



 Outlook

[External] 16A-5145 (CRNA)

From Hein, Dana <Dana.Hein@towerhealth.org>
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To ST, RegulatoryCounsel <RA-STRegulatoryCounsel@pa.gov>

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To Whom it May Concern,

I am the Chief CRNA at a Level I Trauma Center in Berks County, Tower Health Reading Hospital. I have been a CRNA for over 10 years. Prior to becoming a CRNA, I worked as a bedside critical care nurse for 17 years. Let me explain why this rulemaking is so very important to not only our profession but to the patients we serve. As CRNAs, we undergo intense, rigorous didactic and clinical training. When I was in the thick of anesthesia school, I was unable to work for 27 months. This was necessary to be successful in my training. I spent endless hours studying and preparing to be the clinician I am today. You see, while most other specialties focus on "their specialty", we as anesthesia providers must be well educated on all specialties. We are not only giving anesthesia, but we must also be prepared for any event that could occur as a result of a disease process or surgical related complication. Our specialty is medicine, advocacy, vigilance, excellence... Everywhere we see there is a CRNA shortage. Which then leads to the talk of CAAs. The answer is not CAAs. The answer begins with Act 60 of 2021. We must first see this ruling through, so we are recognized and licensed as CRNAs, and able to work within our full scope of practice to administer anesthesia. There is plenty of room for us and our Anesthesiologist colleagues to practice together. There is much work to be done on a daily basis. The passing of this Act will help alleviate the shortage, provide accessibility to our patients, and continue to support excellent patient outcomes and satisfaction. For these reasons and many more, I encourage you to support the proposed rulemaking. I truly appreciate all the support we have received thus far. Thank you for your time and consideration.

Warm regards,
~Dana

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