Repeal “SGR” Cuts and Reform Medicare Payment

Because Certified Registered Nurse Anesthetists (CRNAs) bill Medicare Part B just as physicians do, at 100 percent of the Medicare fee schedule, CRNAs are also affected by the threat of a 24 percent cuts to Medicare anesthesia and physician payments from the flawed Sustainable Growth Rate (SGR) funding formula. Though Congress has adopted relief from this reduction through March 31, 2014 the continuing possibility of dramatic Medicare payment cuts threatens patient access to care and healthcare financing.

America’s CRNAs request that Congress enact legislation pending in Congress to repeal the SGR cuts and reform Medicare payment (HR 4015 / S 2000).

- Nurse anesthetists are safe, cost-effective providers who ensure patient access to care, particularly in rural and medically underserved America. Access to CRNA services ensures patient access to all the care that anesthesia affords, including surgical, emergency, labor and delivery, interventional diagnostic, and pain management services.

- A Medicare Payment Advisory Commission (MedPAC) proposal to help “fix” the SGR problem by cutting Medicare anesthesia and specialty care 17 percent over three years would impair patient access to care and put the Medicare program at risk. In 2011, over 90 members of the U.S. House of Representatives from both parties wrote their leaderships to urge Congress to reject this MedPAC plan.

- The effects of regular, annual cuts to Medicare Part B anesthesia payment are dramatic. While Medicare reimburses most physician services at 80 percent of market rates, Medicare Part B reimburses anesthesia services at about 45 percent of market rates.

- As the Institute of Medicine recommends, Medicare payment reforms should recognize CRNAs and other Advanced Practice Registered Nurses (APRNs) the same as physicians, as full partners in the development, use and evaluation of quality measures, including measures used for Medicare payment and incentives. The same services provided by different providers or provider types should be held to the same standards.

ACTION FOR CONGRESS: Cosponsor and enact HR 4015 / S 2000, the SGR Repeal and Medicare Payment Modernization Act. Reject the MedPAC-proposed cuts to Medicare anesthesia and specialty care.