



February 2, 2012

Rep. Dave Camp
Chairman
House Ways and Means Committee
1102 Longworth House Office Building
Washington, DC 20515

Sen. Max Baucus
Chairman
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Camp and Chairman Baucus:

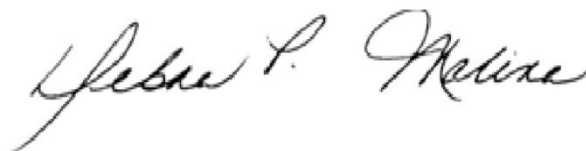
On behalf of the 44,000 members of the American Association of Nurse Anesthetists (AANA), I urge the House-Senate Conference Committee on HR 3630, Temporary Payroll Tax Cut Continuation Act of 2011, to use this opportunity to enact the longest possible relief – even permanent relief – from the disruptive and harmful cycle of Medicare Part B payment cuts attributable to the flawed “sustainable growth rate” (SGR) funding formula.

Certified Registered Nurse Anesthetists (CRNAs) bill Medicare Part B just as physicians do, and seniors’ access to CRNA care will be just as harmed by the 26.2 percent cuts to Medicare Part B payments effective March 1, 2012, as access to physician care is -- unless Congress enacts needed relief legislation. Moreover, the Government Accountability Office reported in 2007 that CRNA care predominates in those parts of the country that serve more Medicare patients, and where the gap between Medicare and higher commercial payments is less. We appreciate that the House-passed version of HR 3630 included two years’ relief from SGR-driven cuts and that Congress enacted two months’ relief before the holidays. To ensure seniors’ access to care and promote fiscal responsibility, we recommend the following:

- **Relief from Medicare cuts should be enacted for as long a period as possible, preferably permanently**, to ensure the stability of the Medicare program and patients’ access to Medicare benefits;
- **Relief should be fully paid for without putting at risk other critical parts of the Medicare program.** One proposal to offset this provision’s costs has been to tap the federal Overseas Contingency Operations (OCO) account, which may have substantial, unexpected and expiring balances owing to the drawdown of our armed forces from Iraq and Afghanistan. While the AANA as a healthcare professional association does not take a position on the relative value of national security accounts in the federal budget, proposals that avoid harm to the Medicare program deserve serious consideration by the Conference Committee; and,
- **Relief should not impair patient access to anesthesia and specialty care as the Medicare Payment Advisory Commission (MedPAC) has proposed.** Funding relief from Medicare cuts by cutting anesthesia and specialty care by one-sixth over three years has drawn the bipartisan opposition of over 90 U.S. Representatives in a letter to the House leadership, and should not be an option for the Conference Committee.

We appreciate the challenge that the House-Senate Conference Committee faces to complete its work in time to prevent the March 1 deadline on Medicare payments and other critical federal policies. We look forward to continuing work with you and your colleagues to promote the enactment of policy that protects and advances patient access to high quality care that is also cost-effective.

Sincerely,

A handwritten signature in cursive script that reads "Debra P. Malina". The signature is written in black ink and is centered on the page.

Debra Malina, CRNA, DNSc, MBA
AANA President

Cc: Members of the Conference Committee on HR 3630