



Pennsylvania Association of Nurse Anesthetists

CRNA Full Scope of Practice Legislation (S.B. 899)

- Certified Registered Nurse Anesthetists (CRNAs) are advanced practice nurses who collaborate with surgeons, obstetricians, dentists, and other health-care providers to deliver safe, high-quality, cost-effective anesthesia care to patients in virtually every health-care setting.
- CRNAs fill crucial leadership roles by providing direct care to patients where anesthesia is delivered—from traditional hospital surgical suites to critical access hospitals, from ambulatory surgical centers to the offices of dentists, podiatrists, pain management specialists, and more.
- **Unfortunately, in Pennsylvania, far too many bureaucratic barriers remain in statute and regulation that prevent CRNAs from practicing to the fullest extent of their education and training, leading to higher health-care costs and restricting access to quality care, especially in rural and medically underserved areas of the state.**
- With Pennsylvania and other states facing challenges to ensure patients have appropriate access to safe, cost-efficient care, many states are modernizing antiquated laws to remove barriers that artificially and unnecessarily inhibit care delivery. **In fact, keeping restrictions on CRNA's scope of practice, as Pennsylvania does, is contrary to national trends.**
- Thirty-six states do not have a physician supervision or direction requirement for CRNAs in nursing or medical laws or regulations. Taking into account state hospital licensing laws or regulations, 29 states still do not require physician supervision or direction.
- Statutory and regulatory modernization that moves CRNAs to full practice authority is endorsed by multiple organizations, including the National Council of State Boards of Nursing, the Institute of Medicine, the Federal Trade Commission and AARP.

Sen. Judy Ward recently proposed legislation ([S.B. 899](#)) that would allow CRNAs to practice to the fullest extent of their education and training.

- As sought-after anesthesia care providers, CRNAs are highly educated and expertly trained with years of education and experience before entering into practice. **Nurse anesthetists obtain an average of 9,369 clinical hours of training prior to becoming a CRNA.** They are required to be nationally certified and must be recertified every four years. Recertification includes meeting advanced practice requirements and obtaining a minimum of 100 continuing education credits.
- CRNAs remain the primary providers of anesthesia care in rural America. Without advanced practice nurses in rural areas, some 1,500 facilities would not be able to maintain these services, forcing many rural Americans to travel long distances for care.

- What's more, there are 646 rural American hospitals at risk of closure due to financial issues, comprising around 30% of all rural U.S. hospitals, [according to the Center for Healthcare Quality & Payment Reform](#). **Roughly one-third of rural hospitals in Pennsylvania are at risk of closing, ranking the state among the highest nationally for risk of closures, according to the analysis.**
- In opposing full scope of practice among CRNAs, the American Society of Anesthesiologists tries very hard to discredit overwhelming evidence that shows CRNAs provide superb anesthesia care. They would have patients and providers believe there is clear evidence of superior care when it's supervised by an anesthesiologist. But there isn't. **In fact, research shows overwhelmingly that there is no difference in the safety of care provided by either a CRNA or an anesthesiologist, even for rare and difficult procedures.**
- That safety record is demonstrated by numerous studies published in leading health-care policy journals and an independent review by Cochrane, a world-renowned organization that supports evidence-based decision-making in health care.
- As licensed professionals, CRNAs are responsible and accountable for decisions made and actions taken in their professional practice—another reason they should be granted full practice authority. *Case law shows that surgeons and other health-care providers face no increase in liability when working with a CRNA versus a physician anesthesiologist.*
- Best practices in health care are constantly evolving, advancing, and improving. That enhances quality. **Modernizing state law to remove provisions that are outdated and no longer effective—like restricting the practice of nurse anesthetists in Pennsylvania—more accurately reflects the current cooperative relationship between CRNAs and the physician surgeons, dentists, podiatrists, and other providers with whom CRNAs provide patient care.**
- With this legislation ([S.B. 899](#)), health-care facilities will continue to be able to adopt their own policies regarding anesthesia practice, as they do currently.
- In the state's response to COVID-19, [the commonwealth issued a temporary blanket waiver removing the physician supervision requirement for certified registered nurse anesthetists in hospital settings](#), finally allowing CRNAs to practice to the fullest extent of their education and training and allowing these health-care facilities to take advantage of nurse anesthetists' unique skillsets to manage this health-care crisis and provide safe, cost-efficient care.
- Using a patient-centered, multimodal treatment approach that includes interventional pain management and prescription medications, **CRNAs can help reduce the reliance on opioids as a primary pain management modality**, thereby helping to curb the epidemic of prescribed opioids.
- The federal Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) was enacted in October 2018, expanding upon

previous legislation to include CRNAs who have prescriptive authority among providers able to prescribe medication-assisted treatment (MAT) to individuals suffering from opioid addiction.

- Reducing opioid use by patients suffering from chronic pain may involve the use of other prescription medications. The current inability for Pennsylvania CRNAs to prescribe restricts their ability to effectively treat these patients. **There are currently 37 states that have granted prescriptive authority to CRNAs, most recently Maryland, which enacted legislation in 2022.**
- **CRNAs are central to a high-value anesthesia care delivery approach where quality and safety are emphasized and costs are reduced.** Removing barriers to CRNA scope of practice --- [as S.B. 899 would do](#) --- benefits patients and the entire health-care system by increasing competition, reducing health-care costs, and ensuring access to safe care, especially in medically underserved areas.