FINAL BILL REPORT ESSB 6286

Brief Description: Addressing the anesthesia workforce shortage by reducing barriers and expanding educational opportunities to increase the supply of certified registered nurse anesthetists in Washington.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Rivers, Cleveland, Dhingra, Dozier, Nobles, Padden, Robinson, Wellman and Wilson, L.).

Senate Committee on Health & Long Term Care Senate Committee on Ways & Means House Committee on Health Care & Wellness House Committee on Appropriations

Background: The Board of Nursing (Board) regulates the nursing profession in Washington and establishes, monitors, and enforces licensing, standards of practice, and discipline. The Board currently is operating the Washington State Student Nurse Preceptor Grant Program to address the nursing workforce demands. The grant program is currently funded at \$3 million annually and funds nurses who precept nursing students in healthcare settings including advanced registered nurse practitioner (ARNP), registered nurse, and licensed practical nurse programs.

A certified registered nurse anesthetist (CRNA) is a ARNP who administers anesthesia and other medications. They can practice independently and they also take care of and monitor people who receive or are recovering from anesthesia.

Center for Health Workforce Studies. University of Washington's Center for Health Workforce Studies (UW CHWS) is a part of University of Washington School of Medicine. UW CHWS conducts health workforce research to inform health workforce planning and policy and develops and refines analytical methods to support health workforce planning. Also, UW CHWS provides consultation to local, state, regional and national policy makers on health workforce issues. The specific aspect of the health workforce that UW CHWS addresses are the allied health workforce and the health equity and health workforce diversity.

Summary: <u>Preceptor Grant Program.</u> The Board must develop and manage a grant process

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for the purpose of providing incentives to CRNAs to precept nurse anesthesia residents in health care settings. The Board must ensure the grant process funds are distributed equally among the total qualified applicant preceptors that dedicate at least 80 hours per year to precepting any nurse anesthesia residents.

Workforce Study. UW CHWS, in collaboration with the Board, Washington Medical Commission, and the Department of Health, must study the workforce shortages in each facility providing anesthesia services in Washington State. An initial report must be submitted to the Legislature beginning June 30, 2025, and an update report must be submitted annually thereafter.

The initial report and each subsequent report must include, but is not limited to: identifying the factors and barriers to entry into the profession of nurse anesthesiology; evaluating and assessing the current training and pipeline for CRNAs; developing recommendations that reduce barriers for individuals who want to become CRNAs and increasing the available clinical training slots for nurse anesthesia residents; creating and maintaining an implementation plan to improve the pipeline for CRNAs in the state; identifying the number of qualified anesthesia providers, including, at a minimum, physician anesthesiologists and CRNAs, who may practice independently in the state of Washington at each facility providing anesthesia services; and providing policy recommendations to expand the nurse anesthesia workforce and optimize the cost of providing anesthesia services, including initiatives for all practicing independent anesthesia providers to practice at the top of their license.

UW CHWS shall submit a final report due June 30, 2029, detailing the progress made in the previous five years and any findings and policy recommendations to further address the workforce shortages and barriers to further expanding education of CRNAs.

Votes on Final Passage:

Senate	44	4
House	96	0

Effective: Ninety days after adjournment of session in which bill is passed.