

MONITOR



Virginia Association of Nurse Anesthetists

www.virginiacrnas.com

August 2005

"Nurse Anesthetists: Providing quality Anesthesia to Virginians for over 100 years."

The VANA Fall Conference is coming!

by Steve Weresynski, CRNA

The VANA Fall Conference is coming! Mark your calendars and make your reservations NOW. The VANA and NCANA are collaborating in a joint three-day conference in Williamsburg, VA, 16-18 Sept 2005. This year's event, held at the Williamsburg Marriott, should draw nearly 500 attendees. We **strongly** suggest that you make your lodging reservations early.

Registration for the full three days is approved for 19 CEUs with an optional BCLS/ACLS course for an additional 4 CEUs (\$50 extra). Space is limited in the BCLS/ACLS course. In addition to an outstanding line-up of speakers and topics, activities include an anesthesia bowl pitting VA versus NC school teams and a Mardi Gras theme party. We also offer discount tickets to Busch Gardens Theme Park. With numerous golf courses, Busch Gardens, Water Country USA, Prime Outlet shopping, historic Williamsburg and Jamestown, the Virginia Winery, and many fine restaurants and dinner theaters, we think this event will provide options to please and entertain everyone. Conference registration forms can be downloaded, and hotel reservations can be made through our website, VirginiaCRNAs.com. We look forward to seeing you in Sept!

Although we have attempted to notify all our members about this conference through the district meetings, Monitor, VANA website, e-mail and postal mailings, a few members told us that they hadn't gotten the word. If you have not received a snail mail or e-mail notice, please contact our business office at VANACRNA @Comcast.net so that we can update our database.

See registration form on page 7!



VANA Sponsored Student Scholarship

2005 was the first year the VANA has sponsored a student scholarship to be awarded to one Virginia nurse anesthesia student. This **\$1000 annual** self-sustaining scholarship has been awarded to Michelle Menassa who is currently enrolled in the Old Dominion University Nurse Anesthesia program. Our sincerest **CONGRATULATIONS! to Michelle!**

The scholarship is self-sustaining and will continue to be awarded annually to students in an accredited Virginia CRNA program. To apply for a scholarship, a first-year student must be an AANA member, and have completed at least 6 months of courses in an accredited CRNA program by the April 1st application deadline. Second-year students must have completed at least 1 year of courses in an accredited CRNA program by the April 1st application deadline. Scholarship applications will be made available by the end of February, and the application deadline date is April 1st. Information and applications will be located off the AANA Foundation webpage. The scholarship is awarded through the AANA Foundation, and scholarship recipients and donors are usually honored at an event during the annual AANA meeting in August of the year the scholarship is awarded.

The membership of VANA is committed to supporting the education of nurse anesthesia students in our state. We look forward to supporting this scholarship in the years to come!

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2005 - 2006 VANA Board of Directors

ADVERTISING IN THE MONITOR

*Ready to Sell Products? Services?
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The *MONITOR* is the official newsletter of the Virginia Association of Nurse Anesthetists (VANA) mailed to over 800 VANA members residing in Virginia. Quarterly issues of the *MONITOR* are planned for the next VANA fiscal year.

GET THE SURE SELL:
Advertising in the *MONITOR* will cost only: Full page \$200, Half page \$100, 1/4 page \$50, 1/8 page \$25.

Classified ads in the *MONITOR* will cost only \$1.00 per line (approximately 36 spaces) with a minimum charge of \$5.00.

GOLD PLAN: Full page ad in the next 4 issues \$700 (12% discount!) paid in advance -- guaranteed!

DEADLINES: Please send advance payments with your camera-ready artwork/classified to the VANA office:

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The deadline for the
next issue is:

Oct. 1, 2005

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**Congrats to our
newly elected
Board Members:**

President Elect -

Diane Howell, CRNA

Secretary -

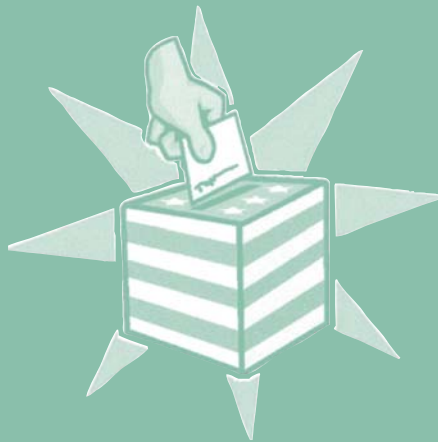
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**Farewell from Karin Lundgren, CRNA
2004-2005 VANA President**



While driving recently, I heard a radio advertisement which advocated to "Fight Mannequinism". This peaked my curiosity. The ad started as follows: "Aaron worries about his new synthetic flesh."... "It started when I didn't register to vote. Then I stopped volunteering, and then I wasn't doing anything". Aaron, who doesn't really exist said, "Then I found a hard shell of plastic on my shoulder". Aaron is a created radio persona for an advertising campaign called "Fight Mannequinism".

Clever? I thought so. It peaked my interest enough to check out their website: www.FightMannequinism.org.: What Is Mannequinism? *Mannequinism is a condition caused by political inactivity. Sufferers experience a hardening of the skin and firmness of all joints until ultimately the body is transformed into a plastic hollow shell. It is a disease of the mind that ultimately affects the person's whole being - and community.*

The Advertising council, in partnership with the Federal Voting Assistance Program (FVAP), launched **Fight Mannequinism**, a movement supported by national multi-media public service advertisements and the aforementioned website, designed to encourage young adults to become involved in their communities any way they can, including voting, volunteering, or reading the newspaper and discussing current events with friends. They contend that "fighting mannequinism is that simple".

One of their media release's goes on to say: "The good news is that a cure for mannequinism is simple. All a person suffering from mannequinism has to do is be involved in an issue or cause he or she cares about - this could be volunteering at a local campaign office or non-profit organization, spending time out in the field, talking to friends or strangers about issues, registering to vote, voting, putting up flyers, writing a letter to the editor - there are so many choices, the list goes on and on!"

We see this type of apathy in our civic organizations, our church groups, even in our very own PROFESSION, Nurse Anesthesia.

Yes, life **IS busy**. Our generation is busier than our parents' was. But this does not change the facts that if we don't give back to our own profession, get involved, be aware, and protect our own practice, **then who will?**

I was out for dinner with friends a short time ago, and one of my friends asked me what I had been up to. I began to tell them what was new in my life, including the work I have been doing for our profession in our state. My friend then looked over at another CRNA who was with us at the time, and asked her: "Gee, why don't you do that? You'd be good at it!" To that she replied: "I just like to.." And she made the motion of squeezing the anesthesia bag. We all want to "squeeze the bag", so to speak! That's why we went into the field of nurse anesthesia in the first place. But who is protecting your ability to "squeeze the bag" how you want, when you want, where you want? If we all don't stay involved and aware of the laws and regulations which define it, there are others who will try and define it for us, and the outcome of those decisions may not be to our liking! Your GRC committee and board are working diligently to stay on top of these issues. One such issue we are currently facing deals with the office based anesthesia regulations for our state.

My point is to get involved with your profession. Volunteer some time. This doesn't mean you need to run for President! Just a few hours or a few days a year would be great! It may just be making a few phone calls, or recruiting a speaker for a district meeting. It may be writing an article for our annual advertorial or the Monitor. Think you may want to get a "taste" of what it is like to be involved? Our annual Strategic Planning and Leadership Retreat which is held every year at the beginning of our new year, is a great way to experience it. During this weekend retreat, the Board plans the strategy for the upcoming year. All members are invited to attend. If you think you may be interested, please contact one of our board members! Our next retreat is planned for the weekend of October 7-9th. It's a working retreat, but we have FUN too! We plan time for learning, mentoring, and developing friendships as well.

I truly believe that along with the privilege of wearing the title "CRNA", comes the responsibility to give back to our profession. We currently have 766 active members and 124 students in the state. Can you imagine if everyone donated a day of their time to our state profession? That would be 2 years of work!!! Or even if every one gave just a few hours! Amazing how that could add up! We also have 189 CRNAs in the state who are NOT members of the AANA or VANA! That's a lot of manpower that isn't being taken utilized. I implore each and every CRNA to do their part in helping to recruit the non-members in our state. Power is in numbers.

During this past year while serving in my capacity as President, I became convinced with how vital member participation is. The board members' primary responsibilities are to represent our members, and the members' responsibilities are to make their voices heard. I welcome you to communicate with the new board in the year ahead. Their contact information can be found in the Monitor or on our website: www.virginiacrnas.com. In order to keep you updated about current issues, please make sure we have your most up to date email address, by contacting our office to update our records. From time to time we send out flash emails where your response is important to all the members of our state association.

VANA has had a GREAT year. The newly created VANA student scholarship and the VANA sponsored district "roadshows" (the 4 hour free CEU programs VANA sponsored this year for all districts) are just a sample of the work that has been accomplished. We heard these needs from our members and made it

(Continued on page 4)

What's New On the Web

www.virginiacrnas.com

Visit our website,
where you will find
the following information:

- ▶ Latest News
- ▶ Calendar of Events
- ▶ Contacts for Board of Directors
- ▶ Legislative Information and Contacts
- ▶ Important Links
- ▶ VANA CE Sponsored Events
- ▶ Members Only Section
- ▶ And more!



happen. I have been very proud and honored to have been your President and for the privilege you have given me in letting me represent you! I want to extend a sincere thank you to all of the members of our Board of Directors, our committee Chairs and their committee members, our lobbyist, our association manager, and **all of the CRNAs in the state who have worked so diligently over the past year for our profession!** It has been my PLEASURE to serve with you. The year has been a huge growth opportunity for me. Your elected officers and all the other CRNAs who have volunteered their time and energy this past year have done a stellar job. I highly recommend serving for VANA in any capacity that you feel that you can, be it large or small.

So, it is with mixed emotions that I say thank you and farewell as I step down from the role as your President. You haven't seen the last of me, of course. I look forward to serving on the board over the next year, and to serving as a member of the AANA Public Relations Committee for President Thorson as well. Our members have done an awesome job of electing a great team on the Board for the upcoming year. I have the utmost confidence in their abilities, and welcome them "aboard" the VANA team, and wish them sincere success in the year ahead!

Again, thank you for allowing me to serve! I hope to see you all in Williamsburg at our annual meeting in September (16-18th)!

Most Sincerely!
Karin



2005-2006 President's Message

by Cathy Harrison

As the new president of the Virginia Association of Nurse Anesthetists, I just wanted to welcome the new CRNAs who graduated last December and those who have moved to our wonderful state in recent months. We have a great year planned and I personally want to invite everyone to participate in the activities of your professional organization.

September 16-18 we will have our Fall Meeting in Williamsburg, VA. In years past, the participation has been between 100-150 members, but this year we are expecting between 300-500!! We have joined with North Carolina to have a joint meeting, which is nothing less than fabulous! Our board of directors' meeting will be Thursday evening, September 15 and all VANA members are invited.

If you are available on the weekend of October 7-9, 2005, we will be holding our leadership retreat weekend here in Richmond. This is a great opportunity for those of you who are interested to really learn about your professional organization and get involved. There are committees for everyone!

The Public Relations Committee will begin working on the Nurse Anesthetist Week advertorial within the next couple of months. Please step up to the plate when it comes time to buy and sell ads and write articles.

No other state organization in this country has been able to top this endeavor. All of you know at least one person or business that can advertise in our advertorial with a readership of over 500,000! We also hope to extend this operation to the Tidewater area this year with the help of our members in District I.

National Nurse Anesthetist Week is the last week in January and is YOUR week to shine! Start planning now for events in your hospitals, surgery centers and offices which promote nurse anesthetists. We can also use your help on Lobby Day, when we go to the Capitol and take copies of the advertorial and bagels to our Representatives. It doesn't take much of your time, and it benefits us tremendously.

I have only mentioned a few of the events to look forward to in the near future, and I hope that each one of you will get excited about getting more involved with the Virginia Association of Nurse Anesthetists, YOUR ORGANIZATION! This is going to be a fantastic year and I look forward to serving as your president and working with you.

VANA Roadshows - A Great Success!

by Steve Wereszynski, CRNA

In another "first" for the VANA, a continuing education program was presented at four different locations across Virginia, improving access for our members. Nicknamed "the Roadshow," this innovative program offered quality education and clinical practice seminars – and four CEUs to each of the 80 CRNAs who attended.

The education program, consisting of three "core" courses and a different clinical practice seminar at each of the four locations, was presented once in each of the four education districts. The core courses consisted of the legislative process, malpractice insurance, and VANA 101. The clinical practice seminars covered subjects ranging from anesthesia safety to pain management. Evaluations from our attendees was most favorable

All the district directors contributed to the success of this program. I would like to thank Gloria Black, Renee Greenfield, Bonnie Bowman and Linda Ferro for their help. This program could not have taken place without their hard work

During the Oct. Leadership Conference I expect that we will discuss additional ways we can continue to provide for our members. We solicit your input and hope to see you at the Leadership Conference.

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234, 235, 236, 237

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You live in District II
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If your zip code begins with: 228,
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245, 246

You live in District 3 & 4
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themorrigan@earthlink.net

If your zip code begins with: 224,
225, 230, 231, 232, 238

You live in District 5
Director: Renee Greenfield, CRNA
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Greetings to Virginia CRNAs

Since the deadline for this article is August 1, 2005, I won't be able to include any of the happenings at the AANA Annual Meeting. Just suffice it to say I predict it will be a lively exchange of information from all members at the Business Meeting. This truly is what makes this organization so great. Debate is very healthy when conducted with respect for all the parties involved.

I will go over all these issues during the AANA Update at the VA/NC Joint meeting when there is closure to the many items before the membership. After that point, we all will have a better idea of the voice of the members.

However, it seems that what has been on everyone's mind is the AANA/ASA Thoughtbridge process. Well I can assure you it has been on the minds of the BOD members also. Frustration and yet hope is evident in all of our minds. Notice I said HOPE, not naiveté. I don't believe a single board member believes that the ASA has the AANA at the top of their "Let me help them in any way possible" list. What can be accomplished with continued dialogue? We are talking about common areas of interest, such as reimbursement and CMS Conditions of Participation. Plus we are sitting in meetings with CMS that we were not invited to before. Are there areas we should be tackling? I think so. The issue of state anesthesiologist groups attacking our state groups is appalling. Personally, I do not buy the argument that the ASA does not exert some control over their state organizations. Why then does the ASA have the rule that you have to be a member of the state organization before you can join the national association? Why does the national association send representatives to the local state legislative meetings to give testimony if the national organization wasn't involved?

I feel sure that President Elect Thorson will work very hard, as has President Maziarski, to make sure that our views are fairly represented. There will be so much more to share with the September meeting. I look forward to seeing everyone.

Cindy R. Black, CRNA
AANA Region 2 Director

District Reports

District I Report

by Linda Ferro, CRNA District Director

District I had a very successful Meeting at the Renaissance Hotel in Portsmouth on Saturday, July 30. We had 20 people attend. Various presentations by Karin Lundgren, CRNA, Louise Hershkowitz, CRNA, Leslie Herdegen, our lobbyist, and a special feature by Fred Hill, CRNA enlightening us on Anesthesia awareness.

Many thanks to Traci Olsen from Baxter for covering our luncheon. Thanks to Steve Wereszynski, CRNA the program chairman.

Congratulations to Michele Menassa, SRNA, student at the ODU School of Anesthesia. Michele is the first recipient of the VANA student scholarship.

Looking forward to seeing everyone at the VA/NC joint meeting in Williamsburg Sept. 16-18.

District II Report

by Michelle Yelverton, CRNA District Director

As your newly elected district director, my goal is to keep you updated on happenings within the district and throughout the state. I want to hear your ideas, preferences for meeting topics, and any news you would like to share with the membership. I have tentative plans for meetings to be held in our district in the upcoming year. Stay tuned!

District III and IV Report

by Bonnie Bowman, CRNA District Director

In spite of it being the middle of summer and vacations we had a great turnout for the first meeting held in Roanoke at the end of July. CRNA's in our district gave up their Saturday morning to meet the VANA board and hear a lecture on pain management, one on legal liability, and two on the workings of our state organization. I hope that this was the first of a meeting that we can count on being held in our district on a yearly basis.

We have two more big meetings coming up soon- AANA national meeting in August and the joint VANA/NCANA meeting this September in Williamsburg, VA. I hope I will see more members from the District in Williamsburg. Both our organization and NC have worked hard to make this meeting greater than the sum of its parts. day of the meeting.

Office-Based Anesthesia - The VANA Board is working for YOU!

The Board of Medicine is considering a change to the Office-Based Anesthesia regulations to allow psychiatrists and other physicians who are not anesthesiologists to administer major regional blocks for therapeutic or diagnostic, non-surgical purposes. As the Board has drafted the change, CRNAs still would be able to administer major regional blocks for this purpose.

A handful of anesthesiologists have asked the Board to consider a prohibition on CRNA administration of major regional blocks for therapeutic or diagnostic purposes. The President-elect of the VSA testified at a Board of Medicine meeting in July and asked them to further amend the regulations to prevent this CRNA practice.

Louise Hershkowitz ably represented VANA at the same meeting and explained why CRNAs are qualified to do major regional blocks for these purposes and why it is a bad idea to prohibit this practice. And VANA President Karin Lundgren also submitted written comments on behalf of VANA at the end of July.

Most CRNAs don't practice in an office setting, so any change to these regulations may well not affect you immediately. But, we know that there is a "camel's nose" phenomenon in public policy: once the camel's nose gets under the tent, it is not long before the whole camel is inside. So, if CRNAs are prohibited from doing major regional blocks for therapeutic or diagnostic purposes in offices today, we can expect a move to extend that to other settings tomorrow. And, if this restriction is placed on CRNAs' practices today, it's hard to tell what other restrictions might be proposed tomorrow.

In Virginia there are several opportunities for comment during the regulatory process which generally takes more than a year to complete. Stay tuned because we may need your comments and help with contacting the Board and its members as this issue moves forward.

For your edification, here is the body of the written comments President Lundgren submitted to the Board of Medicine on your behalf:

It is my pleasure to send these comments to you on behalf of the Virginia Association of Nurse Anesthetists. We also appreciated the opportunity to address the Board directly at the public hearing on July 14.

It is clear that Virginians' access to appropriate pain control is dependent on the amendment to the Office-Based Anesthesia Regulations proposed by the Board. We do not believe it was the intent of the Board to prevent appropriately qualified physicians from performing major regional blocks for diagnostic or therapeutic purposes. As a result of the inadvertent prohibition, access to appropriate pain control may be compromised in the Commonwealth. The amendment proposed by the Board will rectify this problem and we urge that it be adopted.

We note, however, that a further amendment has been proposed to prohibit a CRNA from administering major regional blocks for diagnostic or therapeutic purposes. We strongly oppose this suggestion as an unreasonable infringement on a CRNA's scope of practice that will have an equally detrimental impact on access to appropriate pain control.

The current Office-Based Anesthesia regulations specify that "a major conductive block shall only be administered by an anesthesiologist or by a certified registered nurse anesthetist." The regulations do not specify the purpose for which the block is to be provided. Thus, under current regulations, CRNAs may perform major regional blocks for diagnostic or therapeutic purposes and CRNAs across the Commonwealth do so in hospital, ambulatory surgery centers and physicians' offices. In the amendment proposed by the Board, the only reason to explicitly mention the CRNA's ability to perform a major regional block for diagnostic or therapeutic purposes is to ensure that they can continue to do these blocks in physicians' offices.

Major regional blocks for diagnostic or therapeutic purposes are squarely within a CRNA's scope of practice. 18VAC90-30-120C provides that a CRNA "shall practice in accordance with the functions and standards defined by the American Association of Nurse Anesthetists...." These guidelines ("AANA Scope and Standards for Nurse Anesthesia Practice") include the "management of acute and chronic pain through the performance of selected diagnostic and therapeutic blocks...." The document subsequently states that CRNA scope of practice includes, but is not limited to: "Implementing acute and chronic pain management modalities." We include a copy of the AANA Scope and Standards for Nurse Anesthesia Practice for your review and consideration.

The difference between a regional block for surgical and non-surgical reasons is a gray area. For example, the standard

(Continued on page 7)

of care for many surgical procedures calls for a regional block to control pain post-surgery or post-discharge. This block is not necessary for the surgical procedure itself. Rather, it is a therapeutic block to control pain following surgery. Thus, the distinction between a block for therapeutic purposes and a block for surgical procedures is not always a clear-cut difference.

Furthermore, there is no difference in the block itself when it is administered for surgical or non-surgical procedures. The skills, technique, and administration are the same. There is no good reason to limit the administration of a major regional block by a CRNA to one purpose.

If CRNAs were unable to administer major regional blocks for therapeutic or diagnostic reasons, it would limit patients' access to care in some areas of the Commonwealth. And, the patient with severe chronic or acute pain requiring a regional block is the patient who is least able to travel some distance to receive the necessary intervention.

Procedurally, VANA questions the appropriateness of considering an amendment that limits the practice of CRNAs in regulations governing physicians. CRNAs are governed by regulations promulgated jointly by the Boards of Medicine and Nursing. The Board of Medicine may not act unilaterally to change CRNA scope of practice.

Finally, VANA submits that a different scope of practice in different practice settings is a regulatory trap for practitioners, both for CRNAs and the physicians who supervise them. A professional who routinely performs a procedure in one setting is not likely to question whether that procedure is allowed in another setting. The physician who has a practice protocol with a CRNA in one setting that includes regional blocks for therapeutic or diagnostic purposes is not likely to question whether that same provision is legal in another setting.

VANA notes that the Board has heard from some advocates of the proposal to remove the ability of a CRNA to administer a regional block for diagnostic or therapeutic purposes. We would like to set the record straight on several of their assertions.

First, it has been suggested that, if CRNAs can do major regional blocks for diagnostic or therapeutic purposes, they will "cross the line into the practice of medicine...." In fact, current law and regulations authorize CRNAs to "engage in practices constituting the practice of medicine." This authority is specifically provided in the Regulations Governing the Licensure of Nurse Practitioners (18VAC90-30-120) and is an exemption from the Medical Practice Act in Va. Code § 54.1-2900, et seq.

It also has been suggested that if CRNAs can do major regional blocks for therapeutic or diagnostic purposes, it will "open the possibility of freestanding CRNA-run pain clinics." In fact, this would be impossible under current law and regulations governing the practice of CRNAs, because a CRNA can practice only "under the medical direction and supervision" of a physician. (18VAC90-30-120) In addition, the disciplinary provisions of current regulations provide that the board of nursing and the board of medicine may take disciplinary action against a CRNA (as a licensed nurse practitioner) who "[h]as directly or indirectly held himself out or represented himself to the public that he is a physician, or is able to, or will practice independently of a physician." Thus, it would be impossible for a CRNA to open a "freestanding CRNA-run pain clinic" without physician involvement. The amendment to the office-based anesthesia regulations proposed by the Board of Medicine does nothing to disrupt these requirements.

Finally, it was suggested that it is "safe" to have a CRNA administer major regional blocks in hospitals and ambulatory surgery centers because there "they are supervised by an anesthesiologist," but "unsafe" in office settings where they may not have anesthesiologist supervision. We must point out that CRNAs are permitted to work without anesthesiologist supervision in every state, including Virginia, and in many surgical settings in the Commonwealth, there is no anesthesiologist available to provide supervision. All indicators demonstrate that the quality of care provided by a CRNA with general physician supervision is as high as when an anesthesiologist provides the supervision.

CRNA delivery of pain management services is neither new nor remarkable. Providing such services has long been a part of CRNA practice. We see no reason that a change is sought in this case.

If you have any questions or would like to discuss this further, please feel free to contact me.

*Yours very truly,
Karin Lundgren, President
Virginia Association of Nurse Anesthetists*

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