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Safe and effective anesthesia
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Certified Registered Nurse Anesthetists Fact Sheet

History: Nurse anesthetists have been providing anesthesia care to patients in the United States for more than 150 years. The CRNA (Certified Registered Nurse Anesthetist) credential came into existence in 1956.

Prolific Providers: CRNAs are anesthesia professionals who safely administer *more than 45 million anesthetics* to patients each year in the United States, according to the American Association of Nurse Anesthetists (AANA) 2018 Member Profile Survey.

Rural America: 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 percent of the rural hospitals.

Anesthesia Safety: 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.

Practice of Nursing: CRNAs provide anesthesia in collaboration with surgeons, dentists, podiatrists, anesthesiologists, 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.

Autonomy and Responsibility: 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.*

Practice Settings: 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.

Military Presence: Nurses first provided anesthesia on the battlefields of the American Civil War. During WWI, nurse anesthetists became the predominant providers of anesthesia care to wounded soldiers on the front lines; today, CRNAs continue to be the primary providers of anesthesia care to U.S. military personnel on front lines, navy ships, and aircraft evacuation teams around the globe.

Cost-Efficiency: 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.*

Supervision Opt-Out: 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 physician supervision requirement, including: Iowa, Nebraska, Idaho, Minnesota, New Hampshire, New Mexico, Kansas, North Dakota, Washington, Alaska, Oregon, Montana, South Dakota, Wisconsin, California,

Colorado, and Kentucky. Additional states do not have supervision requirements in state law and are eligible to opt out should the governors elect to do so.

Malpractice Premiums: On a nationwide basis, the average 2016 malpractice liability insurance premium for self-employed CRNAs was 33 percent less than it was in 1988. When trended for inflation through 2016, the reduction in premiums was even greater at 67 percent.

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

AANA Membership: Nearly 53,000 of the nation's nurse anesthetists (including CRNAs and student registered nurse anesthetists) are members of the AANA (or nearly 90 percent of all U.S. nurse anesthetists). More than 40 percent of nurse anesthetists are men, compared with less than 10 percent of nursing as a whole.

Education Requirements: The minimum education and experience required to become a CRNA include**:

- A baccalaureate or graduate degree in nursing or other appropriate major.
- An unencumbered license as a registered professional nurse and/or APRN in the United States or its territories and protectorates.
- A minimum of one-year full-time work experience, or its part-time equivalent, as a registered nurse in a critical care setting within the United States, its territories, or a U.S. military hospital outside of the United States. The average experience of RNs entering nurse anesthesia educational programs is 2.9 years.
- Graduation with a minimum of a master's degree from a nurse anesthesia educational program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs. As of August 2018, there were 121 accredited nurse anesthesia programs in the United States and Puerto Rico utilizing 1,799 active clinical sites; 80 nurse anesthesia programs are approved to award doctoral degrees for entry into practice.***
- Nurse anesthesia programs range from 24-51 months, depending on university requirements. Programs include clinical settings and experiences. Graduates of nurse anesthesia educational programs have an average of 9,369 hours of clinical experience.
- Some CRNAs pursue a fellowship in a specialized area of anesthesiology such as chronic pain management following attainment of their degree in nurse anesthesia.

Certification: Before they can become CRNAs, graduates of nurse anesthesia educational programs must pass the National Certification Examination.

Recertification: A recertification program called the Continued Professional Certification (CPC) Program, which is administered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA), is based on eight-year periods comprised of two four-year cycles and officially began on Aug. 1, 2016. In addition to practice and license requirements, the CPC Program includes four main components: 60 Class A CE credits or traditional continuing education credits; 40 Class B credits or professional development activities; completion of Core Modules in four content areas, including airway management technique, applied clinical pharmacology, human physiology and pathophysiology, and anesthesia equipment and technology (recommended but not required); and pass a comprehensive examination every eight years.

*For information about CRNA compensation, please contact the AANA Public Relations Department at 847-655-1143.
**Nurse anesthesia educational programs have admission requirements in addition to the above minimums. A complete list of programs and information about each of them can be found at https://www.coacrna.org/accredited-programs/Pages/CRNA-School-Search.aspx
*** Beginning Jan. 1, 2022, all students matriculating into an accredited program must be enrolled in a doctoral program.

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