

## Dear Colleagues, By Joe D'Amico, President, PANA

Hershey was a great weekend enjoyed by all. We had excellent speakers, events and vendors. One of the best scheduled programs that I was able to attend was the Student College Bowl. I'm not sure if we are going to be able to top this event in the fall at Gettysburg. Congratulations to Lauren Penn, the Student Representative to the board and to those students who helped to make this event possible... job well done!

By the time you read this, I will already have met with the Secretary of the Department of Welfare (DPW), Estelle Richman. PANA has been addressing the issue of non-recognition of CRNAs by DPW since Medicare's Part B recognition fee for service in 1989. This challenge we face as an association dates back more than ten years when Sue Humes began requesting that DPW correct this injustice to our profession. Every time each and every one of you provides professional services to a Medicaid patient, your services are being paid to an anesthesiologist for your work. Whether the anesthesiologist is an independent contractor, employed by the hospital, or working in a physician group where the CRNA is employed, it is he/she who will collect your reimbursement fee, not you. This is because DPW does not have any means in their system for recognition of a CRNA. In fact, Medicare regards medically directed services (42 CFR 415.110) as being a payment model only and not a quality of care standard (63 FR 58813, 58842-3, 11/2/1998).

In a letter dated May 15 to Senator Max Baucus, Chair, Senate Finance Committee and Senator Charles Grassley, the ranking minority member, President Rowles addresses the anesthesia practice models that are utilized and how this impacts the costs of providing services to the health care industry. President Rowles asked that the committee members take a look at the traditional models that are being utilized in the anesthesia community and how these models not only reward inefficiency at high costs, but have no public benefit and fail to meet the needs of our patients.

In this letter President Rowles presents examples of four different reimbursement models that are practiced every day. She presents a comparison of these models with Medical Direction under Medicare Part B. Here are the four anesthesia payment model comparisons. In these four different practice models, there are three criteria used for measurement. The first is the difference between the CRNA and Anesthesiologist salaries. The second is the number of Full Time Employees needed for each case. The third is the Clinician Cost

per year, which is based on the model used to perform the anesthetic.

Let us look at four identical cases in presenting her point: In the first, (a) the anesthetic is delivered by a non-medically directed CRNA, second, (b) the anesthetic is delivered by a CRNA medically directed at a 4:1 ratio; third, (c) the anesthesia is delivered by a CRNA medically directed but at a 2:1 ratio, which is not uncommon in our state, and the fourth, (d) the anesthetic is delivered by a physician only performing the anesthesia services him/herself. It is also assumed that with the current market conditions, a CRNA's salary is \$145,000.00 taken from the AANA member survey conducted in 2007. The anesthesiologist's salary is \$380,000.00 taken from the ASA April 2007 newsletter. Fact: under the current Medicare program and private insurance carrier payment systems, practice modalities (a), (b), (c) and (d) are paid the same. Literature also supports and indicates that the quality of medically directed versus non-medically directed care when CRNAs provide the anesthetic is indistinguishable.

Now let us look at how the differences in these models affect the costs incurred for the services rendered, a cost that daily affects each and every citizen in this country. When looking at these four examples, the annualized labor cost is used, excluding any benefits, so that we are looking solely at the salary. The annualized costs of the first model (a) equal \$145,000.00 1.0 FTE (Full Time Employee). In the case of (b), it is  $(\$145,000.00 + (0.25 \times \$380,000.00))$  or \$240,000.00 per year, 1.25 FTEs). In the case of (c) it is  $(\$145,000.00 + (0.50 \times \$380,000.00))$  or \$335,000.00 per year, 1.50 FTEs). Finally in looking at the last example, (d), the annualized cost is \$380,000.00 per year, 1 FTE. Remember, in looking at these examples, Medicare and the private payer sector reimburses the same whether the care is delivered according to modalities (a), (b), (c) or (d). Therefore, someone in the health system is bearing the additional costs of the "medical direction" services authorized under the Medicare regulations at 42 CFR 415.110. I believe, and it is the belief of President Rowles, that these additional costs are shifted onto hospitals and other healthcare facilities, and ultimately to patients as taxpayers. In the demand for

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## Legislator Spotlight— Mary Jo White



In 1996, Senator White was elected to the Pennsylvania Senate to serve the 21st Senatorial District, which consists of Clarion, Forest and Venango Counties, and parts of Butler, Erie and Warren Counties. She was re-elected in 2000, 2004 and 2008.

Senator White's committee assignments include: Appropriations, Consumer Protection and Professional Licensure, Education and Judiciary. She is also the Chairman of the Environmental Resources and Energy Committee. She serves on the Wild Resource Conservation Fund, the Joint Conservation Committee, the Environmental Quality Board, and the PA Commission on Sentencing.

For the 2001-2002 Legislative Session, Senator White was elected Caucus Administrator for the Republican Majority, becoming the first woman ever elected to a Senate Republican leadership position. She held this position through the 2005-2006 Legislative Session.

From 1974 to 1976, Senator White was the public defender for the County of Venango. She practiced law as an associate with the law firm of Dale and Woodard before joining the legal department of Quaker State Corporation. For 19 years, she served as an attorney and in other capacities with Quaker State Corporation, most recently as Vice President for Environment/Government Affairs.

Active in her community, Senator White is past Chairman of the Barrow Civic Theatre Foundation and has served on the Boards of the Venango County Association for the Blind and the Venango Community Foundation. She is concerned about rural health care, and serves on the Center for Rural Health Practice Advisory Board. She is a Commonwealth Trustee of the University of Pittsburgh and is on the Board of Visitors of the University's Graduate School of Public Health. She served for twenty years as a member of the Military Academy Selection Committee for the Fifth Congressional District.

Senator Mary Jo White is a graduate of Quincy University, Quincy, Illinois and the University of Pittsburgh School of Law. Senator White resides near Oil City with her husband of more than 43 years, Judge H. William White. They have three children and seven grandchildren.

Years ago, Senator White served on the Nursing Advisory Board of Clarion University of Pennsylvania when it established its B.S. program for nursing. She has been a long time supporter of nurse anesthesia and she recently introduced SB 786, scope of practice legislation for nurse anesthetists. Senator White has been an advocate for our profession in previous sessions as well. PANA would like to thank her for her efforts on behalf of our association. Hospitals in the Senator's district include: Corry Memorial Hospital, Butler Memorial Hospital, UPMC Northwest and Clarion Hospital.

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## CAPITOL INSIGHTS

### Angie Mellott Armbrust, Winter Group

#### Session Update

Both the House and Senate spent the month of June occupied with working out compromises on the state budget. As soon as the budget is agreed upon the legislature and Governor depart Harrisburg for the summer recess. Legislators return to their districts and work from their offices there. Everyone returns to Harrisburg in the fall to resume the work for this legislative session.

Senator Rob Wonderling (R—Montgomery) has announced that he will be resigning to become the President and CEO of the Greater Philadelphia Chamber of Commerce. He departs the Senate on August 1. It will be up to Senate President Pro Tempore Joe Scarnati to make the decision on how to handle the vacancy.

The Governor signed into law SB 189, a bill that will extend health insurance coverage to dependent children up to the age of 30. The legislation, which passed the Senate unanimously in March and the House overwhelmingly in May, would allow adult children to be covered under their parents' insurance plan. A spokesman said Gov. Rendell has long championed this

legislation, among other health-care initiatives. To qualify, the individual must be unmarried, have no dependents, and be a resident of Pennsylvania or a full-time student. The individual cannot have other health-insurance coverage nor be eligible for government-provided health benefits. The SB 189 was the first piece of legislation to reach the governor's desk since the new session began in January.

#### Summer is a Great Time to Get to Know Your Legislator

If you have not already done so, summer is a great time to visit your legislator in his or her district office. They have more time to spend visiting with constituents in their district offices in the summer than they do here in Harrisburg on session days. Check out the members section of [www.pana.org](http://www.pana.org) to find contact information for your local legislator, if you don't already have it.

#### The Alliance of Health Care Providers

The AHCP continues to meet regularly to discuss items impacting the health care provider community.

The AHCP hosted a Freshman Legislator Breakfast earlier this spring to get to know the newly elected House and Senate members. PANA was represented by Diana Davidson, CRNA, PANA President Elect, and Kelly Wiltse, MSN, CRNA, PANA Trustee, at the event. The breakfast the AHCP member organizations a unique opportunity to speak to newly elected legislators about issues that Alliance member organizations have in common.

#### PANA Members Attend Legislative Fundraisers

Representative Michael P. McGeehan (D—Philadelphia) is the new Chairman of the House Professional Licensure Committee. He recently held a fundraiser in his district. PANA members Kelly Wiltse, MSN, CRNA, PANA Trustee, Pamela L. Kauffman, CRNA, MSN, PANA Trustee, and Talitha Massaquoi, CRNA, Constituent of Rep McGeehan, all attended, along with PANA Lobbyist Peg Moyer of The Winter Group. This was an opportunity to get to know Representative McGeehan better and to speak to him about issues of interest to nurse anesthetists.

*Summer is a great time to get to know your legislators...*

## CRNA Recognition Corner

- Maria Magro, CRNA was appointed to chair PANA's Wellness Committee
- Maria Magro, CRNA and Michael Conti, CRNA have been accepted into Villanova University's PhD program
- Janet Guisbert, CRNA was named Woman of the Year for Juniata County
- Ashley Fedden, SRNA is the recipient of the PANA student scholarship (AANA Foundation)
- Jillian Klunk, SRNA from the University of Pittsburgh, and Katie Sullivan, SRNA from York College are both running for the position of student representation to the Education Committee of the AANA
- Michael Neft, CRNA was elected to the Governance Committee of the Eta Chapter of Sigma Theta Tau

## STUDENT VOICE

By Lauren Penn, BSN, SRNA, PANA Student Representative

### PANA Annual Awards for 2009

It is not only an honor, but a pleasure for me to introduce the recipients of this year's PANA Annual Awards. We had a great response from the members of our association in nominating individuals for each award. Being a student myself, I can only emphasize how important it is to have an educator who takes the time to go above and beyond of what is expected of them. It was very difficult for the board to make this year's selections. Each nominee was highly qualified and had support from numerous students and professional colleagues. Therefore, the board decided to recognize two individuals for the Program Director and Didactic Instructor of the Year. The number of nominations in which we received demonstrates that members of our association are doing an outstanding job mentoring the future nurse anesthetist of Pennsylvania. The following awards were presented at this year's PANA Spring Symposium in Hershey, Pennsylvania on April 18<sup>th</sup>, 2009.

#### Program Director of the Year:

- **Michael Kost**, Frank J. Tornetta School of Anesthesia at Montgomery Hospital/La Salle University Nurse Anesthesia Program
- **Maria Magro-Vassilakis**, University of Pennsylvania School of Nursing/Nurse Anesthesia Program

#### Didactic Instructor of the Year:

- **Jason Lowe**, York College University of Pennsylvania/ Wellspan Health Nurse Anesthesia Program
- **Jodie Szlachta**, Villanova University/Crozer Chester Medical Center School of Nurse Anesthesia

#### Clinical Instructor of the Year:

- **Amy Herman**, Student Coordinator, UPMC Shadyside Hospital

#### CRNA Clinician of the Year:

- **Cindy McGettigan**, Chief CRNA, UPMC Braddock

#### Student of the Year:

- **Maria Rolinski**, University of Pittsburgh School of Nursing/ Nurse Anesthesia Program

### PANA College Bowl 2009

This year at the PANA Spring Symposium, the PANA Student Board held their 1<sup>st</sup> Annual College Bowl. Students from all over the state participated in a battle of clinical knowledge. Our moderator, Tom Kelly helped to make this an exciting and fulfilled event for both the participants and the audience. The Student Board would also like to give a special thanks to our Judges, Ann Culp and Deb Aumiller, who were available to make some important calls during the final round. There were four student teams that competed for a chance to compete against the CRNAs in the final round. The winning team received a College Bowl trophy and reimbursement for their admission to the PANA Spring Symposium. We would like to thank all of the students and CRNAs that participated in this event. Your support and enthusiasm helped to make the event a great success.

#### 2009 College Bowl

##### Winners

- **Holly Maley**, York College University of Pennsylvania/ Wellspan Health Nurse Anesthesia Program
- **Nancy Dines**, Wyoming Valley Health Care System/University of Scranton School of Nurse Anesthesia
- **Michelle Lee**, Nazareth Hospital School of Nurse Anesthesia

### PANA Student Board of 2009-2010

With the year coming to an end, the student board is looking for students interested in being apart of the Student Board of 2009-2010. We would like to have a primary and secondary student liaison to represent his or her program in an organization that focuses on leadership, education, fellowship and service to our professional communities. The student liaison's responsibilities include a one year term of maintaining communication with the student board and PANA student representative, assisting with the organization of student activities within their program, and attending a bi-annual meeting which will be held during the PANA Symposiums. If anyone is interested please contact your current student liaison or myself ([lpenn@ycp.edu](mailto:lpenn@ycp.edu)).

#### Reminders:

- 2009 PANA Student Scholarship Applications can be accessed by visiting the student activities section of [www.pana.org](http://www.pana.org). All completed applications are due by August 1<sup>st</sup>, 2009.

## Sandra Fox Sell, CRNA, MSN—In Memoriam



Sandy Sell, a highly respected member of the Pittsburgh Nurse Anesthesia community died in a tragic accident on July 9, 2009. After receiving her Bachelor of Science degree in Nursing from Indiana University of Pennsylvania, she began her career as a staff nurse in the Surgical Intensive Care Unit at Montefiore Hospital. After graduating from the University Health Center of Pittsburgh School of Anesthesia for Nurses she worked as a staff nurse anesthetist at Presbyterian University Hospital. Sandy rose to leadership positions serving as Chief Nurse Anesthetist at Presbyterian and Chief Nurse Anesthetist for the University of Pittsburgh Physicians. She received a Master of Science degree in Nursing from the University of Pittsburgh, and was a member of the Nurse Anesthesia Program faculty at the University of Pittsburgh for several years. Most recently Sandy was a member of the nurse anesthesia staff at UPMC Braddock. She will be sorely missed by both colleagues and students. Sandy leaves behind a legacy of exemplary clinical anesthesia care, administration, and education; she was a role model for all. Sandy was preceded in death by one son, and is survived by her husband and four children.



(Left to Right: Jason Lowe, Joe D'Amico, Cindy McGettigan, Maria Magro-Vassilakis, Jodie Szlachta, & Amy Hermann)

(Left to Right: Our CRNAs: Mike Conti, Mitchell Oblak, & Mike Kinslow)



(Left to Right: Lauren Penn, Michelle Lee, Holly Maley, & Nancy Dines)

(Left to Right: Lauren Penn, Christy Eisenhauer, Desiree Allinson & Jen Bar)



(Left to Right: Alesha Nussbaumer, Jason Mina, & Kelsey Johnson)

(Left to Right: Samantha Zambotti, Kay Mroxcka & Tara Ziegler)



## H.B. 1866

Once again we are on the move to obtain what has been a task passed down to Presidents for more than a decade in our association- the right to protection for our scope of practice. We are all aware of Pa Code 21:17 which defines our scope of practice under the State Board of Nursing. It is this regulation that we use in our practice settings. For many of us, the scope of 21:17 is determined by our employers, and if you're working in a hospital setting or employed by an MDA group your scope of practice will vary widely throughout our state. Even though the State Board of Nursing defines your scope of practice, each work place has the right to determine what that scope will be. In most work settings, if an anesthesiologist sits on the credentialing review board, it is he or she who determines that scope. Throughout the next two years, you will hear many arguments and position statements from all specialties of medicine, especially the anesthesiologists. What is important to remember is that HB 1866 which defines our scope of practice is not about a turf battle, nor is it about broadening our scope of practice. The House and Senate bills will do nothing more than provide entitlement- title protection, so that we as a profession can advance to meet the demands of our border states. The Advanced Nursing Practice Certification is already required in our surrounding states and will soon be expected in Pennsylvania. Nurse Midwives and Nurse Practitioners are recognized in Pennsylvania but we, the oldest advanced nursing practice, are not. We as an association must move forward to ensure our specialty by protecting and securing the right to practice. There have been attempts by the Pennsylvania Medical Society and the Pennsylvania Society of Anesthesiologists to restrict us by controlling our ability to practice. PANA has been successful in protecting your scope of practice, but it becomes harder and harder each time it is attacked. The ability to change your scope of practice is a lot easier when it is a regulation as 21:17 is versus a law, which is what we currently seek. In order for your board to secure your right to practice we must never stop until we achieve title protection and we cannot even begin to acquire an APN certification without it.

In these coming months, anticipate MDAs approaching you with false accusations stating that you want to expand your scope of practice. First, remind them that the workplace is not the environment to discuss politics, and if they have questions or concerns to please call our state office. I would be more than happy to speak to any MDA to discuss our scope of practice bill. Never allow yourselves to enter into a turf discussion. You will never win, but more impor-

tantly, entitlement for your scope of practice has nothing to do with anesthesiologists. Nowhere in the House or Senate bill, is the anesthesiologist's ability to work addressed, nor does this bill impact their scope of practice. This bill does and will do nothing more than protect your right to practice. I challenge any anesthesiologist to review the current regulations under the Department of Health and the State Board of Nursing to see if the scope of practice defined in HB 1866 is anything different than what is written.

PANA's scope of practice bill was written by Marlene Tremell, who is the Executive Director and Legal counsel for the House Professional Licensure committee. It was here in this committee that the language of HB 1866 was written, sponsored and introduced this past week by Representative Gergely. PANA asked Marlene to write the bill. What better person to write this bill than Marlene who has thoroughly researched current regulations to make sure that what is written is nothing more than what is stated in the various regulations that address the scope of practice for CRNAs. PANA is very grateful and sends a sincere thank you for the support and help that Marlene has provided.

I want to thank all of you who have called your representative and asked them to sign on as co-sponsors to Representative Gergely's CRNA scope of practice bill. With your hard work PANA has been successful in getting 55 of the 201 members of the House. Congratulations to all of you and thank you! I do ask that you continue to ask your representatives to sign on. The greater the support the faster and easier this bill will move through committee, in the house and voted in.

In one of my meetings in Harrisburg this past month, I was able to meet with Stacy Mitchell, Deputy Secretary, Pennsylvania Department of Health to address the need to permit our students to obtain their required clinical hours in the out-patient surgical settings. This past week in speaking with Deputy Secretary Mitchell, I was able to confirm that the Department of Health is in agreement to permit our students to obtain their clinical hours in ASFs. A letter is on the way from D.O.H. to acknowledge our request and, once received, I will forward it to our school Program Directors. This is a great accomplishment by your board. This easily could have been an issue that would have been caught up in regulatory language and debated in committee without

getting accomplished. I want to thank our lobbyist Peg Moyer for a job well done in helping PANA accomplish this task, especially during these difficult times in Harrisburg. Peg has also been very instrumental in putting me in contact with key individuals in Harrisburg during these past two years. It is the expertise of individuals like Peg, Mark and Angie that your board relies on so that the story we need to tell is getting to the right individuals. Thank you, lobbyists, for all you do!

Soon before we know it, the Fall meeting will be upon us. It is at this time that the change of leadership will take place. In these past two years it has been a great pleasure for me to serve on your board with colleagues that I have come to know and respect. The members of PANA's board are all great leaders. You should be very proud of their accomplishments and willingness to put forth the effort that is needed to manage and run this great association, and they do it without reservation. We have seen a state association take a hit in Pittsburgh during the hearing of HB 1256 that greatly affected our credibility in the nursing and medical community, yet we have come back in less than nine months to reestablish an excellent reputation with our fellow nursing colleagues and medical specialties. We have seen the creation and organizational development of a Student State Association, we have achieved national awards and recognition in our committees, we have two PANA colleagues elected members of AANA, we have successfully accomplished goals in our strategic plan, we have a new House and Senate bill that defines our scope of practice. The stories of personal growth and development that I have seen in board members are a tribute to the caliber of individuals you have voted in to office. This is a great association and one we can all be proud of. The leadership in 2010 will be outstanding, and I encourage all of you to continue to support your board.

As time passes during the summer please look to the web for current information on HB 1866 and other issues that PANA is addressing. Please pass this information on to your fellow colleagues.

Have a safe and blessed summer and I look forward to seeing you in the Fall.

**Joe**

## Colleagues...continued from page one

healthcare reform it is not unrealistic to see that when CRNAs are performing more than 30 million anesthetics in the United States each year, and a considerable portion of the 30 million is being performed under medical direction, the additional costs of this medical direction model for services is clearly substantial. In the interest of patient safety and access to care, these additional costs imposed by medical direction modalities more than justify the public interest in recognizing and reimbursing fully non-medically directed CRNA services within Medicare, Medicaid and the private health care programs regulated by health care reform.

In Hershey, I addressed the patient assisted device for sedation - Computer Assisted Personalized Sedation System (SEDASYS) - that has been developed and researched by the Ethicon Endo-Surgery, a Johnson & Johnson company. In a follow up, President Rowles on May 15 sent a letter addressed to Mr. Neel Patel, Executive Secretary, Biomedical Engineer, Anesthesiology and Respiratory Devices, Panel Food and Drug Administration. In her letter she calls for Mr. Patel to consider the consequences of such a device that will only present patient safety issues. As she points out, the issue is not whether a healthcare provider may adequately administer Propofol with the assistance of a device such as the SEDASYS. The real question is whether a healthcare provider, untrained in general anesthesia, can adequately address the known complications of Propofol administration to ensure patient safety were such a device to administer a dose of Propofol leading to these complications, by human error in programming or otherwise.

The most current news regarding SEDASYS concerns a meeting held by the panel for the FDA in Washington on May 28, where President Rowles addressed the panel on behalf of the AANA. It appears that this device was approved by the panel with a vote of 8-2, but approval with conditions. Here are those conditions: 1. the patient must be less than 70 years of age with a Physical Status less than III (three); 2. SEDASYS is to be used by three- person care teams with training in advanced airway and pharmacology of Propofol and Fentanyl; 3. knowledge of the SEDASYS set up and troubleshooting is also required along with clinical privileges in deep sedation and general anesthesia. This is however just preliminary and the FDA does not have to take the opinion of the panel, but it usually does. Please continue to look to our web site for updated information.

The future of the Health Care Industry is already proving to be interesting. Both House and Senate are making plans to cut healthcare costs. These cuts will surely affect reimbursements in healthcare for the future. Given the practice models I have stated above, we are in a good position to ensure our ability to practice as anesthesia providers. We must continue to market ourselves and protect our rights as providers. Obtaining a provider number from DPW will ensure our right to bill for our services. We also need an Advanced Nurse Practitioner status which includes prescriptive authority. This can only be done with the passing of a law that defines our

scope of practice. Most importantly, we need to be involved in our state's government decision making policies and regulatory language that affects nurse anesthesia.

A recent study was conducted by the U.S. Government Accountability Office (GAO) entitled Medicare Physician Payments: Medicare and Private Payment Differences for Anesthesia Services. This report was presented to the Subcommittee on Health, Committee on Ways and Means, U.S. House of Representatives. GAO-07-463, July 2007; 15. In this study it was shown that CRNAs predominate where there are more Medicare patients than average in a populated area. It also indicated that CRNAs predominate in services where private payment is lower than the average, which is also where the gap between Medicare and private payment is less. The study goes on to show that where anesthesiologists predominate is where private payments are higher than average and the gap between Medicare and private payment is greater. This study clearly shows that CRNAs are and have been the primary anesthesia provider for Medicare and Medicaid patients.

The future promises to bring changes. It is within your ability to ensure that those changes are favorable to a CRNA's practice.

Throughout the course of this year there may be a time that I will call upon you to help me address issues that come before PANA. Last year your efforts were commendable when called upon to respond to PANA's letter and email campaign. The response was overwhelming. As I stated in Hershey, legislators from both the Senate and House were asking us to please stop sending the emails because they got the message loud and clear. It is only with your help that PANA can move forward to protect and secure your right and ability to practice. Without you, we could in fact find ourselves in a lesser scope of practice than what we enjoy today. Make no mistake, the fight to secure our niche in our profession as an anesthesia care provider is real. There are many specialties lobbying and establishing as much of the playing field as they can to take away your scope of practice. Case in point: the May 28th approval of the SEDASYS device by the panel for the FDA.

I look forward to hearing from you. Please email with your thoughts or suggestions. The Board has only one mission. That mission is to serve, protect and educate our membership to the best of our ability. This can only be achieved through your guidance and suggestions.

In closing I want to thank Dr. Richard Hass, CRNA, PhD, Program Director, York College of Pennsylvania/WellSpan Health Nurse Anesthetist Program, for graciously letting his students attend the Mid-Year Assembly held in Washington, D.C. This was a difficult time for many of our programs that simultaneously had testing and clinical commitments. It was a great pleasure for me to witness both Ashley Fedan and Katie Sullivan speak with intelligence, pride and honor in representing the profession of Nurse Anesthesia to the various Administrative Aides, Senators, and staff members. I find great comfort in knowing that in a short time I will step down as President with the knowledge that I will be represented by the finest young men and women in our Nurse Anesthesia Programs. On behalf of your Board, I want to thank our Program Directors and all the CRNAs in the didactic and clinical settings who prepare our students for the many challenges they will face.

**Joe**



## Tidings

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