AANA
American Association of
NURSE ANESTHESIOLOGY

February 15, 2022

The Honorable John Hickenlooper
United States Senate
Russell Senate Office Building
Suite SR-374
Washington, DC 20510

The Honorable Mike Braun
United States Senate
Russell Senate Office Building
Suite 404
Washington, DC 20510

Dear Chairman Hickenlooper and Ranking Member Braun:

On behalf of the American Association of Nurse Anesthesiology (AANA), I am writing to you today to thank you for holding a hearing to examine the ongoing and escalating issue of shortages in the healthcare workforce. Your hearing comes at a critical time as workforce shortages continue to increase, leading to additional stress and burnout among those still in the workforce. The United States was already facing a shortage of anesthesia providers before the pandemic hit and exacerbated the shortage. There are several actions that we would urge Congress to take in the near team to help deal with the shortages, including removing federal barriers for those currently practicing, utilizing the current workforce as efficiently as possible; addressing educational costs and student loan debt; and providing critical resources for current and future faculty and students to increase the pipeline for nurses to help meet future demands.

The AANA is the professional association for Certified Registered Nurse Anesthetists and student registered nurse anesthetists (SRNAs). AANA membership includes more than 59,000 CRNAs and SRNAs, representing almost 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 predominate in rural and underserved areas of the United States, offering critical, lifesaving care and obstetrical care to patients who might otherwise not have access.

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,

[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

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.

Remove Barriers to Utilize Current Workforce More Efficiently

The most immediate actions that Congress can take to help address the current workforce shortages, is the removal of unnecessary federal barriers to practice allowing the workforce to practice to the top of their scope and education. This is especially true for anesthesia, where Medicare's current facility requirement that CRNAs be supervised by a physician as a Condition of Participation and Condition for Coverage creates an unnecessary burden that limits access to care and increases costs, without positively affecting outcomes. 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 study published in the journal Nursing Economic$ in 2010 and updated in 2016, 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]

Given the overwhelming evidence that CRNAs practicing independently is both safe and the most cost-efficient method of anesthesia delivery, we urge the permanent removal of Medicare's Condition of

---

[2] Paul F. Hogan et al., "Cost Effectiveness Analysis of Anesthesia Providers." Nursing Economic$. 2010; 28:159-169. https://www.lewin.com/content/dam/Lewin/Resources/AANA-CEA-May2016.pdf

[3] B. Dulisse and J. Cromwell, "No Harm Found When Nurse Anesthetists Work Without Physician Supervision." Health Affairs. 2010; 29: 1469-1475. https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2008.0966?journalCode=hlthaff

[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,

Participation and Condition for Coverage requirements that CRNAs be supervised by a physician. This would allow CRNAs to provide anesthesia services just as well as their physician anesthesiologist colleagues, without wasting time, money, and workforce on unnecessary supervision. This would also align with the recent report from the National Academy of Sciences, the *Future of Nursing 2020-2030: Charing a Path to Achieve Health Equity* which recommends "Eliminating restrictions on the scope of practice of advanced practice registered nurses and registered nurses so they can practice to the full extent of their education and training will increase the types and amount of high-quality health care services that can be provided to those with complex health and social needs and improve both access to care and health equity."

We also cannot allow regulatory issues to hamper our educational efforts. Currently, Medicare reimburses a physician anesthesiologist who is teaching two student registered nurse anesthetists (SRNA) at 50% percent of the fee schedule amount, which is fifty percent of the level they would get if they teach two residents. This incentivizes teaching fewer SRNAs at a time when we cannot afford to turn nursing students away. We encourage Congress to work to address this reimbursement issue to help provide fair reimbursement and ensure that we have enough CRNAs to meet anesthesia needs.

Address Education Costs and Student Loan Debt

CRNAs have also been highly educated and skilled healthcare providers. The average CRNA is a baccalaureate prepared registered nurse, with an average of 3 years of critical care nursing experience before entering into and completing their anesthesia program. By 2025, all anesthesia programs for CRNAs will be doctoral level degrees. It's critical that we ensure an adequate pipeline of CRNAs for the future. CRNAs have been shown to be 85% less costly to educate and train than our physician anesthesiologist colleagues. Yet despite these savings, student loan debt for CRNAs and other nurses continues to be an issue.

For fiscal year 2021, Congress provided $264 million for Title VIII Nursing Workforce Development Programs. Title VIII programs have consistently been underfunded and funding has failed to keep pace with inflation. The Advanced Nursing Education program under Title VIII includes the Nurse Anesthetists Traineeship (NAT) to help fund students of nurse anesthesia. Programs like the NAT, along with Title VIII's nursing workforce diversity funds and Nurse Faculty Loan Programs are a critical component of ensuring we have enough nurses. We urge Congress to fund these programs at significantly higher levels, up to $530 million in the coming fiscal year to bolster the necessary work of these programs.

Additionally, Congress should take steps to address crippling student loan debt for those who have completed a nursing program. The federal pause on student loan interest payments is merely a temporary measure that does not do enough to address the exorbitant costs of higher education. The NURSE CORPS loan repayment and scholarship programs under Title VIII received only $88.6 million in funding last fiscal year. A study of nursing student loan debt conducted by the American Association of Colleges of Nursing in 2016 found that "Sixty-nine percent of graduate nursing students surveyed in 2016 took out federal student loans to finance their education. The median amount of student loan debt anticipated by graduate nursing students upon completion of their program was between $40,000 and $54,999. This range captures all graduate levels (i.e., MSN, DNP, PhD) and covers both advanced practice registered nursing (APRN) students (e.g., Certified Registered Nurse Anesthetists, Certified Nurse Midwives, Clinical Nurse

Specialists, and Nurse Practitioners) and advanced nursing students. The most significant differences in borrowing habits were that more than half of all students from diverse backgrounds borrowed more than $55,000 to finance their education." The study also showed that 92% of CRNAs had taken out loans, higher than another other APRN.[6] A failure to address student loan debt not only hurts the larger nursing population, but will have a disproportionate effect on nursing workforce diversity at a time when we should be focusing on how to better address healthcare

Provide Critical Resources for Current and Future Faculty and Students

We have seen over the last few years how the ongoing COVID-19 pandemic along with uncompetitive pay for faculty has made it difficult to train all the nurses we will need in the coming years. We need to make significant investments in education, faculty and students now, to prepare for the future and work as quickly as possible to address the ongoing shortage and exodus of healthcare workers. We strongly support the *Future Advancement of Academic Nursing Act* (S. 246) to provide additional critical funding to address faculty shortages, modernize programs, and increase the pipeline of nursing students, while working to reduce post-graduate debt.

The ongoing healthcare workforce challenges before us are historic and it will take an all of the above approach to help deal with them. We need to take steps now to maximize the current workforce by permanently removing unnecessary barriers including physician supervision of CRNAs and restrictions on telehealth. We also need to prepare for the future and drastically increase funding for students, faculty, and loan forgiveness to ensure that we can educate the nurses of tomorrow. These challenges are not insurmountable but require bold and decisive action now. We are always happy to work with you and your staff to find ways to address the problems with our healthcare workforce. You can reach out to our Senior Director of Federal Government Affairs, Ralph Kohl, at rkohl@aana.com or (202) 484-8400 with any questions or concerns. We appreciate your attention to this urgent matter and look forward to working together to solve these issues.

Sincerely,

Dina Velocci, DNP, CRNA, APRN
President
American Association of Nurse Anesthesiology

---

[6] American Association of Colleges of Nursing, "The Numbers: Behind the Degree. Financing Graduate Nursing Education. October 2017. https://www.aacnnursing.org/Portals/42/Policy/PDF/Debt_Report.pdf

Cc: The Honorable Tammy Baldwin
The Honorable Tina Smith
The Honorable Jacky Rosen
The Honorable Ben Ray Luján
The Honorable Patty Murray
The Honorable Tommy Tuberville
The Honorable Rand Paul
The Honorable Tim Scott
The Honorable Mitt Romney
The Honorable Richard Burr