February 28, 2019

The Honorable Roy Blunt
Chairman
Senate Appropriations Subcommittee
On Labor, HHS, Education
U.S. Senate
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Senate Appropriations Subcommittee
On Labor, HHS, Education
U.S. Senate
Washington, D.C. 20510

Dear Chairman Blunt and Ranking Member Murray:

I am writing on behalf of the American Association of Nurse Anesthetists (AANA), the professional association representing more than 53,000 Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists, to offer our firm commitment to working with the Administration, Congress, Federal agencies and other healthcare stakeholders to combat our nation’s opioid crisis.

The U.S. Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education’s hearing, entitled “Review of the Opioid Epidemic in America” is another important step in working to address the ongoing opioids crisis. According to the National Academy of Medicine’s report “Relieving Pain in America,” approximately 100 million Americans suffer from unrelenting chronic pain and many rely on CRNAs as their primary pain care specialist.\(^1\)

CRNAs are advanced practice registered nurses (APRNs) who personally administer more than 45 million anesthetics to patients each year in the United States. CRNAs provide acute, chronic, and interventional pain management services. As a main provider of pain management services and as APRNs, CRNAs are uniquely skilled to provide both acute and chronic pain management in a patient centered, compassionate and holistic manner.\(^2\) Pain is a personal experience that, if left undertreated or mismanaged, can radically change an individual’s quality of life and impact important relationships. CRNAs provide pain management utilizing a patient-centered, multidisciplinary, multimodal treatment approach to pain management may reduce the reliance on opioids as a primary pain management modality. This helps curb the prescribed opioid epidemic.

Acute and chronic pain is best treated and managed by an interdisciplinary team that actively engages the patient to diagnose and manage their pain for improved well-being, functionality, and quality of life. As members of the interdisciplinary team, CRNAs are well positioned to provide holistic, patient-centered, multimodal pain treatment and management across the continuum of pain and in all clinical settings (e.g., hospitals, ambulatory surgical centers, offices, and pain management clinics).\(^3\)

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According to a recent AANA position statement, *A Holistic Approach to Pain Management: Integrated, Multimodal, and Interdisciplinary Treatment*, “CRNAs integrate multimodal pain management as an element of enhanced recovery after surgery (ERAS) protocols to manage pain. Management begins pre-procedure and continues after discharge by using opioid sparing techniques such as regional anesthesia, peripheral nerve blocks, non-pharmacological approaches, and non-opioid based pharmacologic measures. Careful assessment and treatment of acute pain, which may include appropriate opioid prescribing, can decrease the risk of acute pain transitioning to chronic pain or the development of opioid dependency and abuse.”

Here is a more in-depth look at the ERAS protocols:

**Enhanced Recovery after Surgery**

Enhanced Recovery after Surgery (ERAS) refers to patient-centered, evidence-based, multidisciplinary team developed pathways for a surgical specialty and facility culture to reduce the patient’s surgical stress response, optimize their physiologic function, and facilitate recovery. These care pathways form an integrated continuum, as the patient moves from home through the pre-hospital / preadmission, preoperative, intraoperative, and postoperative phases of surgery and home again.

**Elements of an ERAS program**

Though individual elements of an ERAS pathway are beneficial, implementation and compliance with patient appropriate elements of a comprehensive pathway across the entire perioperative continuum have been shown to improve outcomes. The key elements of ERAS include patient/family education, patient optimization prior to admission, minimal fasting that includes a carbohydrate beverage two hours before anesthesia, multimodal analgesia with appropriate use of opioids when indicated, return to normal diet and activities the day of surgery, and return home. Anesthesia professionals deliver many of the enhanced recovery elements that are summarized in the figure below.

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Advantages of Implementation

Research has consistently shown that adoption of enhanced recovery leads to significant improvements in patient satisfaction, outcomes and reduction in cost of care. Specifically, patients experience faster recovery, shortened hospital stay and significantly fewer complications. To successfully integrate ER into practice, a structured, collaborative, multidisciplinary approach accompanied by education and awareness campaign may be valuable.

Implementation

Successful change management and ERAS implementation occurs as a process that evolves from leadership, creation of the climate for change, and engagement and empowerment of those involved, through the development of a change initiative, implementation or trial of the pathway, and sustained change with continued improvement. Specific areas where ERAS programs have faced implementation challenges may be attributed to the following: patient-related, staff-related and practice-related factors. Recognition of these challenges in the development and improvement of your program may be helpful for the long-term success of an ERAS program.
By virtue of education and individual clinical experience and competency, a CRNA may practice chronic pain management utilizing a variety of therapeutic, physiological, pharmacological, interventional, and psychological modalities in the management and treatment of pain. Prescriber education is also essential to curbing the opioid epidemic, and CRNAs are well-positioned to provide education related to minimization or elimination of prescribed opioids through pharmacologic and non-pharmacologic multi-modal pain management strategies. The Council on Accreditation of Nurse Anesthesia Programs (COA) already requires acute and chronic pain management content in the curriculum of the 120 accredited nurse anesthesia programs, and the AANA provides advanced workshops to CRNAs specifically on pain management, including acute and chronic pain, to enhance their skills and increase their awareness of the complications associated with opioid use and misuse.

Consistent with the recommendation to increase access to pain management services in the National Academies of Medicine report “Relieving Pain in America,” the AANA has partnered with academia to develop an Advanced Chronic Pain Management Fellowship that is accredited by the COA to enter the field.

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as advanced, subspecialty practitioners beyond that required for initial certification of nurse anesthetists.\(^6\) The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) offers a voluntary nonsurgical pain management (NSPM) subspecialty certification for CRNAs.\(^7\)

In addition to the education efforts by the AANA, the AANA along with the American Association of Colleges of Nursing and other APRN organizations are developing a joint online educational series that will serve as a resource for practicing nurses, faculty, and students on opioid topics. As part of this initiative, these organizations presented four webinars in the Fall of 2016 to provide an overview of the current need to address opioid use disorder and overdose; integration of timely content into education program curricula; and the Centers for Disease Control and Prevention’s (CDC) new prescribing guidelines.

In many rural areas, CRNAs often are the only health care professionals trained in pain management in these communities. Without CRNAs to provide chronic pain management services, patients in vast rural and frontier areas would lose access to vital treatment, which could result in poor healthcare outcomes, lower quality of life, and unnecessary costs to patients and the healthcare system. According to a 2012 analysis by the Lewin Group of four case studies based on the real-life situations of four individuals living in rural communities representing different geographic locations throughout the U.S., the direct medical costs of alternatives such as surgery or nursing home care range between 2.3 times to more than 150 times the cost of a CRNA providing these services in the community.\(^8\)

In conclusion, using a patient-centered, multidisciplinary, multimodal treatment approach including interventional pain management can help reduce the reliance on opioids as a primary pain management modality, thus helping curb the prescribed opioid epidemic. CRNAs are well-positioned to provide holistic, patient-centered, multimodal pain treatment and management across the continuum of pain in all clinical settings.

We look forward to our joint future work in addressing chronic pain management and curbing the current opioid epidemic. Should you have any questions regarding these matters, please feel free to contact the AANA Senior Director of Federal Government Affairs, Ralph Kohl, at 202.484.8400, rkohl@aanadc.com.

Sincerely,

Gary Brydges
DNP, MBA, ACNP-BC, CRNA
AANA President

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cc: The Honorable Richard Shelby
The Honorable Lamar Alexander
The Honorable Lindsey Graham
The Honorable Jerry Moran
The Honorable Shelley Moore Capito
The Honorable John Kennedy
The Honorable Cindy Hyde-Smith
The Honorable Marco Rubio
The Honorable James Lankford
The Honorable Richard Durbin
The Honorable Jack Reed
The Honorable Jeanne Shaheen
The Honorable Jeff Merkley
The Honorable Brian Schatz
The Honorable Tammy Baldwin
The Honorable Chris Murphy
The Honorable Joe Manchin