Politics 101 for CRNAs: Everything you need to know. And yes, you need to know.

Jodie Szlachta CRNA, PhD
Lecture Objectives

1. Review regulations that pertain to CRNAs.
2. Why CRNAs should be aware of #1.
3. Discuss the political landscape in PA.
4. Why CRNAs should be aware of #3.
5. Inspire CRNAs to take small steps to be involved.
Regulation of CRNA practice

PA: 3 sources of Regulation

1. PA State Board Of Nursing
   PA Code 21.17 in Regulation
2. PA Dept. of Health
   Regulation 123.5: Administration of Anesthesia, Hospital regs
3. PA Dept. of Health
   Regulation 555.32: ASF regulation
CHAPTER 21. STATE BOARD OF NURSING

A. REGISTERED NURSES ... 21.1
B. PRACTICAL NURSES ... 21.141
C. CERTIFIED REGISTERED NURSE PRACTITIONERS ... 21.251
D. INTERPRETATIONS ... 21.401
E. CHILD ABUSE REPORTING REQUIREMENTS ... 21.501
F. VOLUNTEER LICENSES ... 21.601
G. DIETITIAN-NUTRITIONISTS ... 21.701
H. CLINICAL NURSE SPECIALISTS ... 21.801
Subchapter A. REGISTERED NURSES

GENERAL PROVISIONS
21.2. Scope.
21.3. [Reserved].
21.5. Fees.

RESPONSIBILITIES OF THE REGISTERED NURSE
21.15. Monitoring, defibrillating and resuscitating.
21.18a. Impaired professional program.
CRNA scope of practice: PA Code 21.17 in Regulation State Board of Nursing

• (3) The certified nurse anesthetist is authorized to administer anesthesia in cooperation with a surgeon or dentist.
  – The nurse anesthetist’s performance shall be under the overall direction of the chief or director of anesthesia services.
  – In situations or health care delivery facilities where these services are not mandatory, the nurse anesthetist’s performance shall be under the overall direction of the surgeon or dentist responsible for the patient’s care.

• (b) For purposes of this section, “cooperation” means a process in which the nurse anesthetist and the surgeon work together with each contributing an area of expertise, at their individual and respective levels of education and training.

The administration of anesthesia is a proper function of a registered nurse and is a function regulated by this section; this function may not be performed unless:

(1) The registered nurse has successfully completed the educational program of a school for nurse anesthetists accredited by the Council on Accreditation of Education Programs of Nurse Anesthesia of the American Association of Nurse Anesthetists.

(2) The registered nurse is certified as a Registered Nurse Anesthetist by the Council on Certification or on Recertification of Nurse Anesthetists of the American Association of Nurse Anesthetists.

(3) The certified nurse anesthetist is authorized to administer anesthesia in cooperation with a surgeon or dentist. The nurse anesthetist’s performance shall be under the overall direction of the chief or director of anesthesia services. In situations or health care delivery facilities where these services are not mandatory, the nurse anesthetist’s performance shall be under the overall direction of the surgeon or dentist responsible for the patient’s care.

(4) Except as otherwise provided in 28 Pa. Code § 123.7(c) (relating to dental anesthetist and nurse anesthetist qualifications), when the operating/anesthesia team consists entirely of nonphysicians, such as a dentist and a certified registered nurse anesthetist, the registered nurse anesthetist shall have available to her by physical presence or electronic communication an anesthesiologist or consulting physician of her choice.

(5) A noncertified registered nurse who has completed an approved anesthesia program may administer anesthesia under the direction of and in the presence of the chief or director anesthesia services or a Board certified anesthesiologist until the announcement of results of the first examination given for certification for which she is eligible. If a person fails to take or fails to pass the examination, the person shall immediately cease practicing as a nurse anesthetist. If the applicant, due to extenuating circumstances, cannot take the first scheduled examination following completion of the program, the applicant shall appeal to the Board for authority to continue practicing.

(b) For purposes of this section, “cooperation” means a process in which the nurse anesthetist and the surgeon work together with each contributing an area of expertise, at their individual and respective levels of education and training.
Regulation of CRNA practice

PA: 3 sources of Regulation

1. PA State Board Of Nursing
   PA Code 21.17 in Regulation

2. PA Dept. of Health
   Regulation 123.5:
   Administration of Anesthesia

3. PA Dept. of Health
   Regulation 555.32: ASF regulation
The PA Code: state regulations
TITLE 28

HEALTH AND SAFETY

PART I. General Health
Chapter 1. Administration of Vital Records (View pdf)
Chapter 2. [Reserved] (View pdf)
Chapter 3. [Reserved] (View pdf)
Chapter 4. Head Injury Program (View pdf)
Chapter 5. Clinical Laboratories (View pdf)
Chapter 6. Drugs Which May Be Used by Certain Optometrists (View pdf)
Chapter 7. Primary Health Centers under the Health Care Services Malpractice Act (View pdf)
Chapter 8. Practice and Procedure (View pdf)
Chapter 9. Managed Care Organizations (View pdf)
Chapter 10. Designation of Medically Deprived Areas (View pdf)

PART II. Local Health
Chapter 11. Sanitary and Health Officers (View pdf)
Chapter 13. Personnel Administration in County Health Departments (View pdf)
Chapter 15. State Aid to Local Health Departments (View pdf)
Chapter 17. Standards for Environmental Health Services (View pdf)
Chapter 18. Public Swimming and Bathing Places (View pdf)
Chapter 19. Organized Camps and Campgrounds (View pdf)
Chapter 20. Tenement Lodging and Boarding Houses (View pdf)

PART III. Prevention of Diseases
Chapter 21. [Reserved] (View pdf)
Chapter 23. School Health (View pdf)
Chapter 25. Controlled Substances, Drugs, Devices and Cosmetics (View pdf)
Chapter 27. Communicable and Noncommunicable Diseases (View pdf)
Chapter 28. Screening and Follow-Up for Diseases of the Newborn (View pdf)
Chapter 29. Miscellaneous Health Provisions (View pdf)
Chapter 30. Blood Banks (View pdf)

PART IV. Health Facilities
Subpart A. General Provisions
PA Dept. of Health
Regulation 123.5:
Administration of Anesthesia
in a HOSPITAL

• Anesthesia care shall be provided by a qualified physician, anesthesiologist, resident physician in training, dentist anesthetist, qualified nurse anesthetist under the supervision of the operating physician or anesthesiologist, or supervised nurse trainees enrolled in a course approved by the American Association of Nurse Anesthetists.

• Multiple sections in this chapter (123.1-123.26) but this is the language that was picked out for HB 1603
PA Dept. of Health
Regulation 123.13: Policies or Responsibilities

• Policies or responsibilities (of the health care facility)

• The governing body (hospital) or its designee shall determine the extent of anesthesia services and shall define the degree of supervision required for and the scope of responsibilities delegated to nurse and dentist anesthetists, as well as the corresponding responsibilities of supervising physicians.
Regulation of CRNA practice

PA: 3 sources of Regulation

1. PA State Board Of Nursing
   PA Code 21.17 in Regulation
2. PA Dept. of Health
   Regulation 123.5: Administration of Anesthesia
3. PA Dept. of Health
   Regulation 555.32: ASF regulation
The PA Code: state regulations
TITLE 28

HEALTH AND SAFETY

PART I. General Health
  Chapter 1. Administration of Vital Records (View pdf)
  Chapter 2. [Reserved] (View pdf)
  Chapter 3. [Reserved] (View pdf)
  Chapter 4. Head Injury Program (View pdf)
  Chapter 5. Clinical Laboratories (View pdf)
  Chapter 6. Drugs Which May Be Used by Certain Optometrists (View pdf)
  Chapter 7. Primary Health Centers under the Health Care Services Malpractice Act (View pdf)
  Chapter 8. Practice and Procedure (View pdf)
  Chapter 9. Managed Care Organizations (View pdf)
  Chapter 10. Designation of Medically Deprived Areas (View pdf)

PART II. Local Health
  Chapter 11. Sanitary and Health Officers (View pdf)
  Chapter 13. Personnel Administration in County Health Departments (View pdf)
  Chapter 15. State Aid to Local Health Departments (View pdf)
  Chapter 17. Standards for Environmental Health Services (View pdf)
  Chapter 18. Public Swimming and Bathing Places (View pdf)
  Chapter 19. Organized Camps and Campgrounds (View pdf)
  Chapter 20. Tenement, Lodging and Boarding Houses (View pdf)

PART III. Prevention of Diseases
  Chapter 21. [Reserved] (View pdf)
  Chapter 23. School Health (View pdf)
  Chapter 25. Controlled Substances, Drugs, Devices and Cosmetics (View pdf)
  Chapter 27. Communicable and Noncommunicable Diseases (View pdf)
  Chapter 28. Screening and Follow-Up for Diseases of the Newborn (View pdf)
  Chapter 29. Miscellaneous Health Provisions (View pdf)
  Chapter 30. Blood Banks (View pdf)

PART IV. Health Facilities

Subpart A. General Provisions
CHAPTER 555. MEDICAL STAFF

MEDICAL STAFF

Sec.

555.1. Principle.
555.2. Medical staff membership.
555.3. Requirements for membership and privileges.
555.4. Clinical activities and duties of physician assistants and certified registered nurse practitioners.

MEDICAL ORDERS

555.11. Written orders.
555.13. Administration of drugs.

SURGICAL SERVICES

555.21. Surgical procedures.
555.22. Preoperative care.
555.23. Operative care.
SURGICAL SERVICES

555.21. Surgical procedures.
555.22. Preoperative care.
555.23. Operative care.

ANESTHESIA SERVICES

555.31. Principle.
555.32. Administration of anesthesia.
555.33. Anesthesia policies and procedures.
555.34. Development and review of safety regulations.
555.35. Safety regulations.

Authority

The provisions of this Chapter 555 issued under Chapter 8 of the Health Care Facilities Act (35 P. S. §§ 448.801a—448.820), specifically sections 448.801a and 448.803; section 2102(a) and (g) of The Administrative Code of 1929 (71 P. S. § 532(a) and (g)), unless otherwise noted.

Source

The provisions of this Chapter 555 adopted January 23, 1987, effective March 25, 1987, 17 Pa.B. 376, unless otherwise noted.

MEDICAL STAFF
§ 555.32. Administration of anesthesia.

(a) Anesthetics shall be administered by anesthesiologists and certified registered nurse anesthetists and dentist anesthetists, or practitioners as defined in § 551.3 (relating to definitions).

(b) If a nonphysician administers the anesthesia, the anesthetist shall be under the overall direction of an anesthesiologist or a physician or dentist who is present in the ASF.

(c) The Director of Anesthesia Services shall be responsible for designating the physician or dentist who will be responsible for the overall direction of the anesthetist.

Source

ASF-based CRNA

21:17 “cooperation”

DOH 555.32 “overall direction”

Hospital-based CRNA

21:17 “cooperation”

DOH 123 “supervision”
CMS

• Requires CRNAs to be “supervised”.

A certified registered nurse anesthetist (CRNA), as defined in §410.69(b) of this chapter, who, unless exempted in accordance with paragraph (c) of this section, is under the supervision of the operating practitioner or of an anesthesiologist who is immediately available if needed.

So what’s an “opt-out?”

§482.52(c) Standard: State Exemption

(1) A hospital may be exempted from the requirement for MD/DO supervision of CRNAs as described in paragraph (a)(4) of this section, if the State in which the hospital is located submits a letter to CMS signed by the Governor, following consultation with the State’s Boards of Medicine and Nursing, requesting exemption from MD/DO supervision of CRNAs. The letter from the Governor must attest that he or she has consulted with State Boards of Medicine and Nursing about issues related to access to and the quality of anesthesia services in the State and has concluded that it is in the best interests of the State’s citizens to opt-out of the current MD/DO supervision requirement, and that the opt-out is consistent with State law.

(2) The request for exemption and recognition of State laws, and the withdrawal of the request may be submitted at any time, and are effective upon submission.
Opt-out states:

1. Iowa 2001
2. Nebraska 2002
3. Idaho March 2002
4. New Hampshire 2002
5. New Mexico 2002
6. New Mexico 2002
8. North Dakota 2003

10. Alaska 2003
11. Oregon 2003
13. South Dakota 2005
14. Wisconsin 2005
15. California 2009
16. Colorado 2010
17. Kentucky 2012

1/3 Country has no SUPERVISION requirements
TEFRA rules: required by CMS to bill for medical direction 1:4

1. Perform a pre-anesthetic examination and evaluation and document it in the medical record.
2. Prescribe the anesthesia plan.
3. Personally participate in the most demanding procedures in the anesthesia plan—including induction and emergence, if applicable—and document this.
4. Ensure that any procedures in the anesthesia plan are performed by a qualified anesthetist.
5. Monitor the course of anesthesia administration at frequent intervals and document that they were present during some portion of the anesthesia monitoring.
7. Provide indicated-post-anesthesia care and document it.
Another CMS exception:

The administration of medication via an epidural or spinal route for the purpose of analgesia, during labor and delivery, is not considered anesthesia and therefore is not subject to the anesthesia supervision requirements at 42 CFR 482.52(a). However, if the obstetrician or other qualified physician attending to the patient determines that an operative delivery (i.e., C-section) of the infant is necessary, it is likely that the subsequent administration of medication is for anesthesia, as defined above, and the anesthesia supervision requirements at 42 CFR 482.52(a) would apply.
Current legislation: CRNA title recognition

• HB 719 Representative Cutler
  – Sitting in House Professional Licensure Committee

• SB 274 Senator Gordner
  – Passed 49/50 votes.
Current legislation - supervision law

HB 789 : (House Bill)
Representative Christiana

SB 960 : (Senate Bill)
Senator Killion

Introduced in order to take the Hospital Regulations in PA Code (hospital regs) 123.5 that require CRNAs to be “supervised” and make it a law.
House Professional Licensure Committee Hearing
HOW A BILL BECOMES A LAW

In the Congress there are two chambers, the House of Representatives and the Senate. The two chambers use the same process for passing legislation, although there are differences in rules and jurisdiction. During the 111th Congress (2009 - 2010), 10,237 bills were introduced and 366 were enacted.
Floor of PA house of representatives
Floor of PA Senate
State Government 101: PA

Governor Wolf

House of Representatives
203 members
Speaker of the House
Majority Leader
Majority Whip

Pennsylvania Senate
50 members
President Pro Tem
Majority Leader
Majority Whip
The General Assembly has 253 members, Senate with 50 members
House of Representatives with 203 members
making it the second-largest state legislature in the nation (behind New Hampshire)
the largest full-time legislature.
PA House of Representatives:

Speaker of the House: Mike Turzai
Majority Leader: Dave Reed
Majority Whip: Bryan Cutler
Pennsylvania
Senate

Senate President: Mike Stack
(Lt. Governor)

President Pro Tempore: Joseph B. Scarnati III

Majority Leader: Jake Corman

Majority Whip: John Gordner
Speaker of the House
Responsibilities:

The **speaker** is the principal leader of the House of Representatives. (also referred to as the general assembly).

1. Appoint committee chairs and members

2. Refer bills to committee
House Professional Licensure Committee
President Pro Tempore of the Senate

The **President Pro Tempore** is the principal leader of the senate.

1. Appoint committee chairs and members

2. Refer bills to committee
Legislative process

**HOW A BILL BECOMES A LAW**

In the Congress there are two chambers, the House of Representatives and the Senate. The two chambers use the same process for passing legislation, although there are differences in rules and jurisdiction. During the 111th Congress (2009 - 2010), 10,237 bills were introduced and 366 were enacted.
PA House of Representative Committees

- Aging & Older Adult Services
- Agriculture & Rural Affairs
- Appropriations
- Children & Youth
- Commerce
- Committee On Committees
- Committee On Ethics
- Consumer Affairs
- Education
- Environmental Resources & Energy
- Finance
- Game & Fisheries
- Gaming Oversight
- Health and Human Services
- Insurance
- Judiciary
- Labor & Industry
- Liquor Control
- Local Government
- Professional Licensure
- Rules
- State Government
- Tourism & Recreational Development
- Transportation
- Urban Affairs
- Veterans Affairs & Emergency Preparedness
PA Senate Committees

- Aging & Youth
- Agriculture & Rural Affairs
- Appropriations
- Banking & Insurance
- Communications & Technology
- Community, Economic & Recreational Development
- Consumer Protection & Professional Licensure
- Education
- Environmental Resources & Energy
- Finance
- Game & Fisheries
- Health & Human Services
- Intergovernmental Operations
- Judiciary
- Labor & Industry
- Law & Justice
- Local Government
- Rules & Executive Nominations
- State Government
- Transportation
- Urban Affairs & Housing
- Veterans Affairs & Emergency Preparedness
What about the committees?

http://www.legis.state.pa.us/cfdocs/CteeInfo/StandingCommittees.cfm?CteeBody=H

http://www.legis.state.pa.us/cfdocs/CteeInfo/StandingCommittees.cfm?CteeBody=S
Speaker of the house and President Pro-Tempore

Elected by the caucus.

What is a caucus?

Why does this matter?
Coalition building

How many CRNAs are there in PA?

How many nurses are in PA?

How many House Representatives?

How many state Senators?
More PA stats:

How many CRNAs are there in PA? 3000

How many nurses are in PA? 219,000

How many House Representatives? 203

How many state Senators? 50
How many CRNAs have gone to visit their state rep or senator?

• Nurses are not politically active (outside voting).
• Our legislators are responsive to constituents.
• Nurses need to show interest and our interests can’t be effectively represented by paid lobbyists.
• What is a lobbyist?
• Why do we care?
PLEAS...E Go Visit your House Rep!!!

• Tell your House Rep to OPPOSE HB 789.
  – No need for law for supervision.
  – Based on out-dated regulation.
  – We are not supervised. We work cooperatively in teams.
  – 17 states have removed ALL supervision language from regs and law and there is NO PATIENT SAFETY CRISIS IN THOSE STATES.
  – Patients are not fleeing from DE for care in PA.

• Ask them to support BH 719.
  – Title recognition
  – 1 of 2 states that do not have title recognition
  – Prevents active duty military from serving. They have to obtain an APN or CRNA license in another state to go active duty.
  – No reason to oppose. Easy bill.
RESOURCES!!!

https://www.panaforqualitycare.com/
State elections

House representatives: run every 2 years

Senators: run every 4 years
How expensive are campaigns?

Why do we care?

What is the HRCC?

HDCC?

SRCC?

SDCC?
PAC

What is a PAC?

What are the rules?

Why do we care?
How to find out more information

PAC comparisons

PANA spends $<30K$/ year
raises $20K/ year

PANA PAC balance is about $90K$

PSA spends about $60K/ year$
raises $90K/ year$

PSA Pac balance is about $211K$

Why do we care???

<table>
<thead>
<tr>
<th>Cycle</th>
<th>Amount Brought Forward From Last Report</th>
<th>Total Monetary Contributions And Receipts</th>
<th>Total Funds Available</th>
<th>Total Expenditures</th>
<th>Ending Cash Balance</th>
<th>Value Of In-Kind Contributions Received</th>
<th>Unpaid Debts And Obligations</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>179,750.58</td>
<td>49,307.98</td>
<td>229,058.56</td>
<td>24,912.51</td>
<td>204,146.05</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>4</td>
<td>204,146.05</td>
<td>21,525.98</td>
<td>225,672.03</td>
<td>11,268.98</td>
<td>214,403.05</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>5</td>
<td>214,403.05</td>
<td>10,612.52</td>
<td>225,015.57</td>
<td>14,694.93</td>
<td>210,320.64</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>6</td>
<td>210,320.64</td>
<td>3,953.00</td>
<td>214,273.64</td>
<td>1,553.34</td>
<td>212,720.30</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>7</td>
<td>212,720.30</td>
<td>5,732.52</td>
<td>218,452.82</td>
<td>7,058.55</td>
<td>211,394.27</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>2017 Totals:</td>
<td>91,132.00</td>
<td>59,488.31</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cycle</th>
<th>Amount Brought Forward From Last Report</th>
<th>Total Monetary Contributions And Receipts</th>
<th>Total Funds Available</th>
<th>Total Expenditures</th>
<th>Ending Cash Balance</th>
<th>Value Of In-Kind Contributions Received</th>
<th>Unpaid Debts And Obligations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>129,757.51</td>
<td>14,902.65</td>
<td>144,660.16</td>
<td>30,527.49</td>
<td>114,132.67</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>3</td>
<td>114,132.67</td>
<td>17,329.47</td>
<td>131,462.14</td>
<td>5,379.40</td>
<td>126,082.74</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>4</td>
<td>126,082.74</td>
<td>38,936.40</td>
<td>165,019.14</td>
<td>14,507.02</td>
<td>150,512.12</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>5</td>
<td>150,512.52</td>
<td>5,135.47</td>
<td>155,647.99</td>
<td>3,275.00</td>
<td>152,372.99</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>6</td>
<td>152,372.99</td>
<td>4,790.84</td>
<td>157,163.83</td>
<td>0.00</td>
<td>157,163.83</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>7</td>
<td>157,163.83</td>
<td>22,741.56</td>
<td>179,905.38</td>
<td>154.81</td>
<td>179,750.58</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
## Candidate / Committee Campaign Finance Profile

**Name:** PA ASSN OF NURSE ANESTHETISTS PAC

### CF Summary: Year 2018

<table>
<thead>
<tr>
<th>Cycle</th>
<th>Amount Brought Forward From Last Report</th>
<th>Total Monetary Contributions And Receipts</th>
<th>Total Funds Available</th>
<th>Total Expenditures</th>
<th>Ending Cash Balance</th>
<th>Value Of In-Kind Contributions Received</th>
<th>Unpaid Debts And Obligations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>88,660.88</td>
<td>5,256.00</td>
<td>93,916.88</td>
<td>8,995.29</td>
<td>84,921.59</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>2018</td>
<td></td>
<td>5,256.00</td>
<td></td>
<td>8,995.29</td>
<td></td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CF Summary: Year 2017

<table>
<thead>
<tr>
<th>Cycle</th>
<th>Amount Brought Forward From Last Report</th>
<th>Total Monetary Contributions And Receipts</th>
<th>Total Funds Available</th>
<th>Total Expenditures</th>
<th>Ending Cash Balance</th>
<th>Value Of In-Kind Contributions Received</th>
<th>Unpaid Debts And Obligations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>94,922.48</td>
<td>3,069.00</td>
<td>97,991.48</td>
<td>6,196.42</td>
<td>91,795.06</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>2</td>
<td>91,795.06</td>
<td>2,424.00</td>
<td>94,219.06</td>
<td>7,671.47</td>
<td>86,547.59</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>3</td>
<td>86,547.59</td>
<td>4,870.00</td>
<td>91,417.59</td>
<td>1,094.79</td>
<td>90,322.80</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>4</td>
<td>90,322.80</td>
<td>3,681.00</td>
<td>94,003.80</td>
<td>4,150.68</td>
<td>89,853.12</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>5</td>
<td>89,853.12</td>
<td>1,657.00</td>
<td>91,510.12</td>
<td>5,561.83</td>
<td>85,948.29</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>6</td>
<td>85,948.29</td>
<td>2,879.00</td>
<td>88,827.29</td>
<td>1,395.99</td>
<td>87,431.30</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>7</td>
<td>87,431.30</td>
<td>1,312.00</td>
<td>88,743.30</td>
<td>82.42</td>
<td>88,660.88</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CF Summary: Year 2016

<table>
<thead>
<tr>
<th>Cycle</th>
<th>Amount Brought Forward From Last Report</th>
<th>Total Monetary Contributions And Receipts</th>
<th>Total Funds Available</th>
<th>Total Expenditures</th>
<th>Ending Cash Balance</th>
<th>Value Of In-Kind Contributions Received</th>
<th>Unpaid Debts And Obligations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>97,730.91</td>
<td>1,155.00</td>
<td>98,885.91</td>
<td>7,953.92</td>
<td>90,931.99</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Pennsylvania Association of Nurse Anesthetists promotes Nurse Anesthesia practice by striving to increase public awareness regarding the capability of these advance practice nurses to act as providers of quality health care. It is the purpose of this Association to promote, through continuing education, the science and art of anesthesiology as provided by CRNAs in all practice settings.

In collaboration with the American Association of Nurse Anesthetists, PANA offers its members the resources necessary to advance patient safety and quality care.
PANA PAC Secure Online Donation Form

CAMPAIGN/FUND INFORMATION
Campaign/Fund: PANA PAC Fund

DONATION INFORMATION
Donation Amount: Select Donation Amount
Payment Method: Credit Card
Donation Type: One-Time Donation
Donor Comments

DONOR INFORMATION
BILLING INFORMATION

[ Click here if billing address is the same as donor address ]

Name on Card *

Card Type *

Card Number *

Card CVV Num *

Exp. Date *

Organization

Address *

Address Cont.

City/Town *

Country *

State

Postal Code *

Billing Phone *

Validation Code:
Answer this simple math problem to validate your submission:

4 + 2 = 

Get New Math Question

SUBMIT DONATION SECURELY
CRNA /SRNA Action Items

What can you do to help promote CRNAs in PA?

1. Go visit your PA House Representative or Senator
   • Tell he or she what you do and where you work.
Action item #2

2. DONATE to PANA PAC
   • $20/ month on your credit card
   • $100 lump sum

   • This is a professional responsibility!!
ORGANIZE A PAC FUND RAISER
3. Represent PANA at a fundraiser
   • PANA needs CRNAs to go to social events as a CRNA. We will educate and prepare you before you go. It is easy. Typically, you need to make polite small talk and enjoy a free meal on behalf of PANA.
   • This is especially true in March and April-campaign season.
4. Look for local government opportunities.
   • School board
   • Committee – on aging, on Township website (see next slide)
Committees

The Commissioners oversee various committees responsible for ensuring the operation of township government. These Committees include:

- Bid
- Cable TV
- Codes
- Ecology
- Finance
- Fire/Paramedics
- Grange
- Health
- Historical
- Ice Rink
- Insurance/Pension
- Library
- Ordinance
- Personnel
- Police
- Professional Services/Engineering
- Public Works
- Recreation
- School Board
- Senior Citizens
- Sewer
- State
- Township Property
- Zoning/Planning
Action item # 5

5. Join a committee or local board
   Ex. Arthritis Foundation example
Jodieszlachta@gmail.com

peggy@assnoffices.com