

## Reducing Barriers to Practice and Creating Cost Savings

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. Healthcare costs continue to grow at an unsustainable rate. Landmark research published in the last few years underscores the value of CRNAs in helping to accomplish these crucial objectives. However, burdensome and unnecessary barriers are preventing CRNAs from practicing to the full scope of their education and training.

- **Physicians are the only providers allowed to serve as director of anesthesia.** In some cases, the existing regulation leads to confusion by placing into the hands of persons inexperienced in anesthesia care a federal regulatory responsibility for directing the unified anesthesia service of a hospital solely because he or she is a doctor of medicine or of osteopathy. Allowing CRNAs to serve as directors of anesthesia would relieve hospital regulatory burden associated with operating the Medicare program, reduce healthcare costs, and enable the organization of anesthesia services tailor-made to ensure patient safety and meet community needs.
- **CRNAs are not expressly permitted by CMS to bill for services ordered and referred, nor for evaluation and management (E&M) services.** CRNAs play a critical role in the healthcare delivery system, as they provide the full suite of anesthesia services including pre-anesthesia patient assessment, administering the anesthetic, and managing the patient throughout the surgery. Prior to performing a pain management technique, CRNAs conduct a comprehensive patient evaluation to confirm the necessity of the planned technique. CRNAs must also order and refer services, at times, to ensure patients receive comprehensive treatment. Medicare Part B is permitted to pay for anesthesia services and related care furnished by a CRNA as long as such services are within the CRNA's state scope of practice.<sup>1 2</sup> However, CRNAs are not being reimbursed for these particular services by Medicare because it is not explicitly stated. Clarification is needed in order to improve access to care.
- **Current reimbursement policy creates a financial disincentive for anesthesiologists to train CRNAs.** Currently, an anesthesiologist who is teaching more than one resident will be reimbursed by Medicare at 100 percent for each of the two cases involving anesthesiologist residents. However, an anesthesiologist who is teaching more than one Student Registered Nurse Anesthetist (SRNA) will be reimbursed by Medicare at 50 percent for each of two cases involving SRNAs. As a result, education and training opportunities for SRNAs may become limited.

**Action for Congress:** Support legislation which would promote parity in anesthesia education, payment models, and reimbursement.

<sup>1</sup> 42 CFR § 410.69.

<sup>2</sup> Medicare Claims Processing Manual. Available here: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>.