



American Association of
NURSE ANESTHESIOLOGY

November 18, 2022

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
Washington, DC 20515

The Honorable Charles E. Schumer
Senate Majority Leader
United States Senate
Washington, DC 20510

The Honorable Kevin McCarthy
House Minority Leader
United States House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Senate Minority Leader
United States Senate
Washington, DC 20510

Dear Speaker Pelosi, Leader Schumer, Leader McConnell, and Leader McCarthy,

On behalf of the American Association of Nurse Anesthesiology (AANA), I am writing today to urge you to take up and pass a number of critical legislative items as part of any year-end legislative package. Enacting these priorities before the end of the year will improve patient access to healthcare and help to address current and projected healthcare workforce shortages. The AANA is the professional association for more than 59,000 Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists (SRNAs), representing almost 90% of CRNAs and SRNAs. CRNAs are advanced practice registered nurses (APRNs) who personally administer more than 50 million anesthetics to patients each year in the United States.

Support Critical Investments in the Nursing Workforce Through Title VIII Funding and Passing the FAAN Act

As the nation continues to face a critical shortage of nurses, including CRNAs, it is more important than ever for Congress to make significant investments in the nursing workforce to ensure that we have the necessary nursing workforce moving forward. To that end, **we request that Congress pass a full fiscal year (FY) 2023 appropriations measure that includes at least \$324.472 million for Title VIII Nursing Workforce Development Programs** within the Departments of Labor, Health and Human Services, Education, and Related Agencies (L-HHS-ED) title. This funding level is consistent with that included in the House FY 2023 L-HHS-ED Appropriations bill. Additionally, **we strongly urge you to consider *the Future Advancement of Academic Nursing Act (S.246/H.R. 851)*** to ensure that we are prepared to meet the nursing education needs of today and tomorrow, as well as making much needed investments in students, faculty, and programs to train the next generation of nurses. Given the expected 40% increase in

aana.com | CRNA focused. CRNA inspired.

25 Massachusetts Avenue NW, Suite 320, Washington, DC 20001-1408

Phone 202.484.8400

the demand for APRNs in the coming years¹, we must make these investments now, to ensure we can meet the future demand for healthcare, especially among the rural and underserved communities that rely on CRNAs and other APRNs to provide care.

Ensure Continued Access to Care and Remove Barriers in Medicare by Passing the *Increasing Care and Access to Nurses (I CAN) Act*

As we continue to see hospitals and other healthcare facilities struggling with severe workforce shortages, it is critical that we utilize the current workforce as efficiently and effectively as possible. One immediate way to achieve this end is to make permanent certain waivers put in place during the COVID-19 public health emergency (PHE) that increase access to care, including the Centers for Medicare & Medicaid Services' blanket waiver of physician supervision rule for CRNA services. While we expect that many of the COVID related public health measures may wind down in the coming months, we strongly urge Congress to take action to ensure this vital flexibility remains in place. Making this waiver permanent is supported by scientific and clinical evidence that shows that supervision of CRNAs does not improve outcomes but increases costs and decreases access to care.

To that end, **we strongly urge Congress to take up and pass the *Increasing Care and Access to Nurses (ICAN) Act (HR. 8812)*** which would make long overdue improvements to the Medicare and Medicaid programs to reduce barriers between APRNs and patients, including permanently removing unnecessary physician supervision of CRNA services. Removing these barriers would increase access to care, reduce unnecessary costs and duplicative efforts in healthcare, all while maintaining the highest levels of care for patients. This bipartisan measure is critical to the current the workforce and to modernizing Medicare to meet the needs of today and tomorrow.

Urge Agencies to move quickly on Provider Nondiscrimination Rulemaking

When Congress passed the *No Surprises Act* last session it included an important provision requiring the Departments of Health and Human Services, Labor, and Treasury to promulgate rulemaking implementing the provider nondiscrimination language included in the Public Health Service Act over a decade ago. This rulemaking is necessary to ensure that private health insurers cannot discriminate based on a provider's licensure. This represents a much-needed safeguard for patient choice, ensuring that patients have access to the provider of their choosing and that reimbursement is based on outcomes.

Despite its inclusion in the *No Surprises Act*, which set a January 2022 deadline for promulgation of this important rule, the agencies have failed to do so. We urge Congress to encourage these agencies to respect Congressional authority and safeguard patient choice by taking immediate action on this rulemaking.

Address Cuts to Medicare Reimbursement that will Harm Providers and Patients

Medicare providers are once again facing devastating and unsustainable reimbursement cuts, as finalized by CMS in the recent Physician Fee Schedule (PFS) Final Rule for CY 2023. While we urge Congress to work

¹ U.S. Bureau of Labor Statistics. (2022). Occupational Outlook Handbook- Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners. Retrieved from: <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nursepractitioners.htm>

with AANA and other provider groups to create a long-term solution to this issue, it's imperative that Congress address the CY 2023 cuts before the end of the session. **As such, we support the passage of the *Supporting Medicare Providers Act (HR. 8800)*** that would increase the conversion factor to mitigate these cuts. Allowing these cuts to go through will harm providers, especially CRNAs, whose reimbursement has consistently been undervalued in the Medicare system and jeopardizes patient access to care.

CRNAs and our patients would be most adversely affected by these cuts. Data shows that CRNAs disproportionately provide services to Medicare patients and patients in rural and underserved areas². With the increasing number of rural and critical access hospitals that are primarily reliant on CRNAs, cuts to reimbursement would have a particularly problematic effect on these facilities, further endangering access to care in rural and underserved areas.

Pass Much Needed Legislation to Address the Ongoing Opioid Crisis

We have seen the devastating effects of the opioid epidemic for years, and recent data suggests that overdoses deaths have continued to increase during the COVID-19 PHE. We urge Congress to take steps to address the ongoing epidemic by **passing the *Mainstreaming Addiction Treatment Act (S. 445/HR 1384)* and the *Non-Opioids Prevent Addition in the Nation (NOPAIN) Act (S.586/HR.3259)***. These two important bills have strong bipartisan support, will help reduce the reliance on opioids, and ensure that Americans have access to lifesaving medication assisted treatment (MAT). CRNAs have long been leaders in reducing reliance on or eliminating the need for opioids in treatments with patients suffering from pain, and we strongly support the aims of these two pieces of legislation to help prevent and reduce addiction to opioids.

We recognize that Congress faces a full agenda as the session draws to a close and we thank you for your continued leadership. We look forward to working with you on these critical priorities in the coming months. If we can be of any assistance, please don't hesitate to reach out to Matthew Thackston, Associate Director of Federal Government Affairs at mthackston@aana.com or (202)484-8400. We thank you for your consideration.

Sincerely,



Angela R. Mund, DNP, CRNA
AANA President

² Jordan, Quraishi, Liao. (2015). Nursing Economic\$ - Geographic Imbalance of Anesthesia Providers and its Impact on the Uninsured and Vulnerable Populations. Retrieved from: <https://www.semanticscholar.org/paper/Geographical-Imbalance-of-Anesthesia-Providers-and-Liao-Quraishi/77112f1f7ca09a86142b4f5e7c065ae9a073dec2>