American Association of
NURSE ANESTHESIOLOGY

National Center for Injury Prevention and Control
Centers of Disease Control and Prevention
4770 Buford Highway NE
Mailstop S106--9
Atlanta, GA 30341

Attn: Docket CDC-2022-0024

RE: Docket No. CDC-2022-0024, Proposed 2022 CDC Clinical Practice Guideline for Prescribing Opioids

To Whom It May Concern:

The American Association of Nurse Anesthesiology AANA) welcomes the opportunity to provide written comments on the proposed 2022 Centers for Disease Control and Prevention (CDC) Clinical Practice Guideline for Prescribing Opioids (87 Fed. Reg. 7838, Feb. 10, 2022). The AANA makes the following comments and requests:

- Thank CDC for Providing More Flexibility and Clarity in Updated Draft Guidelines
- Acknowledge the Role of CRNAs in Pain Management in the Scope and Audience Section
- Consult with Stakeholders, such as the AANA, to Understand Full Gamut of Reimbursement Barriers

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 included 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

---

[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

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]

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

---

[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, 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.

underserved areas. Allowing them to participate in rural emergency hospitals will increase needed access to care for patients who live in these areas.

AANA Comment: Thank CDC for Providing More Flexibility and Clarity in Updated Draft Guidelines

The AANA thanks the CDC for providing more flexibility and clarity in the updated draft guidelines. As a main provider of pain management services and as 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).[8] Many patients rely on CRNAs as their primary pain specialist. 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. While the AANA remains committed to addressing the opioid epidemic and decreasing the reliance on opioids, we believe that the 2016 guidelines were very rigid with respect to days of opioids for acute pain, set arbitrary thresholds for total morphine milligram equivalents (MME) recommended, and did not highlight the clinical context in which some patients may need increased doses. We appreciate that the proposed guidelines encourage clinician judgement and individualized patient-centered care and decision-making.

AANA Request: Acknowledge the Role of CRNAs in Pain Management in the Scope and Audience Section

In the Scope and Audience section of the guideline, the CDC lists the types of clinicians who treat patients for pain, but neglects to mention CRNAs. We request that the CDC also

[8] AANA Chronic Pain Management Guidelines. Nov. 2021, https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/professional-practice-manual/chronic-pain-management-guidelines.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/default-source/practice-aana-com-web-documents-(all)/professional-practice-manual/regional-anesthesia-and-analgesia-techniques-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-practice-manual/a-holistic-approach-to-pain-management-integrated-multimodal-and-interdisciplinary-treatment.pdf.

acknowledge the role of CRNAs in pain management in this section. CRNAs provide acute, chronic, and interventional pain management services, and many patients rely on CRNAs as their primary pain specialist. As advanced practice registered nurses, CRNAs are uniquely skilled to deliver pain management in a compassionate and holistic manner.[9] CRNAs provide chronic pain management services in various settings, such as hospitals, ambulatory surgical centers (ASCs), offices, and pain management clinics. By virtue of education and individual clinical experience and competency, a CRNA may practice chronic pain management utilizing a variety of therapeutic, physiological, pharmacological, interventional, and psychological modalities in the management and treatment of pain. For these reasons, we believe CRNAs should be acknowledged in the Scope and Audience section.

AANA Request: Consult with Stakeholders, such as the AANA, to Understand Full Gamut of Reimbursement Barriers

We appreciate and support the CDC's effort to work with public and private payers with the aim of improving coverage for nonpharmacologic treatments, increasing access to non-opioid pain medication, supporting patient counseling and coordination of care, increasing access to evidence-based treatments of opioid use disorder, and enhancing availability of multidisciplinary and multimodal care. The holistic approach that CRNA pain management practitioners employ when treating their chronic pain patients may reduce the reliance on opioids as a primary pain management modality, thus aiding in the reduction of potential adverse drug events related to opioids. This is especially helpful in rural and underserved areas, where CRNAs are often the only health care professionals trained in anesthesia and pain management, that are significantly experiencing the opioid epidemic. However, CRNAs continue to face a full range of reimbursement barriers from public and private payers for medically necessary pain management services that are within their state scope of practice. These barriers include, but are not limited to, denials for services, the inability to be credentialed by plans for pain management services, and not being recognized as a provider who can offer pain services. For this reason, we request

[9] AANA Chronic Pain Management Guidelines op. cit.

that the CDC consult with stakeholders, such as the AANA, to understand the full gamut of reimbursement barriers.

We thank you for the opportunity to comment on this draft guideline. Should you have any questions regarding these matters, please feel free to contact the AANA Senior Director of Federal Government Affairs, Ralph Kohl, at 202.484.8400, rkohl@aanadc.com.

Sincerely,

Dina Velocci, DNP, CRNA, APRN
AANA President

cc: David Hebert, JD, AANA Interim Chief Executive Officer
Ralph Kohl, AANA Senior Director of Federal Government Affairs
Romy Gelb-Zimmer, MPP, AANA Senior Associate Director Federal Regulatory and Payment Policy