

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

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BILL #: [HB 375](#)

TITLE: Autonomous Practice by a Certified Registered Nurse Anesthetist

SPONSOR(S): Giallombardo

COMPANION BILL: [SB 462](#) (Rodriguez)

LINKED BILLS: None

RELATED BILLS: None

Committee References

[Health Professions & Programs](#)

13 Y, 5 N



[Health & Human Services](#)

SUMMARY

Effect of the Bill:

The bill authorizes autonomous certified registered nurse anesthetists (CRNAs) to perform CRNA-specific acts without an established supervisory physician protocol. The bill also exempts autonomous CRNAs practicing in certain facilities from the statutory requirement that autonomous CRNAs only administer anesthesia under onsite physician or dentist supervision and within an established protocol. The bill allows such facilities to require an autonomous CRNA to operate under an established protocol approved by the medical staff or the governing board of the facility.

Fiscal or Economic Impact:

The bill has an insignificant, negative fiscal impact on the state government. See Fiscal or Economic Impact.

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ANALYSIS

EFFECT OF THE BILL:

[Certified Registered Nurse Anesthetists](#)

The bill authorizes autonomous certified registered nurse anesthetists (CRNAs) to perform CRNA-specific acts, such as conducting a pre-anesthesia evaluation, ordering and administering the anesthetic as determined appropriate, monitoring and interpreting patient's vital signs, and managing the patient during surgery and in recovery, without an established supervisory protocol. This removes the current restriction that CRNAs can only practice autonomously in primary care services. The bill specifies that autonomous CRNAs practicing without an established protocol may only perform acts authorized under the Nurse Practice Act. (Sections [2](#) and [3](#))

The bill exempts autonomous CRNAs practicing in a licensed hospital or ambulatory surgical center from the requirement that anesthesia only be administered under the onsite medical direction of a physician or dentist and in accordance with an established protocol approved by the medical staff. (Section [1](#))

The bill will eliminate the cost of supervision for autonomous CRNAs which may increase access to care and reduce health care costs.

The bill provides an effective date of July 1, 2026. (Section [4](#))

FISCAL OR ECONOMIC IMPACT:

STORAGE NAME: h0375a.HPP

DATE: 1/15/2026

STATE GOVERNMENT:

The Department of Health (DOH) estimates the cost to comply with the bill is \$136,671 (\$88,974/recurring, \$47,697/nonrecurring), in the following categories:¹

- Expense (040000): \$5,937/Nonrecurring \$6,862/Recurring
- Contracted Services (100777): \$41,760/Nonrecurring
- Salary (010000): \$81,760/Recurring
- HR (107040): \$352/Recurring

PRIVATE SECTOR:

Autonomous CRNAs will achieve cost-savings since supervision will no longer be required. Consumers may experience greater access to CRNA services.

RELEVANT INFORMATION**SUBJECT OVERVIEW:****Advanced Practice Registered Nurses**

An advanced practice registered nurse (APRN) is a registered nurse (RN) who is additionally licensed in an advanced nursing practice, including certified nurse midwives, certified nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists, and psychiatric nurses.²

APRNs are regulated under part I of ch. [464.F.S.](#), the Nurse Practice Act. The Board of Nursing (BON) within the Department of Health (DOH), is responsible for establishing by rule the eligibility criteria for APRN licensure and the applicable regulatory standards for APRN nursing practice.³ The BON is also responsible for disciplining an APRN who violates the practice act.⁴ To be eligible for licensure as an APRN, an applicant must be licensed as a registered nurse, have a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills, and submit proof that the applicant holds a current national advanced practice certification from a Board-approved nursing specialty board.⁵

In addition to the practice of professional nursing,⁶ APRNs perform advanced-level nursing acts approved by the BON as appropriate for APRNs to perform by virtue of their post-basic, specialized education, training, and experience.

Under current law, APRNs must be supervised by a physician, governed by a written supervisory protocol. Advanced or specialized nursing acts may only be performed if authorized under a supervising physician's protocol.⁷ In addition to advanced or specialized nursing practices, APRNs are authorized to practice certain medical acts, as opposed to nursing acts, as authorized within the framework of an established supervisory

¹ Department of Health, *2026 Agency Legislative Bill Analysis on HB 375*, on file with the Health Professions & Programs Subcommittee.

² S. [464.003\(3\), F.S.](#) In 2018, the Florida Legislature enacted a law which changed the occupational title from "Advanced Registered Nurse Practitioner (APRN)" to "Advanced Practice Registered Nurse (APRN)," and also reclassified a Clinical Nurse Specialist as a type of APRN instead of a stand-alone occupation (*see* ch. 2018-106, Laws of Fla.).

³ S. [464.004, F.S.](#)

⁴ S. [464.018, F.S.](#)

⁵ S. [464.012\(1\), F.S.](#), and Rule 64B9-4.002, F.A.C.

⁶ "Practice of professional nursing" means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences. *See* s. [464.003\(19\), F.S.](#)

⁷ S. [464.012\(3\)-\(4\) F.S.](#)

protocol of a physician or dentist.⁸ APRNs may only perform advanced nursing and medical acts to the extent that the written protocol allows, unless the APRN is registered for autonomous practice under [s. 464.0123, F.S.](#)⁹

Currently, there are 66,600 APRNs licensed to practice in Florida, including 7,993 CRNAs.¹⁰

APRN Autonomous Practice

To engage in autonomous practice, an APRN must hold an active and unencumbered Florida license, or a multi-state license,¹¹ and have:¹²

- Completed at least 3,000 clinical practice hours or clinical instructional hours supervised by a physician with an active license within the five-year period immediately preceding the registration request;
- Not have been subject to any disciplinary action during the five years immediately preceding the application;
- Completed three graduate-level semester hours, or the equivalent, in pharmacology and three graduate-level semester hours, or the equivalent, in differential diagnosis within the five-year period preceding the registration request;¹³ and
- Any other registration requirements provided by BON rule.

Currently, 14,601 APRNs are registered for autonomous practice in Florida, including 107 CRNAs.¹⁴

Certified Registered Nurse Anesthetists

An APRN may be certified in one of five specialty roles, including as a certified registered nurse anesthetist (CRNA).¹⁵ CRNAs provide pain medication, specifically anesthesia, to patients before, during, and after surgery.

To practice as a CRNA, a nurse must be certified by the appropriate specialty board,¹⁶ which is the National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA).¹⁷ Certification by the NBCRNA requires a nurse to practice full-time as a licensed registered nurse for at least one year before attending an accredited nurse anesthesia educational program.¹⁸ Nurse anesthesia education programs range from 24 to 42 months in length.¹⁹

⁸ S. [464.003, F.S.](#), and s. [464.012\(3\), F.S.](#)

⁹ S. [464.012, F.S.](#)

¹⁰ Email from JP Bell, Legislative Planning Director, Florida Department of Health, RE: Licensed Practitioners, December 1, 2025. On file with the Health Professions & Programs Subcommittee.

¹¹ S. [464.0095, F.S.](#) A multi-state license allows APRNs to practice in all states that are part of the Nurse Licensure Compact.

¹² S. [464.0123\(1\)-\(2\), F.S.](#)

¹³ See Rule 64B9-4.020(3), F.A.C.; The BON has defined the equivalent of three graduate-level semester hours in pharmacology and the equivalent of three graduate-level semester hours in differential diagnosis as equal to forty-five (45) Continuing Education credits offered in those areas by the entities set forth in Section [464.013\(3\)\(b\), F.S.](#) and Fla. Admin. Code R. 64B9-4.002(2), (2023).

¹⁴ *Supra*, note 10.

¹⁵ *Supra*, note 2.

¹⁶ S. [464.012\(1\)\(a\), F.S.](#)

¹⁷ Rule 64B9-4.002, F.A.C. See also, National Board of Certification & Recertification website for more information. Available at <https://www.nbcrna.com/home> (last visited January 5, 2026).

¹⁸ The Council on Accreditation of Nurse Anesthesia Educational Programs is the recognized accrediting body for nurse anesthesia education programs in the US. See, US Department of Education, Accreditation in the United State. Available at https://www2.ed.gov/admins/finaid/accred/accreditation_pg4.html#National_Institutional (last visited January 5, 2026).

¹⁹ Florida Association of Nurse Anesthesiology. "What is a Nurse Anesthetist?" Available at <https://www.fana.org/what-is-a-nurse-anesthetist-> (last visited January 5, 2026).

After completing an accredited nurse anesthesia educational program, the nurse is eligible for the NBCRNA certification exam.²⁰ Once NBCRNA certified, a nurse is eligible for licensure as a CRNA.

CRNAs are required to operate under an established protocol approved by the medical staff of the facility in which the CRNA is practicing. Within the limitations of the protocol, a CRNA may:²¹

- Determine the health status of the patient as it relates to the risk factors and to the anesthetic management of the patient through the performance of the general functions;
- Based on history, physical assessment, and supplemental laboratory results, determine, with the consent of the responsible physician, the appropriate type of anesthesia;
- Order preanesthetic medication;
- Perform procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures;²²
- Order or perform monitoring procedures indicated as pertinent to the anesthetic health care management of the patient;
- Support life functions during anesthesia health care, including induction and intubation procedures, the use of appropriate mechanical supportive devices, and the management of fluid, electrolyte, and blood component balances;
- Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy;
- Recognize and treat a cardiac arrhythmia while the patient is under anesthetic care;
- Participate in management of the patient while in the post-anesthesia recovery area, including ordering the administration of fluids and drugs; and
- Place special peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate.

There are 7,993 CRNAs currently registered to practice in Florida, of which 107 are registered for primary care autonomous practice.²³

CRNA Autonomous Practice

Currently, 32 states and the District of Columbia authorizes autonomous practice for CRNAs. These states allow CRNAs to practice without a collaborative practice agreement or other supervisory relationship. The map below shows CRNA practice authority by state.²⁴

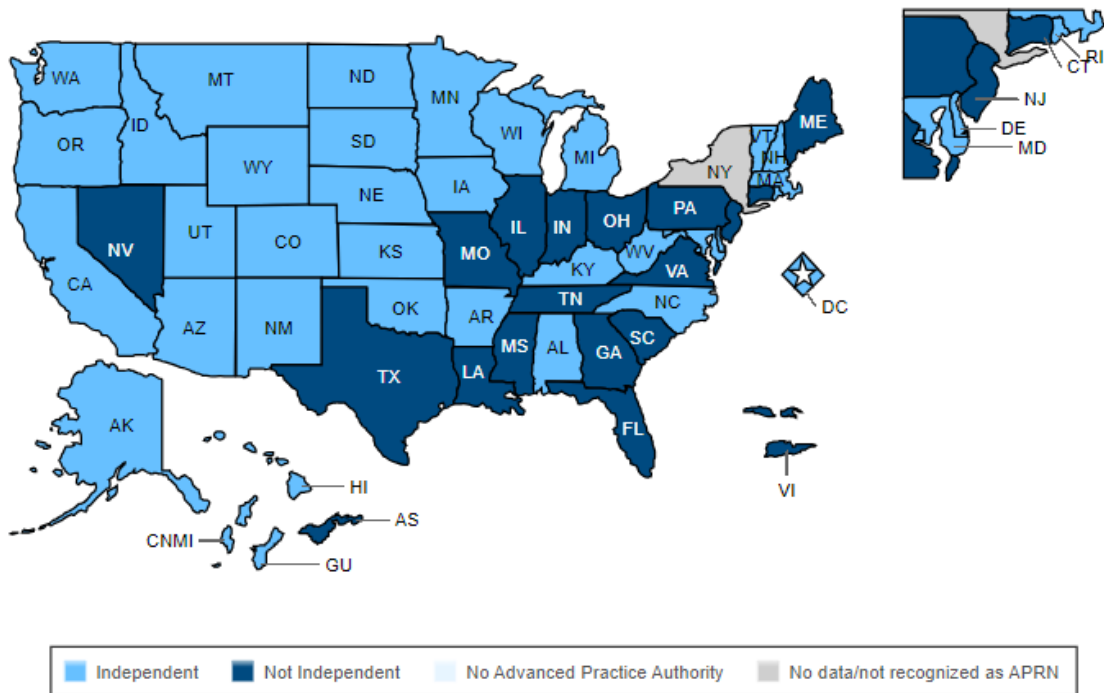
²⁰ National Board of Certification & Recertification for Nurse Anesthetists. *Student Information: National Certification Examination (NCE)*. Available at <https://www.nbcrna.com/initial-certification/students> (last visited January 5, 2026).

²¹ [s. 464.012\(4\)\(b\), F.S.](#)

²² These procedures include ordering and administering regional, spinal, and general anesthesia; inhalation agents and techniques; intravenous agents and techniques; and techniques of hypnosis; see, [s. 464.012\(4\)\(b\), F.S.](#)

²³ *Supra*, note 10.

²⁴ National Council of State Boards of Nursing, *CRNA Independent Practice Map*, <https://www.ncsbn.org/nursing-regulation/practice/aprn/aprn-consensus-implementation-status/crna-independent-practice-map.page> (last visited January 5, 2026).



RECENT LEGISLATION:

YEAR	BILL #/SUBJECT	HOUSE/SENATE SPONSOR(S)	OTHER INFORMATION
2025	HB 649 - Autonomous Practice by a Certified Registered Nurse Anesthetist	Giallombardo/ <i>Rodriguez</i>	Died in Senate
2024	HB 257 - Autonomous Practice by a Certified Registered Nurse Anesthetist	Giallombardo/ <i>Ingolia</i>	Died in House

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Health Professions & Programs Subcommittee	13 Y, 5 N	1/14/2026	McElroy	Clenord
Health & Human Services Committee				