



Testimony of
The Pennsylvania Nurse Anesthetists Association

delivered by
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Pennsylvania Association of Nurse Anesthetists

before the
Pennsylvania House Professional Licensure Committee

Hearing on House Bill 1866

January 26, 2010

Mr. Chairman and Members of the Professional Licensure Committee:

On behalf of the 3,200 members of the Pennsylvania Association of Nurse Anesthetists, I want to thank you for giving me this opportunity to speak with you today.

The language within HB 1866 has been a topic of discussion within this committee for several sessions.

This bill seeks to amend The Professional Nursing Law. This is a CRNA scope of practice bill, which defines certification requirements and defines how a CRNA practices in all settings within the Commonwealth. This includes health care facilities such as hospitals and obstetrical delivery rooms, physician offices such as oral surgeons, dentists, ophthalmologists and ambulatory surgical centers. The scope of practice for a CRNA can vary within these different settings since the employer often defines it. HB 1866 will provide clarity to those regulations that are often misunderstood.

As I walked through the hallways last year visiting legislators from various districts and committee members to discuss title protection, I had with me 4 students from various programs. Three of the students were from other states that came to Pennsylvania for their education and the fourth was born, raised and had received his entire education in this state. Not one of the 4 was planning to stay after graduation. There were two primary reasons. The first was the inability to practice to the full scope of their education. Second was the lack of title protection and certification from the State Board of Nursing that defined and protected their right to practice in Pennsylvania.

HB 1866 will also clear up an ongoing problem with the state's Department of Public Welfare. PANA has been advised that until there is a scope of practice bill that acknowledges CRNAs as anesthesia providers D.P.W. is unable to recognize and credential CRNAs for payment purposes under Medicaid.

HB 1866 will also bring Pennsylvania in alignment with more than 45 other states that have recognized CRNAs in statute.

Members of the committee, in a state that represents the largest number of CRNAs in the United States; the greatest number of Nurse Anesthesia Schools for education (13); and a state that produces the greatest number of students each year (500), Pennsylvania continues to represent one of the largest shortages of anesthesia providers. It is time that Pennsylvania allows the State Board of Nursing to recognize, credential and certify its oldest advanced practice of nursing. It is time that we as a state recoup the efforts and resources we utilize to educate our youth. Let us stop this revolving door process.

HB 1866 will ensure our Governor's vision for healthcare reform by securing the

access to care for ALL citizens of our Commonwealth. Not just for those in our major cities, but to our rural counties where people, especially our senior population, have no desire or ability to travel great distances for their health care.

Let me emphasize this point: HB 1866 will not broaden nor advance the scope of practice for CRNAs. This bill will only allow CRNAs to grow as a profession with a legal and clearly defined scope of practice.

As previous sessions have passed, a common concern I have heard is that CRNAs are looking to advance their scope of practice by seeking to work independently. Members of the committee, this could not be further from the truth. This is NOT the intention of this bill. In fact, CRNAs work cooperatively with other healthcare professionals, regardless of the specific language used in the state laws or regulations. No healthcare professional (including physicians) works independently in the sense of not communicating with other healthcare professionals as necessary. In other words, CRNAs have an ethical and legal duty to communicate with surgeons regardless of whether state law requires such communication. The nature of anesthesia services is that they complement other services such as surgery. On the other hand, CRNAs are certainly independently responsible for their actions and quality of care that they provide. Pennsylvania Association of Nurse Anesthetists has no intentions to seek independent practice from this bill.

There is nothing in this bill that will impact or affect the practice of anesthesiology in any way. To take this one step further, when Representative Gergely introduced HB 1866 this session, he took the language from the Pennsylvania Nursing Regulations to be placed into statute. This means that the current health care practices that occur in hospitals and ambulatory surgery centers will be maintained.

HB 1866 will also give to the State Board of Nursing the ability to finally recognize and certify our profession in this state. CRNAs are grouped in with all the other RNs of Pennsylvania. My license says Joseph D'Amico, RN not CRNA. HB 1866 will provide the mechanism by which the State Board of Nursing will be able to distinguish the CRNA license from the RN license. HB 1866 will also give the tools necessary to the State Board of Nursing to write the educational (CEU) and licensure requirements for certification and define the scope of practice for the CRNA. Giving the State Board of Nursing this ability will ensure safe practice to all citizens of Pennsylvania. Currently there is statute that recognizes Nurse Midwives, CRNPs, and CNS. Statute is just as important and necessary for a CRNA because the requirements to practice are very different for a CRNA versus an RN, as they are for a Nurse Midwife, CRNP and the CNS.

HB 1866 will bring clarity and resolve the confusion that exists in our present regulations when applied to the various settings which employ the anesthesia services of a CRNA.

CRNAs are responsible for providing the majority of surgical and procedural anesthetics in Pennsylvania each year. It is the CRNA who is providing the medication to put the patient off to sleep, taking and recording the vital signs throughout surgery, addressing life threatening emergencies that often arise, ensuring patient safety throughout surgery, ensuring a smooth transition to an awake state, transporting the patient to a recovery area and reporting to the recovery room nurse who will then assume responsibility for that post operative patient.

The first recorded anesthetic given in this country was provided by Sister Mary Bernard in 1877 right here in Erie, Pennsylvania at St. Vincent's Hospital. She was a nurse anesthetist who worked in cooperation with the surgeon, not an anesthesiologist. This was not an independent action. If we look at a time line that addresses the history of this great nation, the American Society of Anesthesiologists did not form until 1931. This being said nurse anesthetists have been working without anesthesiologists but working with physician/surgeons for some 50 years and to this date January 26, 2010 there has never been a credible study to show that nurse anesthetist are not safe, quality practitioners.

HB 1866 is the RIGHT thing to do. I ask that you would allow this bill a chance to be successful by bringing it out of committee to the floor for a vote so that the State Board of Nursing can finally regulate, identify, credential and ensure that all CRNAs who practice in The State of Pennsylvania do so safely.

Thank you,

Joseph D'Amico, CRNA, PhD.
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