

Reducing Barriers to Chronic Pain Management Services

The American Association of Nurse Anesthetists represents more than 53,000 Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists who provide approximately 45 million anesthetics annually in the United States. CRNAs are uniquely qualified to help combat the opioid crisis. CRNAs are experts in managing acute and chronic pain, in order to help patients manage pain without opioids. However, burdensome and unnecessary barriers are preventing CRNAs from practicing to the full scope of their education and training.

- **CRNAs are trained in providing Opioid Sparing Techniques**, including Enhanced Recovery after Surgery (ERAS) protocols. During the surgery, CRNAs perform techniques such as regional nerve blocks and administering non-opioid agents to blunt the pain pathways. Post-surgery, CRNAs use local anesthetics, some of which last up to 72 hours, to further block the pain pathways on nerves. The use of these multi-modal approaches position CRNAs as part of the solution to ending the opioid epidemic.
- **CRNAs provide a holistic, multimodal approach to managing chronic pain**, including interventional pain management techniques shown to reduce or remove the need to prescribe opioids.
- **Barriers are preventing CRNAs from practicing to the full scope of the education and training.** Local Coverage Determinations (LCDs) issued by Medicare Administrative Contractors (MACs) effectively serve as regulations, preventing CRNAs from seeking reimbursement for chronic pain management services. Both patients and providers do not have any recourse for filing a claim prior to when an LCD becomes final.
- **Without a process for protection, MACs can exceed their authority** by issuing an LCD that contradicts existing CMS regulation and policy as well as scope of practice under state law, resulting in patient denials of services that are medically necessary and vital to patient access.
- **Support legislation that would allow providers recourse and prevent MACs from exceeding their authority.** Support legislation that would ensure MACs comply with CMS rules and state scope of practice laws, require MACs to explain their rationale for issuing LCDs, and provide patients and providers with recourse if a harmful LCD is issued.

Action for Congress: Co-sponsor legislation which would prevent MACs from exceeding their authority by issuing LCDs that contradict CMS regulation as well as state scope of practice.