Protect Access to Rural Anesthesia Services

The American Association of Nurse Anesthetists represents more than 49,000 Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists who provide approximately 40 million anesthetics annually in the United States. Nurse anesthesia services are crucial to rural healthcare, with CRNAs being the sole anesthesia providers in the vast majority of rural hospitals, affording these facilities surgical, obstetrical, trauma stabilization, interventional diagnostic and pain management capabilities.

- **The Medicare Part A reasonable cost-based pass-through program ensures that rural hospitals have access to anesthesia services at a level that is economically sustainable for facilities and providers**, so that the qualifying facility may provide the full range of surgical, interventional and labor and delivery care that anesthesia services afford. The program’s payment to qualifying hospitals for CRNA services helps ensure that the anesthesia care and pain management they provide are safe and cost-effective.

- **In 2009, CMS twice overruled the agency’s Provider Reimbursement Review Board and denied rural hospitals pass-through payment for standby and on-call services by CRNAs**, even though such payments are clearly permissible and necessary to emergency care and trauma stabilization in rural facilities. These CMS rulings have denied claims from rural hospitals for tens of thousands of dollars in annual Medicare funding that these facilities had come to rely on to serve their communities.

- **Support the Critical Access and Rural Equity (CARE) Act of 2016 (HR 4553) to ensure that rural hospitals can keep their doors open and continue to provide obstetrical, surgical and trauma stabilization services to people in rural communities. Traveling long distances to the nearest hospital is not an option when dealing with trauma stabilization and, in many instances, obstetrical care as well. This legislation will restore nurse anesthetist standby and on-call payment eligibility to the Part A reasonable cost-based pass-through program.**

- **Oppose the Medicare Access to Rural Anesthesiology Act of 2015 (HR 2138).** This legislation offers additional funding to anesthesiologists serving in rural areas and risks cost growth without expanding access to care or improving patient safety. Since anesthesiologists cost about three times what CRNAs do for providing the same anesthesia service, such legislation if enacted would increase Medicare costs without expanding patient access to anesthesia care. This legislation may also allow hospitals to seek reimbursement for anesthesiologists not providing direct anesthesia care.

**ACTION FOR CONGRESS:** Co-sponsor HR 4553 or similar legislation if introduced in the Senate. Oppose HR 2138 or similar legislation if introduced in the Senate.