

Protect Access to Rural Anesthesia 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. Nurse anesthesia services are crucial to rural healthcare. As the sole anesthesia providers in the vast majority of rural hospitals, CRNAs enable these facilities to offer surgical, obstetrical, trauma stabilization, interventional diagnostic, and pain management services.

- **The Medicare Part A reasonable cost-based pass-through program ensures that rural hospitals have access to anesthesia services at a level that is economically sustainable for facilities and providers**, so that the qualifying facility may provide the full range of surgical, interventional, labor and delivery care that anesthesia services afford. The program's payment to qualifying hospitals for CRNA services helps ensure the availability of safe and cost-effective anesthesia care in these facilities.
- **Support the *Critical Access and Rural Equity (CARE) Act* to ensure that rural hospitals can keep their doors open** and continue to provide obstetrical, surgical, trauma stabilization, interventional diagnostic, and pain management services to people in rural communities. Traveling long distances to the nearest hospital is not an option when dealing with trauma stabilization and, in many instances, obstetrical care as well. This legislation will restore CRNA standby and on-call payment eligibility to the Part A reasonable cost-based pass-through program.
- **Oppose legislation that would allow hospitals to seek reimbursement for anesthesiologists *not providing direct anesthesia care***. Past legislative efforts offer additional funding to anesthesiologists serving in rural areas and risks cost growth without expanding access to care or improving patient safety. Since anesthesiologists cost about three times what CRNAs do for providing the same anesthesia services, such legislation, if enacted, would increase Medicare costs without improving outcomes or expanding patient access to anesthesia care.
- **Protect rural hospitals from closure**. According to the National Rural Health Association, 94 rural hospitals have closed between 2010 and 2019, with an additional 673 rural hospitals vulnerable to closure. If Congress doesn't act to stop the bleeding and prevent further rural hospital closures, an estimated 11.7 million patients will lose direct access to care while local economies suffer.

Action for Congress: Co-sponsor the *CARE Act*, which would restore nurse anesthetist standby and on-call payment eligibility to the Part A reasonable cost-based pass-through program and ensure rural access to critical healthcare services.

Cosponsor the *Save Rural Hospitals Act*, which would help these lifelines keep their doors open in rural areas.