

SUPPORTING DESIGNATION LEGISLATION IN PENNSYLVANIA

Re: CRNA Professional Designation Legislation: S.B. 325 (Gordner)

October 1, 2019

Dear Senator/Representative:

Pennsylvania has more nurse anesthesia graduate programs than any other state in the U.S., attracting students from across the country to study in Pennsylvania to become certified registered nurse anesthetists (CRNAs). Many choose the highly competitive Villanova University Nurse Anesthesia Program, which is administered in partnership with the Crozer Chester Medical Center.

Pennsylvania remains one of just two states that fail to formally recognize CRNAs in statute or provide licensure as a CRNA. There is no definition for "Certified Registered Nurse Anesthetist" under the state's Professional Nursing Law, and there is no title designation for CRNAs and they are recognized only as registered nurses, not as CRNAs. This ignores the lengthy advanced education and training, required to become a CRNA.

Fortunately, in the final days of legislative session before the General Assembly adjourned for summer 2019, the state Senate approved a measure (S.B. 325) introduced by Sen. John Gordner that would formally recognize CRNAs under PA state law. This is the second consecutive legislative session that the measure passed the Senate. We are urging the House to do the same, immediately.

Nurse anesthetist programs like Villanova's have seen firsthand the challenges our students and graduates face without title recognition in Pennsylvania. Many graduates opt to relocate to other states where CRNAs can practice to their full scope of their education and training. Without formal designation as a CRNA, our graduates who relocate to other states can wait as long as six months to become credentialed. In the absence of title recognition or CRNA license reciprocity, other state boards must verify that the graduates have met their state requirements to be licensed appropriately, which delays our graduates' ability to work. Retention of these advanced professionals in Pennsylvania should be a priority for our commonwealth because of the outstanding health services that they provide thus improving the health and welfare of PA residents.

Nurse anesthetists must graduate with a minimum of a master's degree from a nurse anesthesia accredited program, complete greater than 2,000 hours of clinical experience in anesthesia practice and pass a national certification exam in order to practice. The average nurse anesthetist completes 9,000 clinical hours of clinical training, including the clinical ICU experience as an RN required to enter CRNA training, the clinical experience obtained in an undergraduate nursing curriculum, and the clinical anesthesia training in a nurse anesthesia program. CRNAs are required to be nationally

certified and must be recertified every four years, meeting strict continuing education standards.

Lack of title recognition in PA presents significant barriers for CRNAs in Pennsylvania who are active military personnel or who volunteer in emergency response teams. Pennsylvania CRNAs who are active military have to secure CRNA licensure in another state to serve as a CRNA in an active duty role of the armed forces. This is unacceptable because it adds additional fees and continuing education requirements to maintain licensure in another state to be eligible serve in our military. Nurse anesthetists have been the primary providers of anesthesia care to U.S. military personnel on the front lines since World War I, and remain the primary anesthesia providers in austere combat theaters. Yet, Pennsylvania's battle-tested CRNAs are at a distinct disadvantage without CRNA licensure in Pennsylvania. Pennsylvania CRNAs cannot assist as part of emergency response teams in other states because they lack CRNA title designation in Pennsylvania, which diminishes the role our commonwealth can play in aiding states affected by hurricanes, floods or other natural disasters.

The CRNA graduates from Villanova University / CCMC Nurse Anesthesia Program are highly-qualified clinicians who are recruited across the country. CRNAs have been providing superior anesthesia care for more than 150 years and empirical evidence demonstrates there is no difference in the quality of anesthesia care when provided by CRNAs or physicians, independently, or together in a team model.

The CRNAs in Pennsylvania need title recognition and we urge you to both support S.B. 325 and urge immediate action by the House of Representatives.

Sincerely,



Donna S. Havens, PhD, RN, FAAN
Connelly Endowed Dean and Professor
Villanova University
M. Louise Fitzpatrick College of Nursing

