AANA
American Association of
NURSE ANESTHESIOLOGY

May 2, 2022

The Honorable Anna Eshoo
Chairwoman
House Energy & Commerce Committee
Health Subcommittee
272 Cannon House Office Building
Washington, DC 20515

The Honorable Brett Guthrie
Ranking Member
House Energy & Commerce Committee
Health Subcommittee
2434 Rayburn House Office Building
Washington, DC 20515

Dear Chairwoman Eshoo and Ranking Member Guthrie:

I am writing today on behalf of the American Association of Nurse Anesthesiology (AANA) in response to your committee hearing on April 27th, on the Fiscal Year 2023 HHS Budget. We appreciate your attention during the hearing to a number of critical issues in healthcare, including workforce shortages, COVID-19 flexibilities, increasing problems with opioid addiction, and the need to address ongoing health access issues and disparities. As anesthesia providers who have been on the front lines of pandemic and who predominate in rural and underserved communities, we know firsthand the effect these issues have on patients and the healthcare system. We believe there are a number of steps that the Department of Health and Human Services (HHS) and Congress can take to address these problems.

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. 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.

Addressing Provider Shortages Through Removing Barriers and Increasing Investments

During the hearing, the ongoing issue of provider shortages was raised by several members. This is a significant issue with the healthcare workforce, and amongst the nursing workforce in particular. A recent article in Health Affairs entitled *A Worrisome Drop in the Number of Young Nurses* highlights the issues that we are facing with the nursing workforce. According to the article, "Now, two years into the COVID-19 pandemic, the supply of RNs is under threat again. Using monthly data from the Current Population Survey, our recently published analyses in Health Affairs showed that growth in the RN workforce plateaued during the first 15 months of the pandemic. Although it is difficult to disentangle the contributing factors, these likely include early retirements, pandemic burnout and frustration, interrupted work patterns from family needs such as childcare and elder care, COVID-19 infection and related staffing shortages, and other disruptions throughout health care delivery organizations. Extending that analysis through the end of 2021 furthers our concern. New data here, covering the entirety of 2021, show the total supply of RNs decreased by more than 100,000 in one year—a far greater drop than ever observed over the past four decades." At a time when we need to be working to increase the pipeline of nurses, we are moving in the wrong direction, even as we are turning away tens of thousands of qualified applications to nursing programs every year because of program capacity and budget issues.

Given the ongoing workforce issues, is it absolutely critical that we not prematurely end waivers put in place during the public health emergency (PHE) that have expanded access to care, maintained the highest levels of safety, and helped to lower costs. The Centers for Medicare & Medicaid Services (CMS) temporarily waived CRNA supervision requirements under Medicare Part A's Conditions of Participation (CoP) and Conditions for Coverage (CfC). This waiver has allowed CRNAs to work to the top of their scope during the PHE, while also freeing up physician anesthesiologists from unnecessary supervision requirements, allowing them to also provide direct anesthesia and COVID-19 care. Initial data from CMS also showed that during the first three months of the pandemic, CRNAs were among the top 20 most utilized specialty providers. With the high level of utilization of CRNA services and the removal of supervision requirements, we have seen no evidence that the quality of care has decreased, or that complications have increased. This corroborates evidence that existed before the pandemic that shows that there is no measurable difference in outcomes based on CRNA scope of practice laws[1], and that show that outcomes for CRNAs working without supervision are the same as those working under supervision[2].

Given the overwhelming data and the track record of CRNA services during the PHE, we urge the Administration to make the supervision waiver for CRNA services under Medicare Part A permanent. We would also urge Congress, as you look at different waivers, such as the current telehealth related waivers, to consider extending them beyond the end of the PHE to ensure we don't unnecessarily restrict access to care after transitioning out of the PHE.

[1] https://journals.lww.com/lww-medicalcare/Abstract/2016/10000/Scope_of_Practice_Laws_and_Anesthesia.4.aspx
[2] https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2008.0966?journalCode=hlthaff

During the hearing, members raised the importance of providing funding for graduate medical education (GME). While GME is a critical investment, Congress and the Administration continue to short shrift our nation's nurses. In FY2022, Title VIII Nursing Workforce Development Funding, the only major federal investments in the nation's nursing workforce were appropriated $280 million. During the same fiscal year, Children's Hospital Graduate Medical Education (CHGME) was appropriated $375 million, ensuring that this single GME program received more funding that all nursing programs combined. Given that there are currently estimated to be 4,000,000 registered nurses, including APRNs, it's imperative that Congress drastically increase our investments in the nursing workforce moving forward.

Addressing the Underlying Causes of Surprise Billing and Protecting Patient Access to Care

During the hearing, the issue of surprise medical bills and the agency's role in promulgating rules related to the *No Surprises Act* was brought up. Part of the *No Surprises Act* was a provision that would help to address some of the underlying causes of surprise billing, such as inadequate provider networks and discrimination against providers based on their licensure. The provider nondiscrimination sections of the bill that was signed into law, require the Departments of HHS, Labor and the Treasury to work together to promulgate rules to protect providers from discrimination by payors based on licensure, and thereby protect patient's access to care.

Multiple members of Congress, in both the House and the Senate, subsequently weighed in with the agencies about the intent of Congress as it relates to this specific provision and called for a robust rule containing an enforcement mechanism. Despite a deadline of January 2022 for the agencies to come together to draft a rule, the agencies have failed to do so. During a stakeholder meeting on this provision, the majority of attendees weighed in with the agencies on the importance of promulgating a strong and enforceable rule, yet we continue to see the agencies dragging their feet and failing to promulgate a rule in a timely manner as required by the legislation. This rule directly bolsters language in the *Affordable Care Act* about protecting patient access to care. Including this provision in the *No Surprises Act* was an important Congressional step to fix an issue around this provision from 2014, when the agencies first failed to promulgate rules and let insurers and other payors off the hook to deny necessary, quality care from licensed providers. We urge the agencies to move forward with all due haste to promulgate this rule and encourage Congress to continue to pressure the agencies to develop a rule that is both strong and enforceable to ensure that patients have access to the provider of their choice.

Increasing Access to Medication Assisted Treatment and Mental Health Care

The AANA has long supported attempts to decrease opioid use and increase access to treatment. We strongly support H.R. 1384 *Mainstreaming Addiction Treatment Act of 2021.* This important legislation would remove the overly burdensome requirement for providers to obtain the Drug Enforcement Agency's

X-Waiver to be able to prescribe medication assistant treatment (MAT), such as buprenorphine. We have unfortunately born witness to an increasing number of deaths related to addiction, including to opioids and other drugs, during the pandemic. It's imperative that we allow all qualified providers to be able to prescribe and administer MAT to help combat the ongoing opioid epidemic and we urge Congress to take up the MAT Act. CRNAs may prescribe MAT in states where they have prescriptive authority, consistent with state law, their professional state specific scope of practice, state and federal laws and regulations, and their respective facility's institutional policies. This allows CRNAs to be uniquely qualified to help eradicate the opioid epidemic.

We have seen the success that comes with eliminating unnecessary barriers between patients and their healthcare providers. CRNAs have a proven track record of providing the highest quality care before and during the pandemic. With the workforce challenges we face, it's imperative that Congress and the agencies do everything in their power to maximize the current workforce, including permanently extending waivers like CMS's supervision waiver for CRNA services who's elimination is backed by scientific and clinical data, and protecting a patients' access to receive care from the licensed provider of their choice by ensuring the agencies honor Congressional intent by promulgating a robust and enforceable provider nondiscrimination rule. Congress also must make significant investments in the nursing workforce and stop undervaluing the nation's nursing workforce by providing lip service that isn't backed up with necessary investments. As always, we hope to work with you on these issues and offer ourselves as a resource in any way we can. You can always reach out to the AANA's Senior Director of Federal Government Affairs, Ralph Kohl at rkohl@aana.com or (202) 484-8400. Thank you for your work on these issues.

Sincerely,

Dina Velocci, DNP, CRNA, APRN
AANA President

Cc:

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