AANA
American Association of
NURSE ANESTHESIOLOGY

January 26, 2022

The Honorable Xavier Becerra
Secretary
Office of the Secretary
The U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2023 (87 Fed. Reg. 584, January 5, 2022)

Dear Secretary Becerra,

The American Association of Nurse Anesthesiology (AANA) welcomes the opportunity to comment on the proposed rule entitled Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2023. We are firmly committed to our continued work with the agency to help reduce barriers to CRNA practice and ensuring patients have access to timely, cost effective and high-quality care. Our comments include the following:

I. Background of the AANA and CRNAs

The AANA is the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists (SRNAs). AANA membership includes more than 59,000 CRNAs and SRNAs, representing about 90 percent of the nurse anesthetists in the United States. CRNAs are advanced practice registered nurses (APRNs) who personally administer more than 50 million anesthetics to patients each year

in the United States and are among the nation's most trusted professions according to Gallup[1]. Nurse anesthetists have provided anesthesia in the United States for 150 years, and high-quality, cost-effective CRNA services are in high demand. CRNAs are Medicare Part B providers and since 1989 have billed Medicare directly for 100 percent of the physician fee schedule amount for services. CRNAs also play an essential role in assuring that rural America has access to critical anesthesia services, often serving as the sole anesthesia provider in rural hospitals, affording these facilities the capability to provide many necessary procedures.

CRNAs are involved in every aspect of anesthesia services including a pre-anesthesia patient assessment, obtaining informed consent for anesthesia administration, developing a plan for anesthesia administration, administering the anesthetic, monitoring and interpreting the patient's vital signs, and managing the patient throughout the surgery and recovery. CRNAs also provide acute, chronic, and interventional pain management services. CRNAs provide anesthesia for a wide variety of surgical cases and in some states are the sole anesthesia providers in nearly 100 percent of rural hospitals, affording these medical facilities obstetrical, surgical, trauma stabilization, and pain management capabilities. Nurse anesthesia predominates in Veterans Hospitals and in the U.S. Armed Services. CRNAs work in every setting in which anesthesia is delivered including hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers (ASCs), pain management facilities, and the offices of dentists, podiatrists, and all types of specialty surgeons.

Numerous peer reviewed studies have shown that CRNAs are safe, high quality and cost effective anesthesia professionals who should practice to the full extent of their education and abilities. According to a May/June 2010 study published in the journal *Nursing Economic$*, CRNAs acting as the sole anesthesia provider are the most cost-effective model for anesthesia delivery, and there is no measurable difference in the quality of care between CRNAs and other anesthesia providers or by anesthesia delivery model.[2] An August 2010 study published in *Health Affairs* showed no differences in patient outcomes when anesthesia services are provided by CRNAs, physicians, or CRNAs supervised by physicians.[3] Researchers studying anesthesia safety found no differences in care between nurse anesthetists and physician anesthesiologists based on an exhaustive analysis of research literature published in the United States and around the world, according to a scientific literature review prepared by the Cochrane Collaboration, the internationally recognized authority on evidence-based practice in healthcare.[4] Most recently, a study published in *Medical Care* (June 2016) found no measurable impact in anesthesia complications from nurse anesthetist scope of practice or practice restrictions.[5]

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[1] Gallup "U.S. Ethics Ratings Rise for Medical Workers and Teachers (December 22, 2020), https://news.gallup.com/poll/328136/ethics-ratings-rise-medical-workers-teachers.aspx

[2] 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

[3] B. Dulisse and J. Cromwell, "No Harm Found When Nurse Anesthetists Work Without Physician Supervision." *Health Affairs*. 2010; 29: 1469-1475. http://content.healthaffairs.org/content/29/8/1469.full.pdf

[4] Lewis SR, Nicholson A, Smith AF, Alderson P. Physician anaesthetists versus non-physician providers of anaesthesia for surgical patients. *Cochrane Database of Systematic Reviews* 2014, Issue 7. Art. No.: CD010357. DOI: 10.1002/14651858.CD010357.pub2. http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010357.pub2/abstract

[5] Negrusa B et al. Scope of practice laws and anesthesia complications: No measurable impact of certified registered nurse anesthetist expanded scope of practice on anesthesia-related complications. *Medical Care* June 2016,

The importance of CRNA services in rural areas was highlighted in a recent study which examined the relationship between socioeconomic factors related to geography and insurance type and the distribution of anesthesia provider type.[6] The study correlated CRNAs with lower-income populations and correlated anesthesiologist services with higher-income populations. Of particular importance to the implementation of public benefit programs in the U.S., the study also showed that compared with anesthesiologists, CRNAs are more likely to work in areas with lower median incomes and larger populations of citizens who are unemployed, uninsured, and/or Medicaid beneficiaries.[7] This information highlights the importance of CRNAs who provide high-quality, evidence-based care to millions of Americans living and working in rural and underserved areas. Allowing them to participate in rural emergency hospitals will increase needed access to care for patients who live in these areas.

I. Require CRNAs to be Included in Qualified Health Plan Networks that Participate in both Federally Facilitated Exchanges (FFEs) and State Exchanges

The AANA agrees with the agency that strong network adequacy standards are necessary to achieve greater equity in health care and enhance consumer access to quality, affordable care through the Exchanges. The AANA supports the agency's long-standing requirement that qualified health plans (QHPs) that participate in FFEs must maintain networks that are sufficient in numbers and types of providers to assure that all services to covered persons will be accessible to them without unreasonable delay. We also support the agency's consideration that there might be a need for greater alignment in FFE and State Exchange network adequacy standards.

The AANA believes that patients benefit the greatest from a healthcare system where they receive easily accessible care from an appropriate choice of safe, high quality and cost-effective providers, such as CRNAs. Therefore, as the agency proposes to evaluate the adequacy of provider networks of QHPs offered through the FFEs beginning in 2023, as well as the alignment of network adequacy with both federal and state exchanges, we request that CRNAs be included in all health carrier network plans that participate in these Exchanges. Doing so would help establish appropriate minimum standards for ensuring sufficient choice of providers within health carrier networks and will help ensure network adequacy, access and affordability to consumers. This would help ensure patient access to a range of beneficial, safe and cost-efficient healthcare professionals and allow CRNAs to practice to full extent of their scope of practice.

CRNAs are an important type of provider with an integral role in providing anesthesia and analgesia-related care, and pain management services. They provide safe, high-quality and cost-effective anesthesia care and are advanced practice registered nurses who personally administer more than 50 million anesthetics to patients each year. Furthermore, in rural communities and other medically underserved areas of the United

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http://journals.lww.com/lww-medicalcare/Abstract/publishahead/Scope_of_Practice_Laws_and_Anesthesia.98905.aspx.

[6] Liao CJ, Qurashi JA, Jordan LM. Geographical Imbalance of Anesthesia Providers and its Impact on the Uninsured and Vulnerable Populations. Nurs Econ. 2015;33(5):263-270. http://www.aana.com/resources2/research/Pages/NursingEconomics2015.aspx

[7] Liao, op cit.

States, CRNAs can be the sole anesthesia professionals. Their presence enables hospitals and other healthcare facilities to offer obstetrical, surgical, and trauma stabilization services to patients who might otherwise be forced to travel long distances for this essential care. Without strong patient access safeguards in place, we are concerned that lax network adequacy standards could limit the number of providers or the types of providers on their panels, which could severely limit patient access to needed care. Consistent with the goals and policies of the Affordable Care Act in establishing provider networks that ensure extensive access to care, we encourage health carriers to include CRNAs in their networks by expressly recognizing CRNAs as eligible professionals in health plans networks.

II. Require Anesthesia and Pain Management Services be Included in the Ten Categories of Benefits Provided by EHB-Benchmark Plans and Be Provided by Anesthesia Providers, Such as CRNAs, Who Have Formal Education in the Administration of General Anesthesia

The AANA advocates on numerous issues to help improve healthcare, patient safety and practice excellence by working to increase access to healthcare, make healthcare more affordable, and improve the quality of the care available to all patients. The goal of the essential health benefits requirement was to help balance access, comprehensiveness, quality improvement and affordability for consumers purchasing health coverage. Essential health benefits are necessary to ensure health coverage for patients and their elimination would create an access issue across the United States.

Essential Health Benefits, enacted by the Affordable Care Act, are a set of ten categories of services health insurance plans must cover, including: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health services and addiction treatment, prescription drugs, rehabilitative services and devices, laboratory services, preventative/wellness/chronic disease services, and pediatric services. We believe the practice of anesthesia and pain management care provided by CRNAs fits under many of the services listed as essential health benefits. These services provided by trained and qualified health care providers, such as CRNAs, are vital with patient care. Therefore, we request that health insurance plans must protect critical essential health benefits to ensure access to the full range of services and providers, including those provided by CRNAs. In addition, we note that anesthesia services should only be administered and therefore reimbursed by providers who have the formal education in the administration of general anesthesia. This point is critical due to the potential for rapid, profound changes in sedative/anesthetic depth and the lack of antagonistic medications, could put patients at increased risk of significant injury or death.

The AANA appreciates the opportunity to comment on this proposed rule. With the country in the midst of a pandemic, growing health disparities and challenges with funding and access to care, this is an extraordinary time. We stand ready to be of assistance in any way we can. Should you have any questions regarding our comments, please feel free to contact the AANA Senior Director of Federal Government Affairs, Ralph Kohl, at 202-741-9080 or rkohl@aanadc.com.

Sincerely,

Dina Velocci, DNP, CRNA, APRN
AANA President

cc: David Hebert, JD, AANA Interim Chief Executive Officer
Ralph Kohl, BA, AANA Senior Director of Federal Government Affairs
Randi Gold, MPP, AANA Senior Associate Director Federal Regulatory and Payment Policy