American Association of
NURSE ANESTHESIOLOGY

December 16, 2022

The Honorable Ron Wyden
Chairman
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Debbie Stabenow
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Daines
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, D.C. 20510

RE: Senate Finance Committee Bipartisan Mental Health Workforce Discussion Draft

Dear Chair Wyden, Ranking Member Crapo, Senator Stabenow, and Senator Daines:

The American Association of Nurse Anesthesiology (AANA) welcomes the opportunity to submit comments to the Senate Finance Committee Bipartisan Mental Health Workforce Discussion Draft. We are firmly committed to working with the committee and other healthcare stakeholders to help achieve our common goals of increasing access to healthcare, advancing health equity, increasing innovative healthcare models, reducing regulatory burdens on stakeholders, empowering consumers and making healthcare more affordable for all Americans. The AANA makes the following comments and recommendations:

- Include CRNAs in Group of Non-Physician Practitioners to Receive Bonuses When they Practice in Shortage Areas
- Add APRNs, Including CRNAs, to Wellness Programs to Help Reduce Burnout
- Include all Providers in Medicaid Strategic Guidance and Do Not Discriminate Based on Licensure

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

---

[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

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] In addition, a study published in *Medical Care* found no measurable impact in anesthesia complications from nurse anesthetist scope of practice or practice restrictions.[5]

I. AANA Request: Include CRNAs in Group of Non-Physician Practitioners to Receive Bonuses When they Practice in Shortage Areas

The AANA supports expansion of the healthcare workforce to make it easier for Americans to get mental, behavioral and substance use disorder health care when they need it. We recommend that CRNAs who work in shortage areas are including among the group of non-physician practitioners receiving Medicare bonuses. As the nation continues to face a critical shortage of nurses, including CRNAs, it is more important than ever to make significant investments in the nursing and anesthesia workforce to ensure there is the necessary workforce moving forward, especially in rural and underserved areas. According to a 2021 study by Negrusa, a baseline trend using data from 2017, pre-pandemic, show that there is an estimated 10.7% excess demand for anesthesia services, meaning that the labor market for anesthesia providers is short by over 9,000 providers.[6] According to this same analysis, shortfalls are to continue to 2027, though at a slower rate of decline. According to the authors, "[t]his study provides evidence that a further shortage reduction could be achieved by increasing the number of anesthesia providers and adopting of autonomous practice models that make more efficient use of existing providers" Furthermore, in many states, CRNAs are the sole anesthesia providers in nearly 100 percent of rural hospitals, allowing for the medical facilities to offer needed obstetrical, surgical, trauma stabilization, and pain management services. While we do support the

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

[6] Negrusa et al 2021., Anesthesia Services: A Workforce Model and Projections of Demand and Supply. Nursing Economic$, 39(6), 275–284.

discussion draft's provision in Section 13 to expand Medicare's Health Professional Shortage Area bonus program to increase bonus payments for non-physician providers who practice in shortage areas, we do recommend that CRNAs also be added to this list. Maintaining a strong workforce with the capacity to care for all who need services is crucial, particularly as health care professional burnout and other strains on the workforce jeopardize long-term provider retention.

The importance of CRNA services in rural areas was highlighted in a study which examined the relationship between socioeconomic factors related to geography and insurance type and the distribution of anesthesia provider type.[7] 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.[8] This information highlights the significance of CRNAs who provide high-quality, evidence-based care to millions of Americans living and working in rural and underserved areas.

As a main provider of anesthesia and pain management services and as Advanced Practice Registered Nurses (APRNs), CRNAs are uniquely skilled to provide both acute and chronic pain management in a patient centered, compassionate and holistic manner across the pain continuum in all clinical settings (e.g., hospitals, ambulatory surgical centers, offices, and pain management).[9] CRNAs provide acute, chronic, and interventional pain management services, and many patients rely on CRNAs as their primary pain specialist. From entry into practice education and certification through ongoing education and skills acquisition throughout their career, CRNAs provide robust, patient-centered acute and chronic pain management

[7] 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

[8] Liao, op cit.

[9] AANA Chronic Pain Management Guidelines. Nov. 2021, https://www.aana.com/docs/defaultsource/practice-aana-com-web-documents-(all)/professional-practice-manual/chronic-pain-managementguidelines.pdf?sfvrsn=d40049b1_8, AANA Regional Anesthesia and Analgesia Techniques - An Element of Multimodal Pain Management, Practice Considerations. Apr 2018. https://www.aana.com/docs/defaultsource/practice-aana-com-web-documents-(all)/professional-practice-manual/regional-anesthesia-and-analgesiatechniques-an-element-of-multimodal-pain-management.pdf, AANA A Holistic Approach to Pain Management: Integrated, Multimodal, and Interdisciplinary Treatment, Position Statement. July 2016. https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/professional-practicemanual/a-holistic-approach-to-pain-management-integrated-multimodal-and-interdisciplinary-treatment.pdf

services. The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) requires acute and chronic pain management content in the curriculum of the 130-accredited nurse anesthesia educational programs.[10] The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) offers a voluntary nonsurgical pain management (NSPM) subspecialty certification for CRNAs.[11] Additionally, for lifelong learning, the AANA offers CRNAs a continuum of educational resources for pain management practice.

CRNAs have been on the front lines of developing novel non-opioid based treatments for both chronic and acute pain and we support maximum flexibility in allowing pain treatment plans that rely on the clinical judgment of the practitioner directing care. CRNA chronic pain management practitioners address chronic pain through the use of a multimodal approach that includes opioid sparing or no opioid pharmacologic and non-pharmacologic pain mitigation strategies. In addition, CRNAs, as anesthesia professionals, are educated and trained to administer ketamine both for sedation and general anesthesia, chronic pain management and also ketamine infusion therapy for psychiatric disorders and chronic pain. Ketamine infusion clinics are becoming more available, and this therapy has been shown to have antidepressive properties and is increasingly becoming used to treat psychiatric disorders, including major depressive disorder (MDD), bipolar disorder, treatment-resistant depression, and post-traumatic stress disorder (PTSD).

There is an enormous demand all across the country for mental, behavioral and SUD health care, but there aren't nearly enough providers to meet that demand. CRNAs provide a wide variety of anesthesia and pain management services in all types of settings, especially in shortage areas such as rural communities. At a time of such a workforce shortage, they can help take care of these patients in need of services. Including them with the list of non-physician providers who can receive bonuses through the Medicare Health Professional Shortage area bonus program would help retain providers who can give patients in shortage areas the quality health and addiction services they need.

II. AANA Request: Add APRNs, Including CRNAs, to Wellness Programs to Help Reduce Burnout

[10] Council on Accreditation of Nurse Anesthesia Educational Programs. List of Accredited Educational Programs, revised July 2022: https://www.coacrna.org/wp-content/uploads/2022/07/List-of-Accredited-Educational-Programs-July-18-2022-1.pdf

[11] National Board of Certification and Recertification for Nurse Anesthetists. Nonsurgical Pain Management Examination: https://www.nbcrna.com/exams/nspm

Regarding the state of nurse staffing, one of the biggest issues for CRNAs has been clinician burnout. There is growing concern over the large increase in the prevalence of clinician burnout and the negative effects this has for patient care and stability of the healthcare provider workforce. The Public Health Emergency and overall clinical demands have led to burnout in the nursing profession. CRNAs have played an important role in providing life-saving critical care management for patients impacted by the COVID-19 virus in their APRN role. CRNAs are prepared to practice autonomously and are qualified to make independent judgments based on their education, licensure and certification. In their role as APRNs, CRNAs can function in various areas of the hospital, including emergency room and critical care units. CRNAs can be used for their expertise in rapid systems assessment, airway management, ventilatory support, vascular volume resuscitation, triage, emergency preparedness, and resource management to support their facilities.[12]

Because of this, we request that in Section 14 of the Distribution Draft APRNs, including CRNAs, be added to the list of providers that can access mental health services at hospitals and other entities. Many types of providers need access to evidence-based programs to improve their mental health, increase resiliency, and prevent suicide. It is estimated that 35% to 54% of nurses and physicians in the United States report symptoms of burnout.[13] There is an urgent need to reach APRNs, including CRNAs, in their work settings to identify those experiencing extreme distress or nearing a crisis state and to provide them the tools and support they need to improve their psychological health and wellness. The need for this was highlighted since the passage of the Dr. Lorna Breen Health Care Provider Protection Act earlier this year, which establishes grants and requires other activities to improve mental and behavioral health among health care providers.[14]

III. AANA Request: Include all Providers in Medicaid Strategic Guidance and Do Not Discriminate Based on Licensure

[12] AANA, Utilizing CRNAs Unique Skill Set During COVID-19 Crisis,https://www.aana.com/home/aana-updates/2020/03/21/utilizing-crnas-unique-skill-set-during-covid-19-crisis

[13] National Academies of Sciences, Engineering, and Medicine. Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being. National Academies Press: 2019. doi:10.17226/25521

[14] Public Law No: 117-105, Dr. Lorna Breen Health Care Provider Protection Act https://www.congress.gov/bill/117th-congress/house-bill/1667

Beginning no later than one year after the enactment, require the Secretary to issue Medicaid strategic guidance to increase mental health and substance use provider education, recruitment, and retention, and improve workforce capacity in rural and underserved areas. We support the provision in Section 22 of this Discussion draft requiring the Secretary of Health and Human Services issue guidance to states on strategies under Medicaid and CHIP to increase education, training, recruitment, and retention of mental health and substance use disorder care providers that participate in Medicaid or CHIP, with a focus on improving the capacity of the mental health and substance use disorder care workforce in rural and underserved areas. We do request that CRNAs are included in the Medicaid Strategic Guidance and are not discriminated against based on their licensure.

CRNAs, and other advanced APPs acting within the scope of their license or certification under applicable state law or regulation, have experienced discrimination by public and private health insurance, including Medicaid plans, with respect to participation in and coverage of procedures that are clearly included in their state scope of practice. Such discrimination impairs access to needed healthcare services, consumer choice and competition, and impairs efforts to control healthcare cost growth. Further, this discrimination violates the federal provider nondiscrimination provision. The federal provider nondiscrimination provision in the Patient Protection and Affordable Care Act (Sec. 1201, Subpart 1, creating a new Public Health Service Act Sec. 2706(a), "Non-Discrimination in Health Care, 42 USC §300gg-5),[15] which took effect January 1, 2014, and prohibits health plans from discriminating against qualified licensed healthcare professionals, such as CRNAs, solely on the basis of their licensure.

Nurse anesthetists are experienced and highly trained anesthesia professionals who provide high-quality patient care, demonstrated through evidence in decades of scientific research and practice to the full extent of their education, training, and certification. This law promotes competition and consumer choice by prohibiting discrimination based on provider licensure that keeps patients from getting the care they need.

[15] Patient Protection and Affordable Care Act, Sec. 1201, Subpart 1, creating a new Public Health Service Act Sec. 2706(a), Non-Discrimination in Healthcare (42 U.S.C. §.300gg-5). The statutory provision reads as follows: "(a) Providers.--A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any healthcare provider who is acting within the scope of that provider's license or certification under applicable State law. This section shall not require that a group health plan or health insurance issuer contract with any healthcare provider willing to abide by the terms and conditions for participation established by the plan or issuer. Nothing in this section shall be construed as preventing a group health plan, a health insurance issuer, or the Secretary from establishing varying reimbursement rates based on quality or performance measures."

To promote patient access to care, health insurers and health plans must all avoid discrimination against qualified, licensed healthcare professionals solely on the basis of licensure.

The AANA appreciates the opportunity to comment on this Discussion Draft. Should you have any questions regarding our comments, please feel free to contact AANA Senior Associate Director, Federal Regulatory and Payment Policy, Randi Gold at rgold@aana.com.

Sincerely,

Angela Mund, DNP, CRNA
AANA President

cc: William Bruce, MBA, CAE, AANA Chief Executive Officer
Lorraine Jordan, PhD, CRNA, CAE, FAAN, AANA Chief Advocacy Officer
Randi Gold, MPP, AANA Senior Associate Director Federal Regulatory and Payment Policy