

For More Information

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Certified Registered Nurse Anesthetists (CRNAs) at a Glance

Nurse anesthetists have been providing anesthesia care to patients in the United States for 150 years.

The credential CRNA (Certified Registered Nurse Anesthetist) came into existence in 1956. CRNAs are anesthesia professionals who safely administer *more than 34 million anesthetics* to patients each year in the United States, according to the American Association of Nurse Anesthetists (AANA) 2012 Practice Profile Survey.

CRNAs are the primary providers of anesthesia care in rural America, enabling healthcare facilities in these medically underserved areas to offer obstetrical, surgical, pain management and trauma stabilization services. In some states, CRNAs are the sole providers in nearly 100% of the rural hospitals.

According to a 1999 report from the Institute of Medicine, anesthesia care is nearly 50 times safer than it was in the early 1980s. Numerous outcomes studies have demonstrated that there is no difference in the quality of care provided by CRNAs and their physician counterparts.*

CRNAs provide anesthesia in collaboration with surgeons, anesthesiologists, dentists, podiatrists, and other qualified healthcare professionals. When anesthesia is administered by a nurse anesthetist, it is recognized as the practice of nursing; when administered by an anesthesiologist, it is recognized as the practice of medicine. Regardless of whether their educational background is in nursing or medicine, all anesthesia professionals give anesthesia the same way.

As advanced practice registered nurses, CRNAs practice with a high degree of autonomy and professional respect. They carry a heavy load of responsibility and are compensated accordingly.

CRNAs practice in every setting in which anesthesia is delivered: traditional hospital surgical suites and obstetrical delivery rooms; critical access hospitals; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, plastic surgeons, and pain management specialists; and U.S. military, Public Health Services, and Department of Veterans Affairs healthcare facilities.

Nurse anesthetists have been the main providers of anesthesia care to U.S. military personnel on the front lines since WWI, including current conflicts in the Middle East. Nurses first provided anesthesia to wounded soldiers during the Civil War.

Managed care plans recognize CRNAs for providing high-quality anesthesia care with reduced expense to patients and insurance companies. *The cost-efficiency of CRNAs helps control escalating healthcare costs.*

In 2001, the Centers for Medicare & Medicaid Services (CMS) changed the federal physician supervision rule for nurse anesthetists to allow state governors to opt out of this facility reimbursement requirement (which applies to hospitals and ambulatory surgical centers) by meeting three criteria: 1) consult the state boards of medicine and nursing about issues related to access to and the quality of anesthesia services in the state, 2) determine that opting out is consistent with state law, and 3) determine that opting out is in the best interests of the state's citizens. To date, 17 states have opted out of the federal supervision requirement, most recently Kentucky (April 2012). Additional states do not have supervision requirements in state law and are eligible to opt out should the governors elect to do so.

Nationally, the average 2012 malpractice premium for self-employed CRNAs was 33% lower than in 1988 (65% lower when adjusted for inflation).

Legislation passed by Congress in 1986 made nurse anesthetists the first nursing specialty to be accorded direct reimbursement rights under the Medicare program.

Nearly 47,000 of the nation's nurse anesthetists (including CRNAs and student registered nurse anesthetists) are members of the AANA (or, greater than 90% of all U.S. nurse anesthetists). More than 40% of nurse anesthetists are men, compared with less than 10% of nursing as a whole.

Education and experience required to become a CRNA include:

- A Bachelor of Science in Nursing (BSN) or other appropriate baccalaureate degree.
- A current license as a registered nurse.
- At least one year of experience as a registered nurse in an acute care setting.
- Graduation with a minimum of a master's degree from an accredited nurse anesthesia educational program. As of Aug. 1, 2013 there were 113 accredited nurse anesthesia programs in the United States utilizing more than 2,200 active clinical sites; 16 of these programs award a doctoral degree for entry into practice. Nurse anesthesia programs range from 24-36 months, depending upon university requirements. All programs include clinical training in university-based or large community hospitals.
- Pass the national certification examination following graduation.

In order to be recertified, CRNAs must obtain a minimum of 40 hours of approved continuing education every two years, document substantial anesthesia practice, maintain current state licensure, and certify that they have not developed any conditions that could adversely affect their ability to practice anesthesia.

***For a copy of *Quality of Care in Anesthesia*, go to www.aana.com > About Us > Resources.**