April 4, 2018

The Honorable Michael Burgess
Chairman
Energy and Commerce
Health Subcommittee
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Gene Green
Ranking Member
Energy and Commerce
Health Subcommittee
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Burgess and Ranking Member Green:

On behalf of the American Association of Nurse Anesthetists (AANA), we strongly urge the House Energy and Commerce Health Subcommittee to include the Substance Use Disorder Workforce Loan Repayment Act of 2018 (H.R. 5102), the Addiction Treatment Access Improvement Act of 2017 (H.R. 3692) and the Alternatives to Opioids in the Emergency Room Department Act (H.R. 5197) in any opioids package that is considered. The AANA supports these bills and believes that these pieces of legislation will be important to helping to combat the ongoing opioids crisis in America.

Founded in 1931, the American Association of Nurse Anesthetists is the professional association representing more than 52,000 Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists nationwide. The AANA promulgates education and practice standards and guidelines and affords consultation to both private and governmental entities regarding nurse anesthetists and their practice. The AANA Foundation supports the profession by awarding education and research grants to students, faculty and practicing CRNAs. More than 90 percent of the nation's nurse anesthetists are members of the AANA.

As the primary pain care specialists for many patients across the nation, CRNAs recognize the critical nature of the current opioid crisis and the importance of having a strong workforce that can expand access to pain management alternatives and substance use disorder treatment. Given the opioid crisis’ outsized effects on rural America, it’s imperative that we maintain enough providers in rural and underserved communities to ensure access to quality, affordable healthcare. The Substance Use Disorder Workforce Loan Repayment Act of 2018 is an important step to ensuring a robust pipeline of health professionals, including CRNAs and other Advanced Practice Registered Nurses (APRNs), are available to provide much needed care to these communities.

With that in mind, AANA writes to express its support for the Substance Use Disorder Workforce Loan Repayment Act of 2018 which loan relief for those who choose to pursue substance use disorder treatment professions. AANA believes this will help build the robust health care workforce our nation needs to tackle this crisis. CRNAs role in non-opioid and opioid sparing pain management procedures and the predomination of CRNAs in rural settings make
them an important part of the rural healthcare and pain management systems that can help stem the tide of opioid addiction.

Their predominance in the rural healthcare settings also puts CRNAs on the front lines of dealing with victims of overdoses. The AANA supports *Addiction Treatment Access Improvement Act of 2017*, which would allow CRNAs the ability to treat opioid addiction with medications such as buprenorphine. This is another helpful tool to treating addiction and granting CRNAs and other APRNs status as qualifying practitioners that would increase the availability of opioid addiction treatment in rural and underserved communities across the country.

CRNAs continued to be an under-utilized resource in fighting the opioid crisis as they develop innovative procedures, such as the Enhanced Recovery After Surgery (ERAS) protocols that allow patients to recover faster after surgery and decrease the reliance on opioids for post operation pain management. CRNAs are increasingly offering services in acute, chronic and interventional pain management that are opioid free or opioid sparing. For these reasons, the AANA also supports the *Alternatives to Opioids in the Emergency Room Department Act of 2018*, which aims to promote and enhance such opioid sparing and non-opioid pain management techniques that play a vital role in preventing opioid addiction. CRNAs provide anesthesia for a wide variety of surgical cases and in some states, are the sole anesthesia providers in nearly 100 percent of rural hospitals.

The AANA believes that these pieces of legislation will have a positive impact on the opioids crisis, particularly in rural America. These bills would allow an increase in healthcare providers working in rural and underserved communities, who are better able to treat those with addiction problems and can continue to pioneer opioid free and opioid sparing pain management techniques. We strongly of legislation should be considered by the Committee in any efforts to address the opioid crisis.

CRNAs are highly skilled and cost-effective practitioners who can play an important role in this crisis. If the AANA can be of any assistance, please do not hesitate to contact Ralph Kohl, at 202-741-9080 or rkohl@aanadc.com.

Sincerely,

Bruce A Weiner, DNP, MSNA, CRNA
AANA President