



 Outlook

[External] CRNA Proposed Rulemaking Reference 16A-5145 (CRNA)

From S B <serafbear@gmail.com>
Date Tue 7/22/2025 8:46 AM
To ST, RegulatoryCounsel <RA-STRegulatoryCounsel@pa.gov>

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To whom it may concern:

I am writing to urge support for the proposed rulemaking. I appreciate all the work that has gone into finally giving CRNAs the recognition they deserve.

CRNAs are vital members of the hospital teams, especially in rural settings and in the VA. We are highly trained with intense focus on caring for those having procedures, critical care, and emergency settings. We were integral during COVID, providing airway support and critical care.

This rulemaking will finally recognize and license 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.

Currently, CRNAs have responsibilities, which include:

Educating people before and after they receive anesthesia for a procedure or surgery.
Assessing a person's physical response to anesthesia.
Identifying possible risks to the person undergoing anesthesia, including allergies to anesthetics and issues related to health conditions they may have, such as asthma or diabetes.
Providing precise dosages of anesthesia.
CRNAs work with surgeons, anesthesiologists, dentists, podiatrists and other healthcare providers to provide anesthesia care to people undergoing all types of procedures. They care for people of all ages, undergoing all types of surgical procedures.

CRNAs are often the sole anesthesia providers in hospitals in rural parts of the United States. They're also the main provider of anesthesia to the people who serve in the U.S. armed forces.

CRNAs can work in several different medical settings, including:

Hospital operating rooms (ORs)
Postanesthesia recovery rooms (PACU)
Emergency rooms (ERs)
Outpatient surgery centers
Labor and delivery units
Physician's offices
Dentist's offices

I am a CRNA who has been practicing in Pennsylvania since 2008. Prior to graduation, I completed my BSN (4 yrs) and then worked 4.5 years in both Cardiothoracic ICU and neurotrauma ICU gaining vital hands on critical care patient care. I, then, completed my MSN of over 28 months with clinical work in the operating room of over 800 cases. I have worked in the hospital setting, surgery centers, and office settings. I have cared for thousands of patients in need of anesthesia, including oncological surgery patients, open heart patients, critically ill patients, etc. I have also cared for premature babies to the elderly up to age 104. I have worked at UPMC Children's hospital of Pittsburgh for 10 years, UPMC Shadyside Hospital for 16, Bethel Surgery Center for 8 year, UPMC Magee Women's hospital for 3 years in addition to floating to UPMC Mercy Hospital, and UPMC Presbyterian Hospital.

I am proud of being CRNA, all that I have achieved, the skill set that I have, and to have cared for so many patients. CRNAs should be recognized as an APRN just like CRNPs and CNMs.

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 level of care. I attended the University of Pittsburgh School of Nurse Anesthesia which was the top ranked anesthesia school at the time. I completed my clinical throughout UPMC hospitals, providing intensive training throughout the UPMC system surgical suites.

- Because of intensive CRNA training and experience, numerous medical studies show there is no statistical difference in patient outcomes when a nurse anesthetist versus an anesthesiologist 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. They provide safe care and cost effective staffing for these facilities so that they can continue to provide services on rural areas.

- 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.

This rulemaking will finally recognize and license 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.

In Pennsylvania, either you or someone that you know has likely been cared for by a CRNA. It is important to recognize CRNAS as the highly trained, experienced, care providers --APRNs.

There are many states in the US who currently recognize CRNAs as APRN, it is about time that Pennsylvania joins the list.

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,

Serafina Bear, MSN, CRNA
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