October 27, 2017

Mr. Michael Shores
Director, Regulatory Policy & Management
Office of the Secretary
Department of Veterans Affairs
810 Vermont Ave, NW
Room 1063B
Washington DC, 20420

Dear Mr. Shores:

The American Association of Nurse Anesthetists (AANA) welcomes the opportunity to comment on the proposed rule, RIN 2900-AQ66 – Authority of Health Care Providers to Practice Telehealth Proposed Rule. Specifically, the AANA makes the following comments and recommendations:

I. CRNAs Provide Safe, High Quality and Cost Effective Healthcare

II. Prohibit Wasteful Tele-Supervision of CRNA Services From Being Included as part of Expansion of Telehealth Services within the VA

III. Federal Agencies Should Create Interagency Working Group to Modernize APRN Prescriptive Authority Rules

CRNAs Provide Safe, High Quality and Cost Effective Healthcare

The AANA is the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists (SRNAs). AANA membership includes more than 52,000 CRNAs and SRNAs, representing over 90 percent of the nurse anesthetists in the United States. CRNAs are advanced practice registered nurses (APRNs) who personally administer approximately 43 million anesthetics to patients each year in the United States. Nurse anesthetists have provided anesthesia in the United States for 150 years, and high-quality, cost-effective CRNA services are in high demand. CRNAs are Medicare Part B providers and since 1989 have billed Medicare directly for 100 percent of the physician fee schedule amount for services.

CRNAs are involved in every aspect of anesthesia services including a pre-anesthesia patient assessment, obtaining informed consent for anesthesia administration, developing a plan for anesthesia
administration, administering the anesthetic, monitoring and interpreting the patient's vital signs, and managing the patient throughout the surgery. CRNAs also provide acute, chronic, and interventional pain management services. CRNAs provide anesthesia for a wide variety of surgical cases and in some states are the sole anesthesia providers in nearly 100 percent of rural hospitals, affording these medical facilities obstetrical, surgical, trauma stabilization, and pain management capabilities. Nurse anesthesia predominates in Veterans Hospitals and in the U.S. Armed Services. CRNAs work in every setting in which anesthesia is delivered including hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers (ASCs), pain management facilities, and the offices of dentists, podiatrists, and all types of specialty surgeons.

Numerous peer reviewed studies have shown that CRNAs are safe, high quality and cost effective anesthesia professionals who should practice to the full extent of their education and abilities. According to a May/June 2010 study published in the journal Nursing Economic$, CRNAs acting as the sole anesthesia provider are the most cost-effective model for anesthesia delivery, and there is no measurable difference in the quality of care between CRNAs and other anesthesia providers or by anesthesia delivery model.¹ An August 2010 study published in Health Affairs showed no differences in patient outcomes when anesthesia services are provided by CRNAs, physicians, or CRNAs supervised by physicians.² Researchers studying anesthesia safety found no differences in care between nurse anesthetists and physician anesthesiologists based on an exhaustive analysis of research literature published in the United States and around the world, according to a scientific literature review prepared by the Cochrane Collaboration, the internationally recognized authority on evidence-based practice in healthcare.³ Most recently, a study published in Medical Care (June 2016) found no measurable impact in anesthesia complications from nurse anesthetist scope of practice or practice restrictions.⁴

¹ Paul F. Hogan et al., “Cost Effectiveness Analysis of Anesthesia Providers.” Nursing Economic$. 2010; 28:159-169. http://www.aana.com/resources2/research/Documents/nec_mj_10_hogan.pdf
CRNAs play an essential role in assuring that rural America has access to critical anesthesia services, often serving as the sole anesthesia provider in rural hospitals and affording these facilities the capability to provide many necessary procedures. The importance of CRNA services in rural areas was highlighted in a recent study which examined the relationship between socioeconomic factors related to geography and insurance type and the distribution of anesthesia provider type. The study correlated CRNAs with lower-income populations and correlated anesthesiologist services with higher-income populations. Of particular importance to the implementation of public benefit programs in the United States, the study also showed that 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.

**AANA Request: Prohibit Wasteful Tele-Supervision of CRNA Services From Being Included as part of Expansion of Telehealth Services within the VA**

We recognize that telehealth is included among various practice improvement activities. The AANA is supportive of telehealth and remote monitoring technology that improves the quality of care provided for all patients and especially those with chronic conditions, but cautions against the use of wasteful services in the name of telehealth that would increase costs without improving healthcare access or quality. One wasteful policy would be to reimburse anesthesiologists through billing for remote so-called “supervision” services even though they are not providing actual anesthesia care. This type of remote supervision would not improve access to healthcare for patients with chronic conditions and would instead reward providers not actually furnishing healthcare services. Furthermore, there is no evidence regarding the benefit for the use of supervision of anesthesia via telehealth. In these instances, anesthesiologist telesupervision of CRNA services would not meet CMS’s criteria for Medicare telehealth services of providing a clinical benefit to the patient. Therefore, we ask that the VA prohibit wasteful anesthesiologist tele-supervision of CRNA services from being included in as a practice improvement activity and as part of expansion of telehealth to providers working in the VA.

**AANA Comment: Federal Agencies Should Create Interagency Working Group to Modernize APRN Prescriptive Authority Rules**

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6 Liao, op cit.
The AANA encourages establishment of an interagency working group between the VA and the two agencies tasked with implementing the Controlled Substances Act, which are the Drug Enforcement Administration (DEA) and the U.S. Food and Drug Administration (FDA), to help ensure Veterans access to care by modernizing rules regarding APRN prescriptive authority. The working group should include critical stakeholders such as the AANA, representing CRNAs, along with other APRN groups. Veterans would receive the most benefit if these three agencies work together to align laws consistent with patient safety and increased access to care. As Full Practice Providers, APRNs, including CRNAs, deliver care to the full scope of their education and training and ensure that the VHA has the flexibility to utilize all providers within the healthcare team, maximizing the effective use of resources and providing optimal care to our men and women in uniform.

The AANA appreciates this opportunity to comment on this proposed rule. CRNAs are vital to resolving the challenges facing our nation’s healthcare system and we look forward to partnering with the agency to show the important role CRNAs can have in achieving the main goals of meaningful reform, reducing health care costs, and improving access to the highest quality healthcare. Should you have any questions, please feel free to contact the AANA Senior Director of Federal Government Affairs, Ralph Kohl, at 202-741-9080 or rkohl@aanadc.com.

Sincerely,

Bruce A. Weiner, DNP, MSNA, CRNA
AANA President

Cc: Randall Moore II, DNP, MBA, CRNA, AANA CEO
   Ralph Kohl, AANA Senior Director of Federal Government Affairs
   Randi Gold, MPP, AANA Associate Director Federal Regulatory and Payment Policy