



Support Equity in CMS Anesthesia Teaching Rules – Do Not Support HR 5246, HR 5348 or S 2990

The American Society of Anesthesiologists (ASA) has offered a proposal, rejected in 2003, 2004 and 2005 by the Centers for Medicare & Medicaid Services (CMS), to change the anesthesia reimbursement rules for teaching anesthesiologists. However, instead of treating both nurse anesthetists and anesthesiologists equally, the ASA proposal would provide additional financial incentives solely to teach anesthesiology residents. The proposal, if enacted, would pose disincentives to nurse anesthesia education. Changing the anesthesia teaching rules to further favor one type of anesthesia provider over another would be harmful to the healthcare system and to patients' access to healthcare services. Medicare anesthesia teaching rules ought to be equitable, so that the rules do not unfairly advantage one type of provider over another.

Problems with the ASA Proposal

- **It increases incentives to teach anesthesiologists and discourages nurse anesthesia education, by providing anesthesiologists twice the reimbursement for cases involving medical residents than for cases involving student nurse anesthetists.** Further, nurse anesthetists and anesthesiologists provide the same level of patient quality outcomes. (Pine, Michael MD et al. *Surgical mortality and type of anesthesia provider*. Journal of American Association of Nurse Anesthetists. April 2003.)
- **Medicare already disadvantages nurse anesthesia educational programs by denying nurse anesthesia students and clinical practice sites access to Graduate Medical Education (GME) funding,** which Medicare provides qualifying medical residents and teaching hospitals. Despite this funding disparity, from 1999-2004 the number of nurse anesthesia educational program graduates grew by 77 percent, while the number of graduates from anesthesia residency programs grew by 47 percent. (Grogono, ASA Newsletter, May and November 2004).
- **It would reduce the number of anesthesia providers at a time of increased need.** Accredited nurse anesthesia educational programs depend on teaching nurse anesthetists and on teaching anesthesiologists. Creating incentives for anesthesiologists to teach only residents would limit student nurse anesthetists from meeting clinical requirements necessary for certification in anesthesia. Further, the ASA proposal does not necessarily increase the total number of anesthesia professionals produced by the system.
- **It costs an additional \$34 million per year, according to CMS, and perhaps up to \$40 million per year.** (ASA comment, 9/3/2004, ASA fact sheet, 5/2006) Such additional spending is required to have a source of funding.

The AANA would be glad to work with interested parties to develop improvements to Medicare anesthesia teaching rules policies on a consensus basis. Such changes should be based on ensuring Medicare payment promotes equitable treatment of teaching nurse anesthetists and anesthesiologists, and of student nurse anesthetists and anesthesiology medical residents. Further, such changes should not exacerbate existing payment disincentives against nurse anesthesia education.

Message to Congress: Do not cosponsor or support HR 5246, HR 5348, or S 2990.

Oppose teaching rules changes that disrupt fair payment treatment between nurse anesthetists and anesthesiologists. The rules should not unfairly advantage one type of provider over another.

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