

Support the Role of CRNAs in Pain Care and the Opioid Crisis

The American Association of Nurse Anesthetists (AANA) represents more than 53,000 Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists. Nationwide, CRNAs deliver approximately 45 million anesthetics each year. CRNAs are uniquely skilled to deliver pain treatment in a compassionate, holistic and opioid-sparing manner. According to the National Academy of Medicine's *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 By virtue of education, individual clinical experience, and competency, a CRNA may practice chronic pain management using a variety of therapeutic, physiological, pharmacological, interventional, and psychological modalities in the management and treatment of pain. To promote safe and effective opioid-sparing chronic pain management, CRNAs must be part of the solution.

- **Medicare recognizes and will reimburse CRNAs for chronic pain management services, stating in a 2013 final rule,** "Anesthesia and related care means those services that a certified registered nurse anesthetist is legally authorized to perform in the state in which the services are furnished."² The agency also said in its descriptive preamble, "In addition, we agree with commenters that the primary responsibility for establishing the scope of services CRNAs are sufficiently trained and, thus, should be authorized to furnish, resides with the states."
- **CRNAs are an underutilized resource in combating the opioid epidemic.** 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.
- **CRNAs utilize opioid sparing techniques, such as enhanced recovery after surgery (ERAS), to reduce the need for opioids.** CRNAs load the patient with carbohydrates the night before a surgery and give the patient a battery of agents hours before the surgery, which allow the patient's body to better respond to stress and prevents the need for opioids. During the surgery, CRNAs perform techniques such as regional nerve blocks and administer non-opioid agents to blunt pain pathways. Finally, after the surgery, CRNAs use local anesthetics and non-addictive oral medications – some lasting up to 72 hours – to further blunt the pain pathway transmission on nerves.
- **Last Congress, the *SUPPORT for Patients and Communities Act*** allowed CRNAs practicing in states with prescriptive authority to prescribe medication assisted treatments (MATs) to patients suffering from opioid addictions. This expansion of qualifying practitioner status to CRNAs and other APRNs is increasing the availability of opioid addiction treatment—especially in rural and underserved communities across the country.

ACTION FOR CONGRESS: Support recognition and utilization of CRNAs in any legislative initiative addressing chronic pain management and the current opioid epidemic, including efforts to make permanent authority for CRNAs to prescribe MATs.

¹ Institute of Medicine (IOM). *Relieving Pain in America: A Blueprint for Transforming Prevention Care, Education, and Research*. Washington, DC: The National Academies Press. 2011.

² 42 CFR §410.69(b), as amended by the Nov. 1, 2012, CY 2013 Physician Fee Schedule Final Rule.