AANA
American Association of
NURSE ANESTHESIOLOGY

February 13, 2025

The Honorable Robert F. Kennedy, Jr.
Secretary of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Kennedy:

On behalf of the 65,000 members of the American Association of Nurse Anesthesiology (AANA), I wish to congratulate you on your confirmation as Secretary of Health and Human Services (HHS).

AANA is the professional association representing Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists (SRNAs) nationwide. CRNAs are Advanced Practice Registered Nurses (APRNs) who are autonomous anesthesia providers through their training and preparation. CRNAs must be board certified and must participate in continuing education and recertification every 4 years in order to practice. CRNAs provide expert anesthesia and pain management care across diverse clinical settings and are trained and licensed to care for all patients, including those with complex medical conditions. In some states, CRNAs are the sole anesthesia providers in nearly 100 percent of rural hospitals, affording these medical facilities obstetrical, surgical, trauma stabilization, and pain management capabilities.

AANA shares the Trump Administration's priority of cutting costly, burdensome, and inefficient healthcare regulations to strengthen and improve the American healthcare system, specifically by removing barriers to care for CRNA practice. Anesthesia and pain management services offered by CRNAs also play a growing and integral part of the fight in the treatment and management of chronic disease. Furthermore, CRNAs play a pivotal role in combating the reliance and use of opioids by providing opioid sparing techniques and treatment as part of surgery and for chronic pain management. Given current and impending anesthesia provider shortages and the increasing demand for services, it is essential that CRNAs are able to practice to the full extent of their licensure and that the most efficient models of anesthesia care delivery are available.

We outline in this letter ways in which we can achieve these shared priorities. We look forward to the opportunity to work closely with you during your tenure as HHS Secretary and wish to request a meeting with you to discuss our shared priorities in the coming months.

Removing Barriers to Efficient Anesthesia Care Delivery by CRNAs

In October 2019, President Trump issued the *Executive Order on Protecting and Improving Medicare for Our Nation's Seniors*, which called for removing unnecessary supervision requirements that were more stringent than state requirements and limited healthcare professionals from practicing at the top of their licensure. We request your assistance in continuing this important work, which is now more critical than ever given existing anesthesia workforce shortages. These shortages are expected to increase in the future,[1] creating further urgency for the removal of these supervision requirements.

There exists clear evidence demonstrating the safety of CRNAs autonomously delivering anesthesia care. A peer-reviewed study published in the Journal of Medicare Care in 2016 looked at anesthesia-related complications for CRNA-only care, anesthesiologist-only care, and a team-based approach to care, and found there were no differences in complication rates based on delivery model.[2] This corroborates an earlier peer-reviewed study published in Health Affairs in 2010 that looked at the differences in outcomes in states that had opted out of Medicare's supervision requirement for CRNAs and found no difference in outcomes compared to states that maintained supervision requirements.[3] A comprehensive literature review on anesthesia staffing models completed by the Cochrane Library in 2014 further reinforced these findings and found that there could be no definitive statement made about the superiority of any one anesthesia delivery model.[4]

Despite the extensive education, training, and continuing education requirements that CRNAs must complete and maintain, the Centers for Medicare & Medicaid Services (CMS) have placed onerous and unnecessary physician anesthesiologist supervision requirements on CRNAs as part of the Medicare hospital and critical access hospital Conditions of Participation (CoPs) and ambulatory surgical centers Conditions for Coverage (CfCs). These supervision requirements are in place at the behest of physician special interests, specifically physician anesthesiologists, that are more motivated by maintaining their guilds than reducing the burden on and cost to the healthcare system.

CMS maintains these requirements, despite the evidence overwhelmingly demonstrating that CRNA independent practice is just as safe as the anesthesia care provided under supervision or by our physician anesthesiologist colleagues. CMS allows states to opt out of this requirement for CRNAs, but this process is onerous, and CRNAs are the only provider type to be required to

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

[2] 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), available at http://journals.lww.com/lww-medicalcare/Abstract/publishahead/Scope_of_Practice_Laws_and_Anesthesia.98905.aspx.

[3] B. Dulisse and J. Cromwell, No Harm Found When Nurse Anesthetists Work Without Physician Supervision, Health Affairs, 29: 1469-1475 (2010).

[4] Lewis SR, Nicholson A, Smith AF, Alderson P. Physician anesthetists versus non-physician providers of anesthesia for surgical patients, Cochrane Database of Systematic Reviews, Issue 7. Art. No.: CD010357. DOI: 10.1002/14651858.CD010357.pub2, (2014).

go through this hurdle. To date, 25 states have opted out of the CMS supervision requirement, while 43 states do not have any supervision requirements in their nursing/medicine laws or rules.

These requirements rob local healthcare facilities of the flexibility of choosing healthcare delivery in an efficient manner. Comparing various methods of anesthesia delivery (see diagram here), an autonomous CRNA collaborating with a surgeon is the most efficient model for anesthesia delivery. The anesthesia care team model of 1 physician anesthesiologist supervising 3 CRNAs (1:3 model) is one of the most inefficient anesthesia delivery models possible. Allowing for autonomous practice by CRNAs allows facilities the flexibility to choose an anesthesia delivery model that meets their operational needs.

HHS has the authority to make changes to these requirements, and we respectfully request that you permanently eliminate these supervision requirements along with the opt-out requirement. This would serve to reduce healthcare costs, increase flexibility for facilities and localities, and improve efficiencies at all levels of the US healthcare system without compromising the quality of care being provided.

CRNAs and Increased Pathways to Opioid Free Pain Management Care

Americans' reliance on opioids for pain management continues to be a major driver of the opioid crisis in the US, and treatment from opioid addiction remains a huge driver in healthcare costs.[5] CRNAs are helping to mitigate the opioid crisis by their use of nonopioid treatments for anesthesia and for chronic, acute and interventional pain management. 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 multimodal, patient centered and compassionate manner across the pain continuum in all clinical settings. The approach that CRNA pain management practitioners employ when treating their 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.

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. In the past, we have recommended to CMS that the agency explore the creation of payment methods for providers, including CRNAs, who provide opioid free techniques for anesthesia and treatments for pain. AANA stands ready to work with you to ensure that CRNAs play an active role in reducing American's reliance on opioids for chronic, acute, and interventional pain management.

Conclusion

As outlined above, AANA respectfully request that HHS remove onerous and unnecessary supervision requirements on anesthesia care provided by CRNAs to provide the US healthcare

[5] National Institutes of Health. National Institute on Drug Abuse. *Opioids*. Accessed: February 12, 2025. https://nida.nih.gov/research-topics/opioids

system with the flexibility to implement efficient models of anesthesia care. As a result, the entire system will achieve cost savings while providing Americans with timely and quality care.

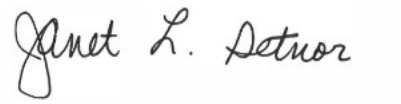
CRNAs care about one thing above all else: the safety and quality of the anesthesia care that they provide for their patients. HHS has an opportunity to increase flexibility in the US healthcare system so that facilities can determine the anesthesia delivery model that best works for their operational needs. Given current and impending shortages of physician anesthesiologists, the US healthcare system must rely on autonomous CRNA practice to ensure that Americans are able to receive safe and high-quality anesthesia care.

AANA also wishes to work with you to ensure payment parity between provider types for the provision of identical services. Without payment parity, facilities operating on razor thin margins are unable to operationalize flexible anesthesia care delivery models, exacerbating anesthesia provider shortages. This is why AANA brought a complaint against HHS under the Biden Administration to compel former HHS Secretary Xavier Becerra to enforce the provider non-discrimination provisions of the No Surprises Act. Absent enforcement of these provisions, facilities are forced to use inefficient anesthesia care models.

We are encouraged by your stated desire to achieve efficiencies and flexibilities across the healthcare system to increase access to high quality care for all Americans as HHS Secretary. We believe you can take a major step in achieving that aim by allowing CRNAs to practice to the full extent of their education and training. We hope to continue a productive dialogue with you regarding CRNA supervision requirements and opportunities for the provision of opioid free pain management services.

We would be honored to meet with you in the coming months to discuss CRNA practice and related policy changes that could drive efficiencies and flexibilities within the US healthcare system, specifically in Medicare, Medicaid, and the commercial insurance market. I look forward to this collaboration and to a fruitful working relationship over the next several years. For any questions or comments, and to schedule a meeting, please do not hesitate to reach out to Romy Gelb-Zimmer, Director of Regulatory Affairs, at rgelb-zimmer@aana.com.

Sincerely,



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