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[External] Comments on proposed rulemaking 16A- 5145 (CRNA)

From Deb Davison <dadcra@hotmail.com>  
Date Tue 7/29/2025 9:54 AM  
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 for 35+ years and have experienced the growth of our profession over the decades. Clinically, I work at Allegheny General Hospital, a Level I Trauma Center in Pittsburgh, PA. I am also an educator and administrator, having been the Program Director of Allegheny School of Anesthesia from 1993 to the present time. Many of my former graduates and colleagues have served in the military, worked as hospital and surgery center employees across the country, have incorporated and contracted with many different practice settings, and have volunteered to provide anesthesia services to areas in need of our specialized services during the COVID pandemic. CRNAs will continue to ensure that rigorous standards in anesthesia care are maintained, ensuring patient safety and satisfaction for decades to come.

Hundreds of my graduates currently work in states which recognize CRNAs as advanced practice nurses, and they perform the same functions which Pennsylvania CRNAs do. This long-awaited 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.

We CRNAs pride ourselves on the rigorous educational standards which have continued to evolve over the years to prepare us with the knowledge and skills necessary to meet the needs of an ever-changing population in an environment of ever-changing technological advancements. I remember when nurses could enter anesthesia programs right out of nursing school and receive a "certificate" in anesthesia to work as CRNAs. A bachelor's degree became a requirement for entry into a nurse anesthesia program in 1986, then in 1998, it became mandatory that graduates have a master's degree, to the present day when a doctorate is the mandatory requirement of graduates of anesthesia programs (2025)!

We work in a profession which demands accountability for patient well-being, accurate diagnoses, and appropriate interventions, while maintaining confidentiality and adhering to strict ethical guidelines. Healthcare is an ever-evolving field with new research, treatments, technologies, and policies. Staying current through continuing education is crucial for license renewal, recertification and maintaining professional competence. CRNAs are initially certified and recertified by the National Board of Certification and Recertification for Nurse Anesthetists throughout their career.

Because of our training and experience, numerous medical studies have demonstrated no statistical difference in patient outcomes when anesthesia care is provided by CRNAs or Anesthesiologists. In fact, these studies done by nationally recognized health-care policy and research organizations prove that CRNAs provide high-quality care, even for rare and difficult procedures.

Employers from across the country recruit Pennsylvania anesthesia students because we have fifteen highly rated nurse anesthesia 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.

For all the above points, I urge support for the proposed rulemaking and appreciate all the work that has gone into finally giving CRNAs the recognition they deserve. This ruling will serve to address healthcare challenges and positively impact patient outcomes. Thank you for taking time to read my comments.

Sincerely,

Deborah Davison, DNAP, MS, BSN, RN, CRNA

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