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**[External] CRNA Proposed Rulemaking**

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**From** Ryan W <rewade06@gmail.com>  
**Date** Wed 7/23/2025 7:41 AM  
**To** ST, RegulatoryCounsel <RA-STRegulatoryCounsel@pa.gov>

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To whom it may concern:

My name is Ryan Wade, and I am a Certified Registered Nurse Anesthetist (CRNA) currently working at West Virginia University Medicine Uniontown Hospital in Uniontown, PA. I trained as a CRNA in Pittsburgh, PA, and I have been practicing for 5 years. I am writing in response to the State Board of Nursing's proposed rulemaking 16A-5145 (CRNA).

Following training, I returned to Texas, my home at the time, and practiced as a licensed, full-scope independent CRNA until returning to PA. Laws in Texas are different, and CRNAs may perform independent anesthetic care with an order from any physician (ie, does not need to be an anesthesiologist). In my former hospital, should you or a loved one present for any type of surgery, a CRNA would manage that care throughout the pre-, intra-, and postoperative period without an anesthesiologist directing, supervising, or overseeing any part of the care process. My previous hospital also delivered approximately 3600 babies a year, and CRNAs managed this as well - 24 hours a day, 7 days a week. This hospital is located in Laredo, TX, and while not considered a rural area, it is a spot most people do not seek out unless they have ties there. This extends to healthcare including physician anesthesiologists. I went there to fill the need for anesthesia care, and as I write this, CRNAs are currently delivering care in surgery and for expectant mothers. For comparison, Laredo has a city population of approximately 257,000 people while the City of Pittsburgh, PA (not the greater area), has a population of approximately 303,000. Imagine the City of Pittsburgh not receiving anesthesia care because it was a less desirable place to live. If it were up to CRNAs, that would never be an issue.

Pennsylvania has 15 CRNA programs with access to some of the finest healthcare systems in the country. We are afforded excellent training opportunities, and we produce graduates who are capable of delivering care in any setting. I graduated and went into full-scope, independent practice, because I was exceptionally well-trained and confident in my skills. My service in the operating room was successful over the last 5 years not because I got lucky. There is no difference in the standards expected of physician anesthesiologists and nurse anesthetists. The people in Laredo received, and continue to receive, the standard of care expected of all anesthesia providers, and it was delivered safely by a PA-trained CRNA (there were actually two of us from PA, one from the Philadelphia area works there as well).

As Pennsylvania sits at the forefront of healthcare, we should not lag behind in licensing and recognizing us as a major pillar in safe anesthetic care, and I encourage support for this proposed rulemaking.

Very Respectfully,

Ryan Wade, MS, CRNA  
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