



# Pennsylvania Association of Nurse Anesthetists

## Advanced Practice Registered Nurse (APRN) Legislation

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This legislation would classify nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists as “advanced practice registered nurses,” or APRNs. **All of them play a pivotal role in the future of health care, and Pennsylvania is out of line for not recognizing these professionals as APRNs.**

### Certified Registered Nurse Anesthetists (CRNAs)

- CRNAs are the hands-on providers of anesthesia care, operating safely in every setting where anesthesia is administered, including: hospital operating and delivery rooms; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, and plastic surgeons; pain management centers, and more.
- A CRNA’s 2,500 clinical hours are devoted almost entirely to anesthesia care.
- When you combine the clinical ICU experience as a registered nurse that is required to enter CRNA training, the clinical experience obtained in an undergraduate nursing curriculum, and the clinical anesthesia training in a nurse anesthetist program, **the average nurse anesthetist completes 9,000 clinical hours.**
- CRNAs are required to be nationally certified, and they must be recertified every four years. Nurse anesthetists’ recertifications include meeting advanced practice requirements and obtaining a minimum of 100 continuing education credits.

### Certified Registered Nurse Practitioners (CRNPs)

- CRNPs provide primary, acute, and specialty health care across the lifespan through assessment, diagnosis, and treatment of illnesses and injuries.
- In Pennsylvania, CRNPs may diagnose medical conditions, develop and implement treatment plans, order and perform diagnostic tests, and deliver other health-care services, pursuant to a written collaborative agreement with a licensed physician.
- The collaborative agreement must address the availability of the physician to the CRNP through direct communication or telecommunication, a plan for emergency services, and the physician’s regular review of the charts and records of patients under the CRNP’s care.
- CRNPs are recognized as primary care providers in Pennsylvania.

- Nurse practitioner candidates may sit for the national certification examination that aligns with their graduate education, role, and population area. This includes successful completion of the nationally recognized competencies of the nurse practitioner role and the population specialties of Adult-Gerontology Primary Care or Family/Across the Life Span.
- The APRN core (advanced physical assessment, advanced pharmacology, and advanced pathophysiology) must be completed with documentation provided from the accredited school of nursing.
- Additionally, the candidate must complete the educational program's required number of faculty-supervised direct patient care clinical hours. The minimum number of clinical practice hours is 500, with many completing 600 practice hours or more.

### **Clinical Nurse Specialists (CNS)**

- Clinical Nurse Specialists provide diagnosis, treatment, and ongoing management of patients; provide expertise and support to nurses caring for patients; help drive practice changes throughout the organization; and ensure use of best practices and evidence-based care to achieve the best possible patient outcomes.
- These specialists provide diagnosis, treatment, and ongoing management of patients within specialty populations; lead interdisciplinary teams to engineer basic and advanced patient care through the translation of high-quality research into clinical practice; serve as expert consultants to members of the patient care team within their specialty of practice; and lead systems innovation to ensure high-quality, cost-effective, research-based, patient-centered care.
- To enter into practice, CNSs must complete a master's or doctoral level graduate program and a minimum of 500 clinical practice hours. A minimum of 1,000 clinical supervised hours are required for post-baccalaureate practice doctoral preparation. Additionally, they must complete the core curriculum for all APRNs who diagnose and prescribe, including advanced pathophysiology, pharmacology, and physical assessment.
- Certification as a CNS recognizes the clinician as an expert in their area of specialty. It shows a high level of competence and clinical knowledge, and it is required for licensure in Pennsylvania. To be eligible for certification, one must:

- Hold a master's, post-graduate, or doctoral degree from an accredited CNS program.
  - Have a minimum of 500 clinical supervised hours in a CNS role.
  - Have a current RN license in the state of practice.
  - Complete advanced pathophysiology, advanced pharmacology, and advanced health assessment courses.
- The CNS has had a role in the health care arena for more than 60 years. Many CNS providers are practicing independently across the country, with only 10 states requiring collaborative agreements with or without general supervision for those practitioners.

### **Support for APRN Legislation in Pa.**

- CRNAs in Pennsylvania are not considered “advanced practice registered nurses,” even though they exercise independent, professional judgment within their scope of practice. **State nursing law in 40 states currently recognizes CRNAs as APRNs. But not in Pennsylvania.**
- **All but two states recognize CRNPs in some fashion as APRNs --- and Pennsylvania is one of them.**
- The CNS has had a role in the health-care arena for more than 60 years. Yet, **five states, including Pennsylvania, still fail to formally recognize the CNS as an APRN.**
- APRNs are not extenders of physicians, nor are they dependent on physicians to provide services. APRNs practice autonomously and in collaboration with other health-care professionals on the interprofessional team to deliver high-quality, holistic, patient-centered, evidence-based care.
- Descriptors such as “mid-level provider,” “nonphysician,” and “physician extender” were created by physicians, physician groups, and physician-led organizations and corporations. These descriptors imply that APRNs provide only average care, which numerous studies refute, or a lower level of care than physicians, and they fail to inspire confidence in the patients served by APRNs.
- **All these inaccurate descriptors of the APRN role are vague, confusing, misleading, and hinder the delivery of safe, patient-centered care, which is why APRNs should be recognized as APRNs.**