



June 22, 2015

The Honorable Orrin Hatch  
Chairman  
219 Dirksen Senate Office Building  
Committee on Finance  
United States Senate  
Washington, DC 20510

The Honorable Ron Wyden  
Ranking Member  
219 Dirksen Senate Office Building  
Committee on Finance  
United States Senate  
Washington, DC 20510

The Honorable Johnny Isakson  
Co-Chair  
Chronic Care Working Group  
131 Russell Senate Office Building  
Committee on Finance  
United States Senate  
Washington, DC 20510

The Honorable Mark Warner  
Co-Chair  
Chronic Care Working Group  
475 Russell Senate Office Building  
Committee on Finance  
United States Senate  
Washington, DC 20510

Dear Senators Hatch, Wyden, Isakson, and Warner:

On behalf of the more than 48,000 members of the American Association of Nurse Anesthetists (AANA), we thank you for your interest in making the Medicare program more efficient for patients with chronic conditions through the creation of the Chronic Care Working Group and the hearing held on May 15, 2015 titled, "A Pathway to Improving Care for Medicare Patients with Chronic Conditions." As requested by the Committee, we have included evidenced based recommendations that if put into practice would help make the Medicare program more efficient and would greatly benefit all patients, especially those with multiple chronic conditions.

As the percentage of the population that is eligible for Medicare grows, it is imperative for the Medicare program to be as efficient as possible to help reduce the growth of Medicare spending. Older people tend to have more chronic conditions requiring the use of more healthcare services and interventions dependent upon quality anesthesia care. Certified Registered Nurse Anesthetists (CRNAs) are advanced practice registered nurses (APRNs) and anesthesia professionals who safely deliver over 38 million anesthetics each year and provide the full range of anesthesia services including chronic pain management services. Nurse anesthetists have provided anesthesia care to patients in the U.S. for over 150 years, and the safe, high quality and cost effective services furnished by CRNAs continues to be in high demand. CRNAs practice in every setting in which anesthesia is delivered and are responsible for nearly 100 percent of all anesthesia services in rural America, affording these facilities the safe and effective anesthesia services necessary for obstetrical, surgical, trauma stabilization, and pain management care.

**Recommendation 1: Remove Unnecessary Barriers to the Full Practice Authority of Advanced Practice Registered Nurses in the Medicare System**

**To improve access to healthcare services and make team-based care more efficient, we recommend eliminating any barriers that prohibit CRNAs and other APRNs from practicing to the top of their education, training and capabilities.** By allowing APRNs to practice as full practice providers, patients with chronic conditions would have greater access to high quality patient centered care. Full practice authority for APRNs is a positive step toward transitioning from the current fee-for-service structure

toward a more coordinated team-based care approach for patients with chronic conditions; utilizing the full capabilities of all qualified members of the healthcare delivery team.

Current Medicare policy creates financial disincentives to the most efficacious use of CRNAs as full practice providers through a condition of payment requirement called “medical direction.” Appropriately, Medicare reimburses CRNAs and anesthesiologists at the same rate for the same high quality service -- 100 percent of a fee for providing non-medically directed (CRNA) or personally performed (anesthesiologist) services. Medicare also operates a payment system for “anesthesiologist medical direction” that provides a financial incentive for anesthesiologists to “medically direct” CRNAs who are capable of providing care without anesthesiologist involvement as full practice providers.

Peer-reviewed evidence demonstrates anesthesiologist medical direction increases healthcare costs without improving access or quality. Available evidence shows that CRNAs are capable of providing high quality care in all settings to all patient populations. This evidence has shown that CRNAs operating as full practice providers delivers the most cost effective anesthesia care that is 25% more cost efficient than the next most cost efficient delivery model.<sup>1</sup> Another recent study published in *Health Affairs* indicates that there are no differences in patient outcomes when anesthesia services are provided by CRNAs compared to the anesthetics delivered by anesthesiologists. Most recently, the internationally recognized foundation for evidence-based care, the Cochrane Collaboration, found that “(n)o definitive statement can be made about the possible superiority of one type of anesthesia care over another.” Our recommendation is also consistent with the recommendations of the *Institute of Medicine* (IOM) report *The Future of Nursing: Leading Change, Advancing Health*, and the National Council of State Boards of Nursing APRN Consensus Model.

Eliminating costly and unnecessary requirements for physician supervision and medical direction of CRNA anesthesia services within the Medicare system supports the efficient delivery of healthcare for patients with chronic conditions and allows the appropriate member of the care team the ability to deliver the highest quality of care in the most cost effective manner.

## **Recommendation 2: Continue to Support and Adequately Reimburse CRNA Chronic Pain Management Services**

**By Medicare reimbursing cost-effective CRNA pain management services promotes access to pain care for patients with chronic conditions.** The Medicare agency authorizes CRNAs to provide chronic pain management for all patients. CRNA pain care addresses patient’s chronic pain helping to achieve stronger outcomes, improving care transitions and overall progress in their care plan.

In a 2013 final rule, the Centers for Medicare & Medicare Services authorized the reimbursement for all services provided by CRNAs within their state scope of practice,<sup>2</sup> ultimately deferring to states on the issue of what services are within that scope. Given the shortages of providers in the pain management field, continued Federal support for the reimbursement of CRNA pain management services will continue to facilitate the delivery of high quality care, particularly in rural areas. In many rural and frontier areas, Medicare beneficiaries must travel hundreds of miles to access alternative care, and CRNAs often are the only healthcare professionals trained in pain management in these communities. As the IOM report entitled “Relieving Pain in America” states, many more healthcare professionals are needed to assess and

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<sup>1</sup> Paul F. Hogan et. al, “Cost Effectiveness Analysis of Anesthesia Providers.” *Nursing Economic\$*. 2010; 28:159-169. [http://www.aana.com/resources2/research/Documents/nec\\_mj\\_10\\_hogan.pdf](http://www.aana.com/resources2/research/Documents/nec_mj_10_hogan.pdf)

<sup>2</sup> 77 Fed. Reg. 68892, 69005 et seq., Nov. 16, 2012, amending 42 CFR §410.69(b). Certified Registered Nurse Anesthetists scope of benefit. <http://www.gpo.gov/fdsys/pkg/FR-2012-11-16/pdf/2012-26900.pdf>.

treat pain.<sup>3</sup> The report states that 100 million Americans suffer from chronic intractable pain that costs \$635 billion each year in medical treatment and lost productivity.<sup>4</sup> Reimbursing CRNAs for pain management services, not only helps improve outcomes, but streamlines Medicare's current payment system so the right provider is able to provide the appropriate level of care needed by a specific patient.

### **Recommendation 3: Restrict the Practice of Tele-Supervision of CRNA Services**

**The AANA is supportive of telehealth and remote monitoring technology that improves the quality of care provided for all patients and especially those with chronic conditions, but cautions against the use of telehealth services that increases costs without improving healthcare access or quality.** Specifically, policies that allow anesthesiologists to be reimbursed without providing actual anesthesia care, through billing for remote supervision services. This type of remote supervision would not improve access to healthcare for patients with chronic conditions and would instead reward providers not actually furnishing healthcare services. In these instances, tele-supervision would not improve program efficiencies or reduce the growth in Medicare spending.

We applaud the efforts of the Senate Finance Committee Chronic Care Working Group to improve care for those Americans with chronic conditions and appreciate the Committee's efforts to seek input on ways to improve overall healthcare delivery. AANA looks forward to working with the Committee to further improve patient access to quality anesthesia services. We appreciate your consideration of our views on these topics and thank you. If you have any questions, please contact Frank Purcell at 202-484-8400 or via email at [fpurcell@aanadc.com](mailto:fpurcell@aanadc.com).

Sincerely,



Sharon P. Pearce, CRNA, MSN  
AANA President

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<sup>3</sup> IOM (Institute of Medicine). *Relieving Pain in America: A Blueprint for Transforming Prevention Care, Education, and Research* (Washington, DC: The National Academies Press, 2011).  
[http://books.nap.edu/openbook.php?record\\_id=13172](http://books.nap.edu/openbook.php?record_id=13172).

<sup>4</sup> IOM (Institute of Medicine). *Op. cit.*, p. 1.