STATE OF NEW YORK

5435--A

2021-2022 Regular Sessions

IN SENATE

March 4, 2021

Introduced by Sen. COONEY -- read twice and ordered printed, and when printed to be committed to the Committee on Higher Education -committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the education law, in relation to creating the profession of nurse anesthetist

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1	Section 1. The education law is amended by adding a new article 139-A
2	to read as follows:
3	ARTICLE 139-A
4	CERTIFIED REGISTERED NURSE ANESTHETIST
5	Section 6912. Introduction.
б	6913. Definitions.
7	6914. Definition of practice of certified registered nurse
8	anesthetist.
9	6915. Practice of certified registered nurse anesthetist and use
10	of the title "certified registered nurse anesthetist" or
11	"nurse anesthetist."
12	6916. State board for nursing.
13	6917. Requirements for a license as a certified registered nurse
14	anesthetist.
15	6918. Limited permits.
16	6919. Exempt persons.
17	6920. Special provisions.
18	§ 6912. Introduction. This article applies to the profession of certi-
19	fied registered nurse anesthetist. The general provisions for all
20	professions contained in article one hundred thirty of this title apply
21	to this article.
22	§ 6913. Definitions. As used in this article: 1. "Administration of
23	anesthesia services." (a) In the hospital or ambulatory surgical center,
	EXPLINATIONMatter in italics (underscored) is new: matter in brackets

EXPLANATION--Matter in **italics** (underscored) is new; matter in brackets [-] is old law to be omitted.

LBD10346-02-1

1	"administration of anesthesia services" means anesthesia services shall
2	be directed by a physician who has responsibility for the clinical
3	aspects of organization and delivery of all anesthesia services provided
4	by the hospital or ambulatory surgical center. That physician or another
5	individual qualified by education and experience shall direct the admin-
6	istrative aspects of the service, and shall be responsible, in conjunc-
7	tion with the medical staff, for recommending to the governing body
8	privileges to those persons qualified to administer anesthetics, includ-
9	ing the procedures each person is qualified to perform and the levels of
10	required supervision as appropriate.
11	(b) In office based surgery venues, "administration of anesthesia
12	services means the anesthesia component of the medical or dental proce-
13	dure shall be supervised by an anesthesiologist, physician, dentist or
14	podiatrist qualified to supervise the administration of anesthesia and
15	who is available to immediately diagnose and treat the patient for anes-
16	thesia complications or emergencies, and certified registered nurse
17	anesthetists may be permitted to administer monitored anesthesia care,
18	and/or general anesthesia, regional anesthesia, and/or monitor the
19	patient.
20	2. "General anesthesia" means the administration of a medication by
21	the parenteral or inhalation routes which results in a controlled state
22	of unconsciousness accompanied by a complete loss of protective reflexes
23	including loss of the ability to independently and continuously maintain
24	patient airway and a regular breathing pattern. There is also an inabil-
25	ity to respond purposefully to verbal commands and/or tactile stimu-
26	lation.
27	3. "Local anesthesia" means the introduction of a local anesthetic
28	agent into a localized part of the body by topical application or local
29	infiltration in close proximity to a nerve, which produces a transient
30	and reversible loss of sensation. All local anesthetics possess both
31	excitatory (seizure) and depressant (loss of consciousness) central
32	nervous system effects in sufficient blood levels and may have profound
33	cardiovascular depressant effects. There may also be interactive effects
34	between local anesthetic agents and sedative medications.
35	4. "Monitored anesthesia care" means: (a) a minimally depressed level
36	
37	of consciousness that retains the patient's ability to maintain adequate
	of consciousness that retains the patient's ability to maintain adequate cardiorespiratory function and the ability to independently and contin-
	cardiorespiratory function and the ability to independently and contin-
38	cardiorespiratory function and the ability to independently and contin- uously maintain an open airway, a regular breathing pattern, protective
38 39	cardiorespiratory function and the ability to independently and contin- uously maintain an open airway, a regular breathing pattern, protective reflexes, and respond purposefully and rationally to tactile stimulation
38 39 40	cardiorespiratory function and the ability to independently and contin- uously maintain an open airway, a regular breathing pattern, protective reflexes, and respond purposefully and rationally to tactile stimulation and verbal command. This does not include unsupplemented oral pre-opera-
38 39 40 41	cardiorespiratory function and the ability to independently and contin- uously maintain an open airway, a regular breathing pattern, protective reflexes, and respond purposefully and rationally to tactile stimulation and verbal command. This does not include unsupplemented oral pre-opera- tive medications or nitrous oxide analgesia; or
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38 39 40 41 42 43 44 45 46 47 48	cardiorespiratory function and the ability to independently and contin- uously maintain an open airway, a regular breathing pattern, protective reflexes, and respond purposefully and rationally to tactile stimulation and verbal command. This does not include unsupplemented oral pre-opera- tive medications or nitrous oxide analgesia; or (b) the administration of medication by the oral, parenteral, or inha- lation routes which results in a controlled state of depressed consciousness accompanied by partial loss of protective reflexes. There may be an inability to independently and continuously maintain an open airway and/or regular breathing pattern with unconscious or deep sedation, and the ability to appropriately and rationally respond to physical stimuli and verbal commands is lost.
38 39 40 41 42 43 44 45 46 47 48 49	cardiorespiratory function and the ability to independently and contin- uously maintain an open airway, a regular breathing pattern, protective reflexes, and respond purposefully and rationally to tactile stimulation and verbal command. This does not include unsupplemented oral pre-opera- tive medications or nitrous oxide analgesia; or (b) the administration of medication by the oral, parenteral, or inha- lation routes which results in a controlled state of depressed consciousness accompanied by partial loss of protective reflexes. There may be an inability to independently and continuously maintain an open airway and/or regular breathing pattern with unconscious or deep sedation, and the ability to appropriately and rationally respond to physical stimuli and verbal commands is lost. 5. "Monitoring" means the continual clinical observation of a patient
38 39 40 41 42 43 44 45 46 47 48 49 50	cardiorespiratory function and the ability to independently and contin- uously maintain an open airway, a regular breathing pattern, protective reflexes, and respond purposefully and rationally to tactile stimulation and verbal command. This does not include unsupplemented oral pre-opera- tive medications or nitrous oxide analgesia; or (b) the administration of medication by the oral, parenteral, or inha- lation routes which results in a controlled state of depressed consciousness accompanied by partial loss of protective reflexes. There may be an inability to independently and continuously maintain an open airway and/or regular breathing pattern with unconscious or deep sedation, and the ability to appropriately and rationally respond to physical stimuli and verbal commands is lost. 5. "Monitoring" means the continual clinical observation of a patient and the use of instruments to measure, display, and record the values of
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38 39 40 41 42 43 44 45 46 47 48 49 51 52	<pre>cardiorespiratory function and the ability to independently and contin- uously maintain an open airway, a regular breathing pattern, protective reflexes, and respond purposefully and rationally to tactile stimulation and verbal command. This does not include unsupplemented oral pre-opera- tive medications or nitrous oxide analgesia; or (b) the administration of medication by the oral, parenteral, or inha- lation routes which results in a controlled state of depressed consciousness accompanied by partial loss of protective reflexes. There may be an inability to independently and continuously maintain an open airway and/or regular breathing pattern with unconscious or deep sedation, and the ability to appropriately and rationally respond to physical stimuli and verbal commands is lost. 5. "Monitoring" means the continual clinical observation of a patient and the use of instruments to measure, display, and record the values of certain physiologic variables such as pulse, oxygen saturation, level of consciousness, blood pressure, and respiration.</pre>
38 39 40 41 42 43 44 45 46 47 48 49 51 52 53	<pre>cardiorespiratory function and the ability to independently and contin- uously maintain an open airway, a regular breathing pattern, protective reflexes, and respond purposefully and rationally to tactile stimulation and verbal command. This does not include unsupplemented oral pre-opera- tive medications or nitrous oxide analgesia; or (b) the administration of medication by the oral, parenteral, or inha- lation routes which results in a controlled state of depressed consciousness accompanied by partial loss of protective reflexes. There may be an inability to independently and continuously maintain an open airway and/or regular breathing pattern with unconscious or deep sedation, and the ability to appropriately and rationally respond to physical stimuli and verbal commands is lost. 5. "Monitoring" means the continual clinical observation of a patient and the use of instruments to measure, display, and record the values of certain physiologic variables such as pulse, oxygen saturation, level of consciousness, blood pressure, and respiration. 6. "Office-based surgery" means any surgical or other invasive proce-</pre>
38 39 40 41 42 43 44 45 46 47 48 49 50 51 52	<pre>cardiorespiratory function and the ability to independently and contin- uously maintain an open airway, a regular breathing pattern, protective reflexes, and respond purposefully and rationally to tactile stimulation and verbal command. This does not include unsupplemented oral pre-opera- tive medications or nitrous oxide analgesia; or (b) the administration of medication by the oral, parenteral, or inha- lation routes which results in a controlled state of depressed consciousness accompanied by partial loss of protective reflexes. There may be an inability to independently and continuously maintain an open airway and/or regular breathing pattern with unconscious or deep sedation, and the ability to appropriately and rationally respond to physical stimuli and verbal commands is lost. 5. "Monitoring" means the continual clinical observation of a patient and the use of instruments to measure, display, and record the values of certain physiologic variables such as pulse, oxygen saturation, level of consciousness, blood pressure, and respiration.</pre>

1	hospital, as such term is defined in article twenty-eight of the public
2	health law, excluding minor procedures and procedures requiring minimal
3	sedation.
4	7. "Patient" means an individual who is under the care of a physician,
5	dentist, oral surgeon or podiatrist in a licensed facility or in an
6	office.
7	8. "Peri-anesthetic period" means the period of time commencing upon
8	the pre-operative evaluation of the patient before surgery and ending
9	upon the patient's post-operative discharge from the recovery room.
10	9. "Regional anesthesia" means the administration of local anesthesia
11	agents to interrupt nerve impulses in a major region of the body.
12	Including but not limited to in this category are spinal, epidural,
13	caudal, upper or lower extremity plexus block anesthesia, and intrave-
14	nous regional anesthesia.
15	10. "Supplemented local anesthesia" means the use of local anesthesia
16	supplemented with monitored anesthesia care.
17	11. "Unsupplemented local anesthesia" means the use of local anes-
18	thesia without supplementing with monitored anesthesia care.
19	§ 6914. Definition of practice of certified registered nurse anesthe-
20	tist. 1. In addition to the provisions of practice for registered
21	professional nursing outlined in section sixty-nine hundred two of this
22	title, the practice of a certified registered nurse anesthetist further
23	includes, but is not limited to, administration of anesthesia, which
24	includes general anesthesia, monitored anesthesia care, local anes-
25	thesia, regional anesthesia, spinal, epidural, caudal anesthesia,
26	supplemented local anesthesia, and unsupplemented local anesthesia to a
27	patient during the peri-anesthetic period; performing and documenting a
28	preanesthetic assessment and evaluation of the patient, including
29	requesting consultations and diagnostic studies; selecting, obtaining,
30	ordering, and administering preanesthetic medications and fluids; and
31	obtaining informed consent for anesthesia, developing and implementing
32	an anesthetic plan; initiating the anesthetic technique; monitoring the
33	patient including selecting, applying, and inserting appropriate nonin-
34	vasive and invasive monitoring modalities for continuous evaluation of
35	the patient's physical status; selecting, obtaining, and administering
36	the anesthetics, adjuvant and accessory drugs, and fluids necessary to
37	manage the anesthetic; managing a patient's airway and pulmonary status
38	using current practice modalities; facilitating emergence and recovery
39	from anesthesia by selecting, obtaining, ordering and administering
40	medications, fluids, and ventilatory support; discharging the patient
41	from a postanesthesia care area and providing postanesthesia follow-up
42	evaluation and care; implementing acute and chronic pain management
43	modalities; and responding to emergency situations by providing airway
44	management, administration of emergency fluids and drugs, and using
45	basic or advanced cardiac life support techniques.
46	2. Nurse anesthesia must be provided in collaboration with a licensed
	physician qualified to determine the need for anesthesia services,
47	
48	provided such services are performed in accordance with a written prac-
49	tice agreement and written practice protocols as set forth in subdivi-
50	sion four of this section or pursuant to collaborative relationships as
51	set forth in subdivision five of this section, whichever is applicable.
52	3. Prescriptions for drugs, devices, and anesthetic agents, anesthesia
53	related agents, and pain management agents may be issued by a certified
54	registered nurse anesthetist during the peri-anesthetic period, in
55	accordance with the written practice agreement and written practice
56	protocols described in subdivision four of this section if applicable.

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The certified registered nurse anesthetist shall obtain a certificate 1 2 from the department upon successfully completing a program including an 3 appropriate pharmacology component, or its equivalent, as established by 4 the commissioner's regulations, prior to prescribing under this subdivi-5 sion. The license issued under this article shall state whether the б certified registered nurse anesthetist has successfully completed such a 7 program or equivalent and is authorized to prescribe under this subdivi-8 sion. 9 4. A certified registered nurse anesthetist licensed under this arti-10 cle and practicing for thirty-six hundred hours or less shall do so in 11 accordance with a written practice agreement and written practice protocols agreed upon by a licensed physician qualified by education and 12 13 experience to determine the need for anesthesia. 14 (a) The written practice agreement shall include explicit provisions for the resolution of any disagreement between the collaborating physi-15 16 cian and the certified registered nurse anesthetist regarding a matter 17 of anesthesia or pain management treatment that is within the scope of practice of both. To the extent the practice agreement does not so 18 19 provide, then the collaborating physician's treatment shall prevail. 20 (b) Each practice agreement shall provide for patient records review 21 by the collaborating physician in a timely fashion but in no event less often than every three months. The names of the certified registered 22 nurse anesthetist and the collaborating physician shall be clearly post-23 ed in the practice setting of the certified registered nurse anesthe-24 25 tist. 26 (c) The practice protocol shall reflect current accepted medical and 27 nursing practice. The protocols shall be filed with the department within ninety days of the commencement of the practice and may be updated 28 29 periodically. The commissioner shall make regulations establishing the 30 procedure for the review of protocols and the disposition of any issues 31 arising from such review. 5. A certified registered nurse anesthetist licensed under this arti-32 33 cle and practicing for more than thirty-six hundred hours shall have 34 collaborative relationships with one or more licensed physicians quali-35 fied to determine the need for anesthesia services or a hospital, licensed under article twenty-eight of the public health law, that 36 provides services through licensed physicians qualified to determine the 37 38 need for anesthesia services and having privileges at such institution. 39 (a) For purposes of this subdivision, "collaborative relationships" shall mean that the certified registered nurse anesthetist shall commu-40 nicate, whether in person, by telephone or through written (including 41 42 electronic) means, with a licensed physician qualified to determine the 43 need for anesthesia services or, in the case of a hospital, communicate 44 with a licensed physician qualified to determine the need for anesthesia 45 services and having privileges at such hospital, for the purposes of 46 exchanging information, as needed, in order to provide comprehensive 47 patient care and to make referrals as necessary. 48 (b) As evidence that the certified registered nurse anesthetist maintains collaborative relationships, the certified registered nurse 49 anesthetist shall complete and maintain a form, created by the depart-50 51 ment, to which the certified registered nurse anesthetist shall attest, that describes such collaborative relationships. Such form shall also 52 53 reflect the certified registered nurse anesthetist's acknowledgement 54 that if reasonable efforts to resolve any dispute that may arise with

the collaborating physician or, in the case of a collaboration with a

hospital, with a licensed physician qualified to determine the need for

1	anesthesia services and having privileges at such hospital, about a
2	patient's care are not successful, the recommendation of the physician
3	shall prevail. Such form shall be updated as needed and may be subject
4	to review by the department. The certified registered nurse anesthetist
5	shall maintain documentation that supports such collaborative relation-
6	ships.
7	6. Nothing in this section shall be deemed to limit or diminish the
8	practice of the profession of nursing as a registered professional nurse
9	under article one hundred thirty-nine of this title or any other law,
10	rule, regulation or certification, nor to deny any registered profes-
11	sional nurse the right to do any act or engage in any practice author-
12	ized by article one hundred thirty-nine of this title or any other law,
13	rule, regulation or certification.
14	§ 6915. Practice of certified registered nurse anesthetist and use of
15	the title "certified registered nurse anesthetist" or "nurse anesthe-
16	tist." Only a person licensed or otherwise authorized under this article
17	shall practice certified registered nurse anesthetist or nurse anesthe-
18	tist.
19	§ 6916. State board for nursing. The state board for nursing as estab-
20	lished in section sixty-nine hundred four of this title shall be the
21	governing state board for certified registered nurse anesthetists.
22	§ 6917. Requirements for a license as a certified registered nurse
23	anesthetist. To qualify for a license as a certified registered nurse
24	anesthetist, an applicant shall fulfill the following requirements:
25	<u>1. Application: file an application with the department;</u>
26	2. Education: have received a master's degree or higher in a program
27	of nurse anesthesia in accordance with the commissioner's regulations;
28	3. Examination: meet the standards to sit for the certifying exam
29	provided by the national board;
30	4. Age: be at least eighteen years of age;
31	5. Character: be of good moral character as determined by the depart-
32	ment;
33	<u>6. Fees: pay a fee of fifty dollars to the department for an initial</u>
34	license and a fee of thirty dollars for each triennial registration
35	period; and
36	7. Information and documentation: in conjunction with and as a condi-
37	tion of each triennial registration, provide to the department, and the
38	department shall collect, such information and documentation required by
39	the department, in consultation with the department of health, as is
40	necessary to enable the department of health to evaluate access to need-
41	ed services in this state, including, but not limited to, the location
42	and type of setting wherein the certified registered nurse anesthetist
43	practices and other information the department, in consultation with the
44	department of health, deems relevant. The department of health, in
45	consultation with the department, shall make such data available in
46	aggregate, de-identified form on a publicly accessible website. Addi-
47	tionally, in conjunction with each triennial registration, the depart-
48	ment, in consultation with the department of health, shall provide
49	information on registering in the donate life registry for organ and
49 50	tissue donation, including the website address for such registry.
50 51	<u>§ 6918. Limited permits. 1. A permit to practice as a certified regis-</u>
51 52	tered nurse anesthetist may be issued by the department upon the filing
5⊿ 53	of an application for a license as a certified registered nurse anesthe-
53 54	tist and submission of such other information as the department may
54 55	require to (a) graduates of schools of nurse anesthesia registered by
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1	the department or (b) graduates of schools of nursing anesthesia
2	<u>approved in another state, province, or country.</u>
3	2. Such limited permit shall expire one year from the date of issuance
4	or upon notice to the applicant by the department that the application
5	for license has been denied. The limited permit may be renewed, at the
6	discretion of the department, for one additional year.
7	3. A limited permit shall entitle the holder to practice certified
8	registered nurse anesthesia only under the supervision of a certified
9	registered nurse anesthetist currently registered in this state and with
10	the endorsement of the employing agency.
11	4. Fees. The fee for each limited permit shall be thirty-five dollars.
12	5. Graduates of schools of nursing anesthesia registered by the
13	department may be employed to practice nurse anesthesia under super-
14	vision of a certified registered nurse anesthetist currently registered
15	in this state and with the endorsement of the employing agency for nine-
16	ty days immediately following graduation from a program in nurse anes-
17	thesia and pending receipt of a limited permit for which an application
18	has been filed as provided in this section.
19	<u>§ 6919. Exempt persons. 1. This article shall not be construed:</u>
20	(a) as modifying the scope of practice of certified registered nurse
21	anesthetists pursuant to statute or the rules and regulations of the
22	commissioner of health in a hospital or in a free-standing ambulatory
23	surgery center as defined in article twenty-eight of the public health
24	law;
25	(b) as applying to any activity authorized, pursuant to statutes, rule
26	or regulation, to be performed by a registered professional nurse in a
27	hospital as defined in article twenty-eight of the public health law;
28	(c) as prohibiting an individual who has been licensed as a nurse
29	practitioner in the acute care specialty area from performing the duties
30	<u>of a certified registered nurse anesthetist;</u>
31	(d) as prohibiting the furnishing of nursing anesthesia assistance in
32	case of an emergency;
33	(e) as prohibiting such performance of nursing anesthesia service by
34	students enrolled in registered schools or programs as may be incidental
35	to their course of study;
36	(f) as prohibiting or preventing the practice of nursing anesthesia in
37	this state by any legally qualified nurse or practical nurse of another
38	state, province, or country whose engagement requires him or her to
39	accompany and care for a patient temporarily residing in this state
40	during the period of such engagement provided such person does not
41	represent or hold himself or herself out as a certified registered nurse
42	anesthetist registered to practice in this state;
43	(g) as prohibiting or preventing the practice of nursing anesthesia in
44	this state during an emergency or disaster by any legally qualified
45	nurse anesthetist of another state, province, or country who may be
46	recruited by the American National Red Cross or pursuant to authority
47	vested in the state civil defense commission for such emergency or
48	disaster service, provided such person does not represent or hold
49	himself or herself out as a certified registered nurse anesthetist
50 E 1	registered to practice in this state;
51 52	(h) as prohibiting or preventing the practice of nursing anesthesia in
52 52	this state, in obedience to the requirements of the laws of the United
53 54	States, by any commissioned nurse anesthetist officer in the armed forc-
54 55	es of the United States or by any nurse anesthetist employed in the United States veterans administration or United States public health
55 56	
56	service while engaged in the performance of the actual duties prescribed

for him or her under the United States statutes, provided such person
does not represent or hold himself or herself out as a certified regis tered nurse anesthetist registered to practice in this state; or

4 (i) as prohibiting the care of the sick when done in connection with 5 the practice of the religious tenets of any church.

6 § 6920. Special provisions. A certified registered nurse anesthetist 7 licensed under this article is required to purchase and maintain, or 8 otherwise be covered by, professional liability insurance in an amount 9 not less one million dollars per claim with an aggregate liability for 10 all claims during the year of three million dollars. Professional 11 liability insurance required by this section shall cover all acts within 12 the scope of practice of registered nurse anesthetist.

13 § 2. Section 6903 of the education law, as amended by chapter 323 of 14 the laws of 2006, is amended to read as follows:

15 § 6903. Practice of nursing and use of title "registered professional 16 nurse" or "licensed practical nurse". Only a person licensed or otherwise authorized under this article shall practice nursing and only a 17 person licensed under section sixty-nine hundred five of this article 18 shall use the title "registered professional nurse" and only a person 19 20 licensed under section sixty-nine hundred six of this article shall use 21 the title "licensed practical nurse". No person shall use the title "nurse" or any other title or abbreviation that would represent to the 22 public that the person is authorized to practice nursing unless the 23 24 person is licensed or otherwise authorized under this article or article 25 one hundred thirty-nine-A of this title.

S 3. Section 6904 of the education law, as amended by chapter 994 of the laws of 1971 and as renumbered by chapter 50 of the laws of 1972, is amended to read as follows:

§ 6904. State board for nursing. A state board for nursing shall be 29 30 appointed by the board of regents on recommendation of the commissioner 31 for the purpose of assisting the board of regents and the department on 32 matters of professional licensing and professional conduct in accordance with section sixty-five hundred eight of this title. The board shall be 33 composed of not less than [fifteen] seventeen members, eleven of whom 34 shall be registered professional nurses and four of whom shall be 35 36 licensed practical nurses and two of whom shall be certified registered 37 nurse anesthetists all licensed and practicing in this state for at 38 least five years. An executive secretary to the board shall be 39 appointed by the board of regents on recommendation of the commissioner and shall be a registered professional nurse registered in this state. 40 § 4. This act shall take effect immediately. 41