



# Pennsylvania Association of Nurse Anesthetists

FROM: Major Michael Scully  
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TO: Pennsylvania House Committee on Professional Licensure:

SUBJECT: Opposition to HB 789

1. I oppose HB 789 as it is unnecessary and is inconsistent with current CRNA practice and CRNA's educational preparation.
2. I have been a CRNA for 13 years and am currently a resident of Pennsylvania. I work for the VA system in Wilmington, Delaware. In Delaware, I have an APRN license and there is no state regulation or law that requires CRNAs to be supervised. We work in collaboration with anesthesiologists at the VA hospital. I have prescriptive authority in Delaware and this facilitates patient care by allowing for all anesthesia providers to prescribe pain medicine and other agents pre-operatively and post-operatively, in addition to the anesthetic delivered in the OR.
3. I have been an Army reservist for 19 years and have served in active duty at Ft. Polk, Ft Stewart, Landstuhl, Germany, and Afghanistan Fob Warrior. In this active duty capacity I have delivered anesthesia for soldiers and civilians down range without an anesthesiologist. I have been the sole anesthesia provider for our military members and civilians. I am responsible for all aspects of patient safety, care, administration of medications, placement of invasive lines, airway management and recovery care. In this environment, I appropriately seek medical clearances from physicians of other specialties, when necessary. I utilize the full scope of my education and training and am well-respected by my physician and nurse military and civilian colleagues.
4. In military situations where there are both anesthesiologist and CRNA providers, there is true collaboration without the veil of a supervisory hierarchy, as in this situation, the military rank of a CRNA may be superior to that of the physician. In the military environment, the anesthesia expertise of CRNAs is appreciated, respected and utilized to care for patients down range and stateside.
5. HB 789 is unnecessary, and Pennsylvania should be utilizing CRNAs to the full scope of their education and training, where supervision by a physician is unnecessary, redundant and serves only to increase the cost of providing health care. There is no data to support the further restriction of CRNA practice and the safety record of anesthesia is well-documented to be safe, regardless of provider.

Thank you for considering my comments.

Sincerely,

  
Major Michael Scully CRNA, MSN  
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