



 Outlook

[External] CRNA Proposed Rulemaking

From Derek Reckard <dareckard@gmail.com>  
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To ST, RegulatoryCounsel <RA-STRegulatoryCounsel@pa.gov>

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To Whom It May Concern:

I am writing in response to the State Board of Nursing's proposed rulemaking, 16A-5145 (CRNA).

I have been a CRNA practicing in Pennsylvania for almost 20 years and an RN in the Commonwealth for over 25 years.

· This rulemaking finally recognizes and licenses CRNAs as intended under Act 60 of 2021. The rulemaking solidifies the scope of practice for CRNAs to administer anesthesia in cooperation with and under the overall direction of licensed physicians, podiatrists, and dentists, while setting licensing fees and certification standards.

This Rulemaking is vital to the overall well being to the people of the State and also to the Nation. During times of emergency, it is important that other state and national entities can quickly identify PA CRNA's in order to credential and deploy them in times of need.

· CRNAs pride themselves on rigorous education and training standards. These regulations recognize the commitment each individual puts into their profession to provide the highest level of care. Thousands of hours of training goes into becoming a CRNA and it is important that the credentials and licensure recognize this.

· Because of their training and experience, numerous medical studies show there is no statistical difference in patient outcomes when a nurse anesthetist provides treatment. In fact, these studies by nationally recognized health-care policy and research organizations prove that CRNAs provide high-quality care, even for rare and difficult procedures.

· 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, trauma stabilization, and other services. Without CRNAs, facilities in rural areas and medically underserved communities would not be able to maintain these services, forcing many rural Americans to travel long distances for care. Even in the cities and towns of Pennsylvania, CRNA's are providing primary care in cooperation with proceduralists, providing high quality care at a cost effective price.

· Nurse anesthetists have been the main providers of anesthesia care to U.S. military personnel on the front lines since World War I, and they remain the primary anesthesia providers in austere combat theaters. In fact, CRNAs most commonly are the only anesthesia providers in the military's forward surgical teams.

· Pennsylvania is among the top draws nationally for CRNA students, with 15 highly rated nurse anesthetist programs operating across the commonwealth. With these regulations, Pennsylvania is doing the right thing by strengthening existing CRNA programs and supporting the highly qualified professionals these programs produce. We need to keep Pennsylvania a national draw for educating CRNA's. We have more Nurse Anesthesia schools than the whole western United States. Bringing hundreds of students into the state from across the country every year drives the economy, and with this rule change, we can attempt to keep those students in Pennsylvania after they graduate.

· In today's changing health-care environment, patients want health care delivered with personal care, at a lower cost, with a high degree of confidence. CRNAs deliver all of these by staying with their patients throughout the entire procedure and ensuring that the whole of the patient is cared for --- physically, mentally and emotionally.

For all these reasons, I urge support for the proposed rulemaking. I appreciate all the work that has gone into finally giving CRNAs the recognition they deserve. Thank you for your time and attention to this matter.

SINCERELY,  
Derek Reckard MSN CRNA PHRN  
Finleyville Pa.