Dear Speaker Pelosi, Leader McConnell, Leader McCarthy, and Leader Schumer,

On behalf of the American Association of Nurse Anesthetists (AANA), I am writing today to thank you for your leadership in response to the ongoing COVID-19 pandemic and to call for additional measures to help providers working on the frontlines of this crisis. These are difficult times for so many, especially in the healthcare community and we appreciate the bipartisan efforts by Congress to help healthcare providers, facilities and small businesses in these trying times. Congress has taken important steps to help mitigate this crisis, but there is still more that needs to be done.

The AANA is the professional association representing nearly 54,000 Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists nationwide. Our members work in every setting and provide advanced care to millions of patients. We are on the front lines of treating patients with COVID-19, through intubations as well as ventilatory and airway management. Our members are serving in some of the most important and potential hazardous roles during this crisis. And while we are proud to see the many ways our members have stepped up, including volunteering to help at overwhelmed facilities and in the Veterans Health Administration, we know that many of our members are hurting financially and are worried about their own safety.

We hope that Congress can come together on the following important relief priorities as you consider your next package.

**Aid for Unemployed and Underemployed CRNAs and Healthcare Providers**

We appreciate the steps the CARES Act took to provide relief for small businesses and independent contractors. There are still an overwhelming number of healthcare providers and practices who have fallen through the cracks of these relief efforts. A recent survey of CRNAs has shown that 86% of CRNAs who are 1099 independent contractors have either been
terminated, furloughed or faced significantly reduced hours. The survey also showed that 60% of CRNAs who are W2 employees have faced either furlough or reduced hours. With the reduction and cancelation of elective procedures, many CRNAs are now unemployed or underemployed. Compounding this issue, we have seen healthcare providers and other small businesses struggling to navigate the Paycheck Protection Program loan process, or be turned away by lenders, leaving them stranded and helpless. We cannot ask our healthcare providers to risk their lives caring for patients in their time of need, only to be abandoned when they’re struggling.

We are asking Congress to create a grant program that would specifically help healthcare providers such as CRNAs remain financially whole during these tough times. We know that so many of our nation’s healthcare providers who are currently sidelined or facing significant reductions in their work and pay will become urgently needed again, should their communities face a COVID outbreak, or when facilities return to performing elective procedures and are faced with a major backlog. We hope that Congress will consider grants to healthcare providers and practices similar to what has been proposed by Senators Bennet and Barrasso in S. 3559/H.R. 6365, a bill with broad bipartisan support. We believe it’s important for Congress to increase the cap on salaries that these grants can cover from $75,000 a year to 90% of a provider’s salary at the time of disruption. It’s also critical that this relief be available to all providers not just practices, through grants that go direct to providers to ensure everyone has access to needed relief.

### Hazard Pay for CRNAs and Other Healthcare Workers

CRNAs are working in situations where there is an increased risk of infection from COVID-19, that is often exacerbated by the lack of Personal Protective Equipment (PPE). Many are on the front lines managing patients on ventilators in intensive care units, providing critical care in operating or emergency rooms, and performing intubations and airway management for COVID patients, putting themselves at much greater risk of exposure and infection. Patients requiring intubation in particular are more likely to expel an aerosolized version of COVID-19. This puts our members at a particularly high risk for infection.

We think that it’s important, as Congress considers hazard pay measures to support our healthcare workforce, that these measures be inclusive of all types of healthcare providers. We think that providers who are put in harm’s way through direct contact with COVID patients or those who may be unknowingly infected, such as anesthesia professionals, must be given hazard pay.
Data has shown that healthcare workers are particularly susceptible to COVID-19\(^1\). As our providers work to continue care to as many people as they can, they are being asked to work longer hours, with greater exposure and a lack of available testing and PPE. We need to make sure that all healthcare providers are included in any hazard pay relief efforts and urge you to ensure that any package contains inclusive language.

**Permanent Removal of Barriers to Care**

We applaud steps taken by the administration to remove unnecessary barriers to practice. The temporary removal of these restrictions, such as the Medicare physician supervision requirement, are essential to making sure that all Americans have access to needed care. While we think removing these barriers at this time is the right decision, we strongly urge Congress not to allow these barriers to be restored once the emergency has ended.

We know that these barriers are unnecessary, create more costs, diminish access and have no positive impact on safety outcomes. Allowing these barriers to be reinstated after the end of the COVID emergency would restrict access to care and increase the cost of care at a time when patients can least afford it. As facilities and providers move to address the large backlog of elective procedures and with millions of Americans under financial distress, we cannot allow these unnecessary barriers to place addition burdens on families and facilities. Providers, including CRNAs, must be able to practice to their full scope without additional barriers put in place by the federal government. We believe shifting from temporary to permanent removal of these barriers is a critical priority moving forward.

**Continuing to Ensure Access to Personal Protective Equipment (PPE) and Provider Safety**

Unfortunately, we continue to see a lack of PPE available for providers. With continued concerns about the National Strategic Stockpile, states and facilities still struggling with limited resources, and a backlog in the production of new PPE, we are calling on Congress and the Administration to use their full powers to secure additional PPE through all available avenues.

We believe it’s important that the authorization within the Defense Production Act be utilized to its utmost extent to produce critical PPE and ventilators. With many locations expecting to reach peak COVID cases in the coming weeks and the possibility that other locations, especially rural locations, could peak later, it’s critical that we open the pipeline for PPE production as fast as possible. We have to make sure that healthcare providers are kept safe, especially those who are regularly exposed to the virus through their work with COVID patients who expose themselves to the virus through their healthcare work.

The lack of testing for healthcare workers is also concerning. Many providers are interacting with patients who are infected but not symptomatic, leaving these providers in harm’s way without the means to be properly tested themselves. This lack of testing has the potential to increase transmission among both healthcare workers and their patients, opening up unnecessary risks to everyone at a time when the healthcare system is already stretched thin.

**Support for Rural Facilities**

While the money provided through the CARES Act for hospitals and providers was an important step towards ensuring that hospitals can remain open and solvent, it has created fierce competition among hospitals, with rural and critical access hospitals forced to compete with larger urban hospitals who typically have more resources. With this in mind, we are calling for a direct grant and loan program to help these smaller rural and critical access facilities.

These rural hospitals were already facing critical shortfalls and financial distress even before the current pandemic. A recent study by the Chartis Center of Rural Health showed that 120 rural hospitals have closed in the last decade and the rate of closures continues to increase.\(^2\) As the problem gets worse, it’s put one out of every four rural facilities at risk for closure.\(^3\) Unfortunately, the COVID-19 pandemic will only exacerbate this problem, as rural and critical access facilities face the double hit of being forced to cancel elective procedures which provide revenue, and the potential that COVID-19 cases could start to rise in the coming weeks, just as these facilities are in dire economic straits\(^4\).

This is particularly concerning because our members predominate in rural settings, which serve populations that tend to be older and more susceptible to the COVID-19 virus. With their resources already spread thin by the cancelation of elective procedures, a surge of COVID cases could prove disastrous to many of these facilities. We have also witnessed the reallocation of resources from these facilities to help urban facilities that are overwhelmed, such as in New York state, which in turns leaves these facilities even more vulnerable to a potential future spike. We must make sure that these facilities have the resources they need to stay open, to prepare for a surge in COVID-19 cases, and to avoid detrimental layoffs of staff, so that they can continue to serve our most vulnerable populations.

We hope that you’ll consider these ideas as you work on developing the next package of COVID relief. As always, the AANA and our members are ready to be a resource to Congress and the


\(^3\) https://www.forbes.com/sites/claryestes/2020/02/24/1-4-rural-hospitals-are-at-risk-of-closure-and-the-problem-is-getting-worse/#4abd2b3d1bc0

\(^4\) https://thehill.com/homenews/state-watch/491032-rural-america-braces-for-coronavirus
Administration as you continue to deal with the ongoing COVID crisis. Please don’t hesitate to reach out to AANA’s Senior Director of Federal Government Affairs, Ralph Kohl, at rkohl@aanadc.com to discuss ways we can continue to work together on these priorities.

Sincerely,

Kate Jansky, MHS, CRNA, APRN, USA LTC (ret)
President
American Association of Nurse Anesthetists (AANA)

Randall Moore, DNP, MBA, CRNA
Chief Executive Officer
American Association of Nurse Anesthetists (AANA)