

- There is no statistically significant difference in the risk of anesthesia complications based on the degree of restrictions placed on CRNAs by state SOP laws. (Negrusa et al, Medical Care Journal, 2016)
- There is no difference in patient outcomes when anesthesia services are provided by CRNAs, physicians, or CRNAs supervised by physicians. (Dulisse, 2010 Health Affairs)
- Nurse anesthesia care is 25 percent more cost effective than the next least costly anesthesia delivery model. (Hogan, 2016–Nursing Economic\$)
- Practicing in every setting, with and without anesthesiologists, CRNAs ensure patient access to healthcare and predominate in rural and other medically underserved areas.
- Researchers studying anesthesia safety found no differences in care between CRNAs and anesthesiologists. (Lewis, 2014-Cochrane Database of Systematic Reviews)

- Nurse anesthetists have been providing anesthesia to patients in the United States for more than 150 years.
- CRNAs are advanced practice registered nurses who administer more than 45 million anesthetics to patients each year. Nearly 5 3,000 U.S. nurse anesthetists and student nurse anesthetists are members of the American Association of Nurse Anesthesiology (AANA).
- In some states, CRNAs are the sole anesthesia professionals in nearly 100% of rural hospitals, ensuring patient access to obstetrical, surgical, trauma stabilization and pain management services.
- CRNAs have been recognized
 Medicare Part B providers since 1986.
- CRNAs work in every setting in which anesthesia is delivered, including hospitals, ambulatory surgical centers and physician offices.
- Nurse anesthesia predominates in Veterans Hospitals and in the U.S. Armed Forces.
- CRNA services include pre-anesthesia evaluation, administering the anesthetic, monitoring and interpreting the patient's vital signs and managing the patient throughout surgery.

American Association of NURSE ANESTHESIOLOGY