



MANA

MASSACHUSETTS ASSOCIATION
OF NURSE ANESTHETISTS

WINTER 2018

2018 MANA President's Message



It is truly an honor and a privilege to represent the CRNAs of Massachusetts. Your board of directors and I are working hard to continuously improve and expand upon the resources that contribute to a vibrant Massachusetts CRNA association.

Over the past two years, MANA has instituted a number of improvements and changes to better serve you.

During summer 2016, MANA held a contest to select our new logo. The board of directors chose three finalist designs from hundreds of submissions. The new logo—selected by your votes—is now proudly displayed on our website and all MANA communications.

The website itself has undergone a complete overhaul and has a whole new look and functionality. We have added a number of new features including tutorials and resources under the Professional Practice tab in the areas of Laws and Regulations Governing CRNA Practice in Massachusetts and for the ever-confusing CRNA Prescriptive Practice. Our certified State Peer Assistance representatives also have a resource center for members under the Professional Practice tab on the website. Coming soon will be information and resources for Anesthesia Business/Billing.

Also added to the website are “easy buttons” to access our new Legislation Tracker, Job Center (improvements coming), PAC Donations and our new “\$12 for 12” Campaign. We also deactivated an “easy button” that linked MANA members to a FREE CEU that ran from January 1, 2017 to January 1, 2018. Our goal is to offer more low-cost CEUs on a continuing basis to MANA members.

In January 2017, MANA hired a new lobbying firm, McGlynn & McGlynn. The team, led by attorneys Jack McGlynn and Beth Mullen, has been working tirelessly from day one, re-filing our legislation and lobbying for Massachusetts CRNA interests at the State House, the Board of Registration in Nursing (BORN) and the Department of Public Health. These are just a few state organizations influencing CRNA practice in the Commonwealth. A legislative update is provided on **page 5**.

MANA held a successful National Nurse Anesthetist Week meeting on January 20, 2018 at the Sheraton Needham Hotel. Presentations included Interventions for Rising Intraocular Pressure: Development of the Molloy/Bridgeport Anesthesia Associates Observation Scale (MBOS) by Bonnie L. Molloy, CRNA Bridgeport Anesthesia Associates and The Top Anesthesia Patient Safety Foundation (APSF) Patient Safety Issues: Past and Present by Maria van Pelt, PhD, CRNA, Nurse Anesthesia Program Director and Associate Clinical Professor Northeastern University. Fellow CRNAs who are currently using their prescriptive authority led a panel discussion on CRNA Prescriptive Practice. This was a dynamic discussion and highlighted

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MANA BOARD OF DIRECTORS

- Melissa Croad**, CRNA
President
- David MacDonald**, MSN, CRNA
President-Elect
- Carol Magdalenski**, CRNA
Secretary
- Joe Bertrand**, CRNA, Treasurer
- Christopher Hoeman**, CRNA
Advisor
- Mark Blazey**, CRNA, Director
- Dominic Gentile**, CRNA
Director
- Jennifer Jett**, CRNA, Director
- Trisha Kelley Kearnan**, CRNA
Director
- Trudy Pierce**, MSN, MBA,
CRNA, Director
- Barbara Quirk**, CRNA, Director

the need for passage of our legislation to remove the onerous and needless supervision requirements from our prescriptive practice.

Every day we see or read about the challenges that families and communities face against the ever rising costs of health care. As health care professionals we see first-hand the importance of quality care that meets patients' needs. CRNAs provide safe, quality and cost-effective care to patients every day. MANA has been reaching out to financial stake-holders and decision-makers to educate them about how CRNAs can be utilized in the most cost-effective manner to help reign in the high cost of health care.

On a final note, MANA is committed to improving our membership experience and involvement in our association. We welcome your ideas and suggestions. Our association is only as strong as our members. The breadth of our professional experience and perspectives strengthens our voice and our ability to advocate for our profession and our patients. Involvement in the association doesn't have to be a major time commitment. We are actively looking for members to join committees. Please contact us if you are interested in volunteering to make our association as strong as it can be!

I am tremendously proud of the great work the MANA team has accomplished over the past two years and am proud to represent MA CRNAs as we continue to push our profession forward.

Melissa Croad, CRNA
President MANA

CRNAs Earn Your Doctor of Nursing Practice

What Makes Our Online DNP Program Unique?

- Engage in one, fully integrated 9-credit course per semester
- Immerse yourself in an innovative, cohort-structured curriculum that includes:
 - Weekend intensives twice a semester on our Boston campus
 - 10 live, online classes and seminars each semester
 - Flexible, independent online learning modules
- Complete your DNP in 4 semesters/16 months

Who the Program Serves:

- CRNAs following the American Association of Nurse Anesthetists' (AANA) recommendation to earn a doctoral degree.
- Advanced Practice Nurses
- Nurse Executives



MGH INSTITUTE
OF HEALTH PROFESSIONS
A graduate school founded by Massachusetts General Hospital
BOSTON, MASSACHUSETTS



LEARN MORE: info.mghihp.edu/dnp/mana

2017-2018 MANA BOARD OF DIRECTORS

We would like to congratulate David MacDonald on his election to President Elect, Joe Bertrand for being re-elected as Treasurer. Mark Blazey, Jennifer Jett and Trudy Pierce on their election as new Directors.



Melissa Croad
President
2017-2018



David MacDonald
President Elect
2017-2018



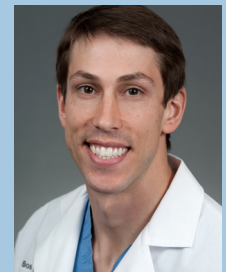
Chris Hoeman
Advisor
(Past President)
2017-2018



Carol Magdalenski
Secretary
2016-2018



Joe Bertrand
Treasurer
2017-2019



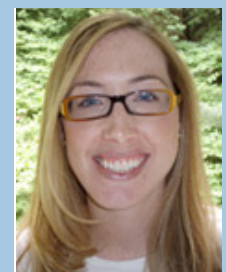
Mark Blazey
Director
2017-2019



Dominic Gentile
Director
2016-2018



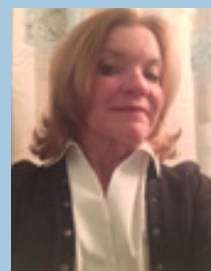
Jennifer Jett
Director
2017-2019



Trish Kelley Kearnan
Director
2016-2018



Trudy Pierce
Director
2017-2019



Barbara Quirk
Director
2016-2018

MANA PAC

Many CRNAs do not like to get “politically involved”. However, public policies affect every aspect of how we as CRNAs apply our knowledge, experience and skills to ensure optimal anesthesia to our patients. MANA-PAC’s aim is to support officials who understand our issues and will work with us in developing sound public policies. Issues such as insurance reimbursement policies and scope of practice laws effect EACH AND EVERYONE of us. MANA-PAC enables individuals to participate in the political process and allows MANA members to pool their resources to promote common interests and have a greater impact than any one member could individually. PACs can serve as a vehicle for a united voice to present a viewpoint to the local government. No matter how small, WE need your donation to protect, promote, and preserve Massachusetts’ CRNA practice.

You can donate to MANA’s PAC via our web site, masscrna.com. Click on “Advocacy” from the menu and then “PAC.” You can set up one time donations, reoccurring donations, or split your donation across several payments!

You may also mail a check to: **MANA PAC, 4 Lan Drive, Suite 301, Westford, MA 01886**

MANA Logo

MANA asked you to vote on a new logo that would communicate the future of nurse anesthesia and would look great across every platform—web, social media, email communications, paper communications, etc. and one logo outshined the rest!



The color choices of red, white, and blue indicate our strong ties to the armed forces and the integral role that CRNAs play abroad and at home. It communicates teamwork and the commitment CRNAs have to working together to support patient safety. It features cross imagery, the symbol that people around the world associate with first aid and medical assistance.

Thank you for your participation in this important step for MANA.

Social Link – MANA Members Only!

We have heard from members looking for a members-only area to connect. Well, we have delivered with a social media platform for and by MANA members! Log in to the website today and take a look!

GET STARTED

Login to masscrna.com today to check it out.

POST TO THE FEED

Upon login to the MANA website, you will be brought to your homepage feed. This probably looks familiar to you, as it has many features and options similar to Facebook and LinkedIn. Post pictures, updates, like, and share content.

CONNECT WITH COLLEAGUES

View your connections, search for your classmates and colleagues, and connect to see their posts. Click on “Connections” in the top menu to get started.

DOWNLOAD THE APP

iOS: appsto.re/us/1dxfgb.i

Android: play.google.com/store/apps/details?id=com.yourmembership.sociallink



Legislative Update

Our current legislative session began January 1, 2017 and ends July 31, 2018. On behalf of MANA, our lobbying team filed House Bill 2452, An Act to remove the restrictions on the licenses of CRNAs, sponsored by Representatives Paul Donato and Kay Kahn and Senate Bill 658, An Act to remove the restrictions on the licenses of certified registered nurse anesthetists as recommended by the Institute of Medicine and the Federal Trade Commission, sponsored by Senator Marc R. Pacheco.

Both of these bills were referred to the Joint Commission on Health Care Finance (JCHCF.) Your MANA leadership, other MA CRNA volunteers, and I testified on behalf on MA CRNAs on July 25, 2017. A video of this testimony is posted on the home page of our website. I testified again on behalf of MA CRNAs on September 13, 2017. This testimony is currently being transcribed and will be posted on our website as well. As expected, the Massachusetts Society of Anesthesiologists testified vigorously against MA CRNAs at both hearings.

The passage of this legislation would:

1. Remove the requirement of the Board of Registration in Nursing and the Board of Registration in Medicine (BORiM) to develop regulations for APRN Prescriptive Practice, allowing the BORN to regulate itself without interference from additional unnecessary regulatory oversight;
2. Remove physician supervision of CRNA Prescriptive Practice;
3. Remove the 24-hour limitation on CRNA Prescriptive Practice;
4. Update the Controlled Substance Act to reflect these changes.

To complicate our legislative efforts, in November, 2017 the MA Senate drafted and passed Senate bill 2202, An Act furthering health empowerment and affordability by leveraging transformative health care. This bill contained language favorable to MA CRNA's but needed some revisions. Your MANA leadership and lobbying team drafted an amendment to make the necessary revisions which was accepted and integrated into the bill.

As of February 10, 2018, MANAs bills H.2452 and S.658 are still in the JCHCF and Senate bill S.2202 was referred to the House of Representatives.

Please watch for MANA "Calls to Action". We will send emails with very simple instructions to reach out to your legislators to support our bills.

> For the most up-to-date information please visit masscrna.com

Summary of Prescriptive Authority for CRNAs in Massachusetts

Historically CRNAs practiced nurse anesthesia in hospitals as hospital employees. Under the Controlled Substance Act (Chapter 94C of the Massachusetts General Laws), there are exemptions from having to register as a prescriber in order to distribute, dispense, administer controlled substances (meaning that CRNAs were able to write orders as hospital employees under the “hospital” as the registered prescriber) See Section 7 (d)(1) of chapter 94C.

The job descriptions of CRNAs who were employed by hospitals that were registered dispensers of controlled substances included CRNAs among those who could issue “medication orders.” In the 1990’s, the Board of Registration in Nursing (BORN) was asked why CRNAs could issue medication orders if they did not have authority to issue prescriptions like the other APRN’s. At the same time, CRNAs were working as contractors (aka “1099”), and in facilities other than hospitals (i.e. surgery centers, outpatient facilities, etc.) Additionally many anesthesia departments were (and continue to be) outsourced as private groups meaning CRNAs were no longer “employees” of a dispenser (the hospital), registered under chapter 94C.

The BORN concluded that in order for CRNAs to issue medication orders they would need prescriptive authority like the other APRN’s (NP’s, Midwives, etc.) and other prescribers in Massachusetts. Therefore, CRNAs had to file legislation to change the Massachusetts General Laws (MGL’s) to include CRNAs as those eligible to become registered prescribers. In 2010, MANA filed legislation and secured prescriptive

authority for CRNAs. It wasn’t until August of 2014 that the language in the MGL’s and the Code of Massachusetts Regulations (CMR’s) was finalized.

Current MGL’s and Department of Public Health (DPH) regulations identify three activities that constitute prescriptive practice:

1. written prescriptions
2. oral (verbal) prescriptions
3. written orders. All practitioners (including physicians, PA’s, all APRN’s, etc.) who engage in prescriptive practice in Massachusetts must obtain a Massachusetts Controlled Substance Registration (MCSR) and where applicable, a Drug Enforcement Agency (DEA) registration and comply with MA prescribing laws.

Current law regarding prescriptive authority pertaining to CRNAs requires that the BORN and the Board of Registration in Medicine (BORiM) develop prescriptive authority regulations jointly, specifically limits the prescriptive authority of CRNAs to the 24-hour period around a surgery/ procedure date, and finally, states that the administration of anesthesia by a CRNA does not require a prescription/order.

This has resulted in regulations, both in the CMR’s of BORN and BORiM, requiring physician supervision of prescriptive practice only. There are no Massachusetts laws that require physician supervision of the administration of anesthesia by a CRNA.

For information, see Laws and Regulations Governing CRNA Practice in MA under the “Professional Practice” tab on the MANA website, masscrna.com

Continues on next page.

Summary of Prescriptive Authority for CRNAs in MA Continued...

The regulations stipulate that in order for CRNA's to utilize their prescriptive authority, CRNA's and their supervising physicians develop mutually agreed upon guidelines and establish a mechanism to perform a retrospective review of prescriptions and/or medications, tests, therapeutics, etc. These mutually agreed upon prescriptive practice guidelines are separate from any other collaborative agreement, and by law, are public documents. These guidelines must be kept on file at the practice location and must be provided to anyone who requests a copy.

Please visit the MANA website at masscrna.com, click on the "Professional Practice" tab where we have provided documentation of the MGL's, CMR's, notices from the BORN, and a step-by-step guide to establishing prescriptive practice at your facility. An important document is the "MCSR Audit Tool" provided by the BORN, which specifies the requirements for guidelines for prescriptive authority.

Thank You 2017 MANA PAC Donors

Thank you to all our generous MANA PAC donors for your support in 2017! Thanks to your generous contributions we raised over \$4,000 in 2017.

If you want to join the honor roll, go onto MANA's website today and set up a recurring contribution or make a one-time donation. Visit masscrna.com/donations.

Richard G. Abecunas	Jennifer Jett	Michael Sera
Carol B. Appleton	Bonnie Lynn Kasal	Paula V. Smith
Ary Auguste	Patricia Clare	Melissa Striglio
David M. Bangura	Kelley Kearnan	Yasuko Tanaka
Robert J. Barboza	Barbie Lynn Kelly	Karen L. Trask
Charlene Basile	Daniel King	Michael P. Troddyn
Linda M. Biles	Dawn M. Luck	Viet Vo
Mark Blazey	David Macdonald	Peter J. Waterman
Rhonda R. Brassil	Karen Malchiodi	Brigid M. Welber
Christian Brice	Stephen William Maloney	Jackson Wild
Richard M. Burns	Joyce I. Mandell	
Brian D. Campbell	Dana L. Manning	
Janice B. Carey	Joyce L. Marcelonis	
Jessica Clifford	Eileen Marr	
Melissa A. Croad	Robert A. Martin	
Ashley Didonna	Diane P. McCabe	
Karen A. Driscoll	Pamela S. McCarthy	
Daniel Joseph Egan	Janet Meneskie	
Robert Eliason	Nancy Morgan	
Robert J. Gauvin	Keith B. Morrison	
Dominic Gentile	Martha O'Brien	
Susan Marie Hall	Trudy Pierce	
Eric W. Hamel	Anthony J. Procopio	
Shannon E. Hard	Barbara Quirk	
Erin Herrmann	Mary A. Rezendes	
Christopher Hoeman	Doris Schneller	

New Resources Now Available Online

MANA members asked for more resources and new ways to engage, and we heard you! New features include the following:

Legislation: MANA continues to be the voice of CRNAs in Massachusetts and has refiled legislation to remove restrictions on the licenses of CRNAs. You can now easily track the status of the bills with the Legislation Tracker available **online here**.

Members are encouraged to familiarize themselves with the Bill and to advocate for themselves. For an easy to follow cheat sheet **click here**, it is available in this newsletter on **page 5**.

Professional Practice: MANA has increased the professional practice resources available online and has organized them into 3 categories.

1. Prescriptive Practice A Step-by-Step Guide to Prescriptive Practice, Tools to Navigate MA Laws; Tools to Navigate the Board of Registration; Supporting Documents.

2. Laws & Regulations Governing CRNA Practice in MA This is a user friendly PowerPoint presentation outlining the laws and regulations governing CRNA practice in MA.

3. Become a CRNA Link to AANA Become a CRNA featuring a new video “Be a Nurse. Be a Nurse Anesthetist.”

Peer Assistance: The goal of Peer Assistance is to provide resources and consultation to CRNAs and SRNAs with substance abuse and chemical dependency issues. MANA has added links to additional resources online **here**.

We continue to update the website with the most up-to-date legislation information and to provide enhanced resources based on member input. Do you have a recommendation for website content? Let MANA know **here**.

Rescheduled.

San Juan Marriott Resort
& Stellaris Casino
SAN JUAN, PUERTO RICO

FEBRUARY 29 - MARCH 3, 2019



REGION ONE
In the sun.

MANA Legislation HB 2452/SB 658: No Change Chart

HB 2452/SB 658: An Act to Remove Restrictions on the Licenses of **Certified Registered Nurse Anesthetists (CRNA's)** as Recommended by the Institute of Medicine and the Federal Trade Commission



NO CHANGE	* PROPOSED CHANGES * PRESCRIPTIVE PRACTICE ONLY	NO CHANGE	NO CHANGE
CRNA Scope of Practice	VS CRNA Prescriptive Practice	VS CRNA Anesthesia Administration	VS Federal Medicare Billing Rules
<p>CRNA Scope of Practice INCLUDES Prescriptive Practice BEFORE licensure in any state</p> <p>HB2452/SB658 proposes NO CHANGES to current CRNA Scope of Practice</p> <ul style="list-style-type: none"> The scope of nurse anesthesia practice is determined by experience, education, Board Certification, Licensure The scope of nurse anesthesia practice IS NOT DETERMINED or GRANTED by Boards of Medicine or any other discipline <p>Nurse anesthesia scope of practice may include, but is not limited to:</p> <ul style="list-style-type: none"> performing a comprehensive history and physical conducting a pre-anesthesia evaluation obtaining informed consent for anesthesia selecting, ordering, prescribing and administering drugs and controlled substances provide acute, chronic and interventional pain management services critical care and resuscitation services order and evaluate diagnostic tests; request consultations; and perform point-of-care testing plan and initiate anesthetic techniques, including general, regional, local, and sedation facilitate emergence and recovery from anesthesia; and provide post-anesthesia care, including medication management, conducting a post-anesthesia evaluation, and discharge from the post-anesthesia care area or facility <p><i>American Association of Nurse Anesthetists, 2013. Scope of Nurse Anesthesia Practice</i></p>	<p>HB2452/SB658 simply REMOVES a RESTRICTION on the LICENSE of CRNA's CURRENT Scope of Practice</p> <ul style="list-style-type: none"> MGL c 112 §80B: removes promulgation requirement between Board of Registration in Medicine and Board of registration in Nursing for development of regulations for prescriptive authority for CRNA's – this "oversight" and related requirements are unnecessary and inappropriate, given that the BoM <i>does not grant scope of practice in the first place</i>. There is no evidence that either "oversight" of prescriptive practice or a retrospective review of prescriptions/orders that have already been written, filled or administered makes prescriptions and/or orders any safer for patients MGL c 112 §80H: removes the <i>additional</i> limitation of only the CRNA's prescriptive authority to the 24 hour period around a patient's surgery/procedure – there is no evidence that orders written by CRNA's are any safer when written within 24 hours of the patient surgery or procedure; in fact, orders written by CRNA's during a pre-testing interview 5-10 days before surgery leads to more efficient and well-planned care for the patient on the day of surgery Chapter 94C Controlled Substance Act: Creates consistency with CRNA law and 94C language and terminology <p>Massachusetts is the only state in New England that has these antiquated laws for CRNA prescriptive practice</p> <p><i>190th General Court of the Commonwealth of Massachusetts - General Laws. (2017).</i></p>	<p>HB2452/SB658 proposes NO CHANGES to current CRNA anesthesia practice laws and proposes NO CHANGES to the way CRNA's currently administer anesthesia</p> <p>MGL c 112 §80H: "The administration of anesthesia by a nurse anesthetist directly to a patient shall not require a written prescription." NO CHANGES!</p> <p>Hospitals/Facilities maintain the authority to adopt the business and practice models of their choice</p> <ul style="list-style-type: none"> The practice of anesthesia is a recognized nursing and medical specialty unified by the same standard of care CRNA's are advanced practice registered nurses (APRNs) licensed as independent practitioners CRNAs practice both autonomously and in collaboration with other health providers on an inter- professional team There are no Massachusetts (or federal) laws that require physician supervision of CRNA administration of anesthesia <p><i>American Association of Nurse Anesthetists, 2013. Scope of Nurse Anesthesia Practice 190th General Court of the Commonwealth of Massachusetts - General Laws. (2017).</i></p>	<p>HB2452/SB658 proposes NO CHANGES to current Federal Medicare Billing Rules</p> <ul style="list-style-type: none"> Often confused and/or falsely represented as CRNA practice laws or regulations Billing terms: Medical Direction, Medical Supervision, Opt Out – NO CHANGES! These billing terms are MISNOMERS ARE NOT MEANT to govern CRNA practice They simply provide a means to submit claims to Medicare for reimbursement <p><i>U.S. Government Publishing Office - Code of Federal Regulations. (2007, November 27)</i></p>



SUPPORT THE MASSACHUSETTS
ASSOCIATION OF NURSE ANESTHETISTS

\$12 for 12 Drive

The \$12 for 12 months Fundraising Campaign is new this year- we ask that our members and supporters donate directly to MANA.

PLEDGING \$12 EACH MONTH FOR A YEAR WILL:

- Support MANA's legislative efforts to advocate for you on a state and federal level
- Assists in funding our excellent management company that supports our association with day to day needs and consultation while our state's hardworking CRNAs care for their patients
- Provide financial support to Massachusetts SRNAs (the future of our membership) to attend national educational and advocacy meetings
- Allows for planning conferences and meetings to provide networking and CEUs to our members
- Enhances our professional practice and promotes parity in reimbursement for our invaluable services
- Aids in allowing our association to be at the forefront of communication and technology by funding MANA's communication tools, website updates and maintenance and board meetings (which are open to all members)
- Helps our leaders be present at Midyear Assembly and Fall Leadership Academy to represent our association and promote Massachusetts CRNAs

TO PARTICIPATE IN THE \$12 FOR 12 DONATION DRIVE FOLLOW THESE 4 EASY STEPS:

1. Visit <https://goo.gl/tbcvd7>
2. Enter a response in the provided box and click "Add Item"
3. Select "Checkout"
4. Enter your payment information and select "Proceed to Confirmation" and checkout

Please consider donating as we represent you in the year ahead to make this association the strongest and fiercest yet!

In Memorial



Albert R. Picariello "Al" passed away peacefully at home on Sunday, December 31, 2017.

Al is survived by his devoted wife and love of his life, Kathy Picariello, two adoring children, Katrina and Christopher Picariello and the grandfather of two darling grandchildren, Darcy and Rory. Al is also survived by his sister Phyllis Meloni and husband Bobby, nephew Nicholas Meloni, godchild Marc Picariello, many loving cousins, and special friends MaryBeth and Peter Durney and Cheryl and Jim Cooke. He was born in Medford, MA to the late Albert and Phyllis Picariello. He had a distinguished career as a Certified Registered Nurse Anesthetist working 24 years for Cape Cod Anesthesia Associates. Later, he established his own business, ARP Anesthesia, Inc. He served as President of the Massachusetts Association of Nurse Anesthetists in 1984. Al was known as a meticulous nurse with a kind and gentle bedside manner. He loved his profession and was devoted to caring for others.



MANA would like to extend its' sincerest condolences to the family and the Emerson Hospital community on the loss of **Yvette Lumor, CRNA**. Yvette has been a member of MANA and trained in Massachusetts. She leaves behind her husband and three young daughters.

Yvette had a big smile, boisterous laugh, and a personality that filled the room. Her skills were second to none, and she was cherished and loved by both her patients and co-workers.

EVENTS



UPCOMING EVENTS

New England Assembly of Nurse Anesthetists Spring Meeting and MANA Annual Spring Business Meeting

APRIL 6-8, 2018
BURLINGTON, MA

The NEANA 2018 Spring hosts its 71st Annual Spring Meeting from April 6-8, 2018. The MANA Spring Business Meeting will be held in conjunction with the NEANA Spring Meeting on Saturday, April 7 from 1:30-2:30pm. For more information visit masscrna.com or neana.net.

AANA Mid-Year Assembly

APRIL 21-25, 2018
WASHINGTON, D.C.

The AANA Mid-Year Assembly is designed to prepare nurse anesthetists to effectively advocate on Capitol Hill for protecting and advancing CRNA practice and reimbursement. Join your colleagues from Massachusetts and around the country and advocate for CRNAs.

**MANA is proud
to endorse
Bob Gauvin
for AANA
President-Elect**

VOTE

BOB GAUVIN
for
AANA PRESIDENT-ELECT

“The AANA must continue to be the leading voice for all CRNAs in ALL practice settings, continue to be a member driven organization, continue to explore new areas for non-dues revenue to ensure our organization’s fiscal stability, and above all, continue to fiercely protect our scope of practice.” - **Robert J. Gauvin, MS, CRNA**

UPCOMING EVENTS

AANA 2018 Nurse Anesthesia Annual Congress

SEPTEMBER 21-25, 2018
BOSTON, MA

Join us for the 85th annual AANA national meeting at the Boston Hynes Convention Center. AANA 2018 promises to bring technology to the forefront of anesthesia education. Refresh and expand your knowledge with hands-on patient simulation workshops and expert speakers.

Joint MANA/NYSANA/PRANA Conference: Region One in the Sun

FEBRUARY 28-MARCH 3, 2019
SAN JUAN, PUERTO RICO

Plan ahead to Join MANA, NYSANA and the Puerto Rico Association of Nurse Anesthetists for some fun in the sun! We will be offering lectures on the hot topics for CRNAs along with social events and a schedule that gives you plenty of free time to enjoy the white sandy beaches and the culture of San Juan! Registration for CRNA attendees and exhibitors will be available soon at masscrna.com.

Find us on Facebook and Twitter

