



July 29, 2009

Hon. Nancy Pelosi, M.C.  
Speaker  
U.S. House of Representatives  
Washington, DC 20515

Madam Speaker:

On behalf of the 40,000 members of the American Association of Nurse Anesthetists (AANA), I am pleased to extend our support for the America's Affordable Health Choices Act (HR 3200). As an important milestone in a long legislative process, House passage of this measure will help move our country closer to a day when health coverage is more broadly available, healthcare costs are brought under control, and healthcare delivery more effectively and safely meets the needs of the American people. The legislation is not perfect; America's Certified Registered Nurse Anesthetists (CRNAs) who are critical to healthcare delivery today and to its improvement tomorrow stand ready to continue working with Congress and the Administration to improve it, and have included recommendations consistent with our profession's long tradition of advancing patient safety and access to healthcare.

In particular, we note that the legislation includes several critical provisions supported by AANA that would expand patients' access to healthcare. These include reauthorization of the Title 8 Nurse Workforce Development Act programs supported by additional funding from a Public Health Trust Fund, repeal of the harmful Sustainable Growth Rate (SGR) formula that threatens gargantuan 21.5% cuts to anesthesia and all Part B services unless Congress acts by January 2010, and provisions to combat the epidemic of healthcare associated infections.

We also note that the measure includes several important initiatives to expand health coverage. Persons without health insurance often come to the care of CRNAs in worse physical condition than patients with insurance; this alone warrants the hard work necessary to bring as many people as possible into the health insurance system. It is important for payment to be sufficient and appropriately organized to ensure patients' access to the healthcare that they need. We are disappointed that among the most vocal opponents of initiatives to expand coverage are anesthesiologist colleagues who may currently bill for four anesthesia patients' cases simultaneously.

Adoption of HR 3200 is not an end, however, but a milestone. Further improvements should be made, especially those that would help strengthen the healthcare delivery system and expand access to care. Including provider nondiscrimination language would increase patients' access to and choice of care, and help reduce healthcare costs. Adoption of the Graduate Nursing

Education (GNE) initiative sponsored by Rep. Lois Capps (D-CA) and endorsed by AARP would expand patients' access to care delivered by CRNAs and other Advanced Practice Registered Nurses (APRNs). And, adding an initiative to promote rural access to nurse anesthesia services backed by Reps. Phil Hare (D-IL) and Timothy Johnson (R-IL) with support from the American Hospital Association would reverse recent Medicare agency decisions that are harming rural healthcare today.

In addition, to expand patients' access to care, improve quality, and control healthcare costs, more can be done in health reform to expand the role and involvement of CRNAs and other APRNs. As we have previously requested, Congress should lower federal barriers to the use of CRNAs, and ensure that the value of CRNAs and other APRNs is fully recognized in payment reforms and pilot projects including "accountable care organizations." Because of the value that CRNAs, APRNs and Registered Nurses provide the health system, we have significant concerns with a proposal authorizing an unelected Independent Medicare Advisory Commission (IMAC) made up of a small number of medical doctors to make decisions affecting patients' access to care without a means of recourse, redress or appeal available to patients or providers.

Thank you. We look forward to continuing to work with you to enact comprehensive health reform this year.

Sincerely,



Jackie S. Rowles, CRNA, MBA, MA, FAAPM  
President

The AANA is the professional association representing over 90 percent of the Certified Registered Nurse Anesthetists (CRNAs) and student nurse anesthetists in the United States. As advanced practice nurses, CRNAs administer about 30 million anesthetics given to patients each year in the United States. Our services include administering the anesthetic, monitoring and interpreting the patient's vital signs, and managing the patient throughout the surgery, as well as managing acute and chronic pain. CRNAs are Medicare Part B providers and since 1989 have billed Medicare directly for 100 percent of the physician fee schedule amount for our services. 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. According to a 2007 Government Accountability Office (GAO) study, CRNAs predominate where there are more Medicare patients than average. CRNAs also predominate where private payment is lower than average, which is also where the gap between Medicare and private payment is less. Where anesthesiologists predominate, private payments are higher than average and the gap between Medicare and private payment is greater. Nurse anesthesia predominates in Veterans' Hospitals and in the U.S. Armed Forces. Indeed, CRNAs work in every setting in which anesthesia is delivered, including hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers (ASCs), pain management centers and the offices of dentists, podiatrists, and all varieties of specialty surgeons.