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**[External] CRNA PROPOSED RULEMAKING**

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**From** Chemski, Hayley R. <chemhr@UPMC.EDU>

**Date** Tue 7/22/2025 8:35 PM

**To** Chemski, Hayley R. <chemhr@UPMC.EDU>; 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 am a Masters prepped CRNA who has practiced under state and federal board certifications since 2008. As a graduate of the University of Pittsburgh School of Nursing Anesthesia (2nd ranked nationally) I am passionate regarding the rigors of my education and the level of leadership I enjoy within my current CRNA employment agreements.

- 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.
- CRNAs pride themselves on rigorous education and training standards. These regulations recognize the commitment each individual puts into their profession to provide the highest levels of care. I have been fortunate to work in several institutions, one of which I practice independent under the supervision of eye surgeons. I find great autonomy in this role and excellent job satisfaction while promoting leadership and excellent nursing care of the aging demographic.
- 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.
- 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.
- 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,  
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