospitals in Nevada. They are:

Wm. B Ririe Hospital (Ely)	Carson Valley Health (Gardnerville)
Grover C Dils Medical Center (Caliente)	South Lyon Medical Center (Yerington)
Mesa View Regional Hospital (Mesquite)	Incline Village Community Hospital (Incline Village)
Boulder City Hospital (Boulder City)	Banner Churchill Community Hospital (Fallon)
Desert View Hospital (Pahrump)	
Mt. Grant General Hospital (Hawthorne)	

Pershing General Hospital (Lovelock)  
Humboldt General Hospital (Winnemucca)

Battle Mountain General Hospital (Battle Mountain)

### **What is the new scope of practice of a CRNA who is working at a Critical Access Hospital?**

A CRNA may order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices to treat a patient under the care of a licensed physician in preparation for surgery or childbirth, during surgery or childbirth and while a patient recovers from surgery or childbirth.

### **How does a CRNA obtain the authority to practice under the new scope of practice announced in Senate Bill 336?**

The Nevada State Board of Nursing requires nothing more than an active RN license and an active CRNA license. There is no additional application or fees required to the Nevada State Board of Nursing. The Nevada State Board of Pharmacy has the authority to grant CRNAs additional privileges.

### **What level of supervision is required by Senate Bill 336 for CRNAs practicing in Critical Access Hospitals?**

Section 2.6 of Senate Bill 336 provides that a certified registered nurse anesthetist may:

Under the supervision of a physician licensed pursuant to chapter 630 or 633 of NRS, order, prescribe, possess and administer controlled substances, poisons, dangerous drugs and devices to treat a patient under the care of a licensed physician in a critical access hospital in preparation for surgery or childbirth, during surgery or childbirth and while a patient recovers from surgery or childbirth.

The clear language of Senate Bill 336 requires MDs (chapter 630) or DOs (chapter 633) to provide supervision while the CRNA is providing care. The Nevada State Board of Nursing will offer additional guidance on the level of supervision in the coming months.

### **When does Senate Bill 336 become effective?**

The Board of Nursing will be holding a public workshop and hearing in the near future on draft regulations to implement the provisions of SB 336. Please remember the provisions of SB 336 do not go into effect until January 1, 2024. When SB 336 does go into effect, SB 336 will allow CRNAs to order and prescribe medications in specific situations and locations.

You may contact the Board of Nursing at [nursingboard@nsbn.state.nv.us](mailto:nursingboard@nsbn.state.nv.us) with questions.

Regards,

Cathy Dinauer, MSN, RN  
Executive Director  
Nevada State Board of Nursing