



Reducing Barriers to Practice and Creating Cost Savings

The American Association of Nurse Anesthesiology represents more than 54,000 Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists who provide approximately 49 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.

- **The most cost-effective model of anesthesia delivery is CRNAs working solo. According to a Lewin Group study published in *Nursing Economic\$*,¹ this model is 25 percent more cost-effective than the next least costly model.** Because CRNAs safely provide the full range of anesthesia services, requirements for additional supervision drive additional healthcare costs that can be saved or allocated elsewhere in the health system, while maintaining a high standard of quality and patient safety. Additionally, in some states CRNAs are the sole anesthesia providers in nearly 100 percent of rural hospitals. Compared with anesthesiologists, CRNAs are more likely to work in areas with lower median incomes and larger populations of citizens who are unemployed, uninsured, and/or Medicaid beneficiaries.²
- **Executive Order #13890, issued in October 2019, calls on the U.S. Department of Health and Human Services (HHS) to remove burdensome regulatory barriers to care, within one year.** Specifically, Section 5 of the Executive Order directs HHS to eliminate burdensome regulations and ensure that items and services provided are appropriately reimbursed in accordance with the work performed rather than the provider's occupation. Allowing providers to practice to the full scope of their training and licensure will help to increase access and competition, lower costs and maintain quality and safety within the Medicare program.
- **CMS temporarily removed physician supervision of CRNAs during the COVID-19 pandemic.** This move will increase the capacity of the healthcare workforce at a time when that capacity is severely strained, particularly in rural areas. Health systems across the globe are under immense pressure, and with healthcare providers being particularly vulnerable to the effects of COVID-19, it is imperative that providers are practicing at the top of their abilities to deal with the crisis.
- **Permanent removal of physician supervision of CRNAs will benefit patients post-COVID.** When the U.S. recovers from COVID-19, there will be an incredibly high demand to perform the elective surgeries that were canceled or delayed. Permanent removal of physician supervision for CRNAs will help take on issues of network adequacy to ensure that patients have access to providers, regardless of where they live. All told, permanent removal will ensure that patients are put first, that competition drives down costs through the removal of artificial and unnecessary barriers, and that providers of all types are able to better serve their patients.

Action for Congress: Contact HHS, expressing support for permanent removal of physician supervision for CRNAs.

Support legislation to allow providers recourse from MACS exceeding their authority.