



Leading the way

July 2019

Dear Members of the Pennsylvania General Assembly,

The mission of the Pennsylvania Rural Health Association is to improve the health of rural communities and their residents throughout the Commonwealth. One of our functions is to review state law and policy and, when necessary, recommend changes.

In that capacity we are voicing our support for the principle of allowing the full complement of health care providers to practice to the full extent of their training and certification. The current legal and regulatory environment for Certified Registered Nurse Anesthetists (CRNAs) restricts health care access for rural communities. As such, we support bills such as SB 325, sponsored by Senator John Gordner and HB 1064, sponsored by Representative Tarah Toohil, which provide for CRNA professional designation.

Pennsylvania is one of just two states that do not recognize CRNAs in some form. Because there is no definition for “certified registered nurse anesthetist” under the state’s Professional Nursing Law, CRNAs are recognized only as registered nurses (RNs), not as CRNAs. Bipartisan measures have been introduced (and have passed in previous sessions) to formally recognize nurse anesthetists as “CRNAs” under Pennsylvania statute and finally acknowledge CRNAs for their education and training. These professional designation bills are simple, non-controversial title recognition measures.

In Pennsylvania, education and clinical training for nurse anesthetists is extensive and requires national board certification. In total, CRNAs ultimately complete approximately 9,000 clinical hours, including their intensive care unit clinical experience, anesthesia clinical training, and undergraduate nursing clinical experience before board certification as a CRNA.

Patient safety data indicate that there is no statistical difference in patient outcomes when a nurse anesthetist provides treatment, compared to an anesthesiologist, even for rare and difficult procedures.

CRNAs have a history that spans to the Civil War. Since World War I, nurse anesthetists have been the primary providers of anesthesia care to U.S. military personnel on the front lines and remain the primary anesthesia providers in austere combat theaters. CRNAs most commonly are the only anesthesia providers in the military’s forward surgical teams.

CRNAs remain the primary providers of anesthesia care in rural America, enabling health-care facilities in these medically underserved areas to offer obstetrical, surgical, pain management, and trauma stabilization services. Without these advanced practice nurses, facilities would not be able to maintain these services, forcing many rural Americans to travel long distances for such services. In some states, CRNAs are the sole anesthesia providers in nearly 100 percent of the rural hospitals.

CRNAs are far less costly for hospitals to employ. As a result, rural hospitals, for example, can staff emergency services with in-house CRNAs 24 hours a day, 7 days a week so that every Pennsylvania resident has access to these needed services.

Certified registered nurse anesthetists, physician assistants, nurse practitioners, and other health care providers offer many potential benefits to rural communities. Needed changes to Pennsylvania's licensure law would make it more likely for these dedicated professionals to see rural patients.

Thank you for your attention to this important issue. Please do not hesitate to contact us with questions about this issue.

Sincerely yours,

A handwritten signature in black ink that reads "Dr. Joseph F. Robare". The signature is fluid and cursive, with a long horizontal flourish at the end.

Joseph Robare, DrPH, MS, RD, LDN
President