April 22, 2018

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9924-P
P.O. Box 8010
Baltimore, MD 21244-8010

RE: CMS-9924-P - Short-Term, Limited-Duration Insurance

Dear Ms. Verma:

The American Association of Nurse Anesthetists (AANA) welcomes the opportunity to submit comments to the proposal CMS-9924-P - Short-Term, Limited-Duration Insurance. The AANA is firmly committed to working with the agency and other healthcare stakeholders to help achieve our common goals of promoting choice and competition, increasing access to the highest quality healthcare, reducing regulatory burdens on providers, and making healthcare more affordable for all Americans. The AANA makes the following comments and recommendations:

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

II. Require CRNAs to be Included in Short Term, Limited Duration Insurance Plan Networks

III. Short Term, Limited Duration Health Plans Must Not Discriminate Against Providers Acting Within their State Scope of Practice Laws and Regulations

IV. Short Term, Limited Duration Health Plans Must Protect Critical Essential Health Benefits to Ensure Access to the Full Range of Services and Providers, Including CRNAs

V. Short Term, Limited Duration Health Plans Must Ensure Adequate Safeguards for Individuals with Pre-Existing Conditions

I. 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. 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.

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. An August 2010 study published in Health Affairs showed no differences in patient outcomes when anesthesia services are provided by CRNAs, physicians, or CRNAs.

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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](http://www.aana.com/resources2/research/Documents/nec_mj_10_hogan.pdf)
supervised by physicians.\textsuperscript{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.\textsuperscript{3} Most recently, a study published in \textit{Medical Care} (June 2016) found no measurable impact in anesthesia complications from nurse anesthetist scope of practice or practice restrictions.\textsuperscript{4}

\section*{II. Require CRNAs to be Included in Short Term, Limited Duration Insurance Plan Networks}

The AANA supports the agency’s requirement that short term, limited duration health plans must maintain networks that are sufficient in numbers and types of providers to assure that all services to covered persons will be accessible to them without unreasonable delay. The AANA believes that patients benefit the greatest from a healthcare system where they receive easily accessible care from an appropriate choice of safe, high quality and cost-effective providers, such as CRNAs.

Therefore, we request that CRNAs be included in all health carrier network plans, which will help ensure network adequacy, access and affordability to consumers. Doing so would help establish appropriate minimum standards for ensuring sufficient choice of providers within health carrier networks. CRNAs are an important type of provider with an integral role in providing anesthesia and analgesia-related care, including pain management services. They provide safe, high-quality and cost-effective anesthesia care and are advanced practice registered nurses who personally administer more than 43 million anesthetics to patients each year. Furthermore, in rural communities and other medically underserved areas of the United States, CRNAs can be the sole anesthesia professionals. Their presence enables hospitals and other healthcare facilities to offer obstetrical, surgical, and trauma stabilization services to patients who might otherwise be forced to travel long distances for this essential care. Without strong patient access safeguards in place, we are concerned that lax network


\textsuperscript{4} Negrusa B et al. Scope of practice laws and anesthesia complications: No measurable impact of certified registered nurse anesthetist expanded scope of practice on anesthesia-related complications. \textit{Medical Care} June 2016, \url{http://journals.lww.com/lww-medicalcare/Abstract/publishahead/Scope_of_Practice_Laws_and_Anesthesia.98905.aspx}. 
Adequacy standards could limit the number of providers or the types of providers on their panels, which could severely limit patient access to needed care. Consistent with the goals and policies of the Affordable Care Act in establishing provider networks that ensure extensive access to care, we encourage health carriers to include CRNAs in their networks by expressly recognizing CRNAs as eligible professionals in health plans networks. This would help ensure patient access to a range of beneficial, safe and cost-efficient healthcare professionals and allow CRNAs to practice to full extent of their scope of practice.

Such a recommendation is also consistent with the recent findings and recommendations of the National Academy of Medicine, whose report titled The Future of Nursing: Leading Change, Advancing Health calls for removing barriers so that advanced practice registered nurses (APRNs), including CRNAs, can practice to the full extent of their education and training, indicating that APRNs play a critical role in the future of health care. It also supports the agency’s objective of achieving the triple aim of health care which includes, improving the experience of care, improving the health of populations, and reducing per capita costs of health care. CRNAs are an important component in helping achieve the triple aim because they ensure patient safety and access to safe, high-quality care, and promote healthcare cost savings.

III. Short Term, Limited Duration Health Plans Must Not Discriminate Against Providers Acting Within their State Scope of Practice Laws and Regulations

We recommend that short term, limited duration health plans design their network participating provider selection criteria to not discriminate against qualified licensed healthcare providers acting within their state scope of practice laws and regulations. This request aligns with the same recommendation contained in the final NAIC Health Benefit Plan Network, Access and Adequacy Model Act, released in November 2015, which makes the same statements.

It is important to highlight the harms of discrimination CRNAs currently face in the selection criteria certain health plans develop which determines the selection of providers that participate in their networks. CRNAs, acting within the scope of their license or certification under applicable state law

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or regulation, have experienced discrimination with respect to participation in qualified health plans. Such discrimination impairs consumer choice and competition and thus impairs efforts to control healthcare cost growth. Further, this discrimination violates the federal provider nondiscrimination provision in the Patient Protection and Affordable Care Act (Sec. 1201, Subpart 1, creating a new Public Health Service Act Sec. 2706(a), “Non- Discrimination in Health Care, 42 USC §300gg-5), which, prohibits health plans from discriminating against qualified licensed healthcare professionals, such as CRNAs, solely on the basis of their licensure. This law promotes access to healthcare and consumer choice of healthcare professionals, and helps reduce healthcare costs through competition. It prohibits discrimination based on provider licensure that keeps patients from getting the care they need.

To promote patient access to high quality healthcare, market competition and cost efficiency, qualified health plans participating in health insurance exchanges or marketplaces must all avoid discrimination against qualified, licensed healthcare professionals, such as CRNAs, solely on the basis of licensure. Proper implementation of the provider nondiscrimination provision is crucial because health plans have wide latitude to determine the quantity, type, and geographic location of healthcare professionals they include in their networks, based on the needs their enrollees. However, when health plans organize their healthcare delivery in such a way that they discriminate against whole classes of qualified licensed healthcare professionals by licensure, by prohibiting reimbursement for anesthesia and pain management services provided by CRNAs, for example, patient access to care is impaired, consumer choice suffers, and healthcare costs climb for lack of competition. Additionally, such discrimination provides incentives for the use of higher-cost providers without improving quality or access to care. Promoting nondiscrimination encourages the use of qualified, licensed healthcare professionals such as CRNAs who perform the same services to the same high level of quality as other qualified providers.

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7 Patient Protection and Affordable Care Act, Sec. 1201, Subpart 1, creating a new Public Health Service Act Sec. 2706(a), Non-Discrimination in Healthcare (42 U.S.C. §300gg-5). The statutory provision reads as follows: “(a) Providers.--A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any healthcare provider who is acting within the scope of that provider's license or certification under applicable State law. This section shall not require that a group health plan or health insurance issuer contract with any healthcare provider willing to abide by the terms and conditions for participation established by the plan or issuer. Nothing in this section shall be construed as preventing a group health plan, a health insurance issuer, or the Secretary from establishing varying reimbursement rates based on quality or performance measures.”
The AANA believes it is discrimination if health plans or health insurers have a policy that reimburses differently for the same services provided by different provider types solely on account of their licensure. Paying one qualified provider type a higher rate than another for providing the same high quality service offers a powerful incentive to increase healthcare costs without improving healthcare quality or access, by helping to steer healthcare delivery to more expensive providers. For example, in the delivery of anesthesia services, the labor costs of anesthesiologists are approximately three times higher than those of CRNAs. Quality of care is high and continually improving, and patient outcomes by provider type are similarly excellent as measured by the published research we have already shown. The choice of discriminating in coverage or reimbursement against qualified licensed providers solely on the basis of licensure therefore leads to impaired access, increased costs and lower quality of care.

Furthermore, if a health plan or health insurer network offers a specific covered service, Section 2706 requires that the health insurer or health plan network include all types of qualified licensed providers who can offer that service. For example, if a health plan offers coverage for anesthesia services, it should allow all anesthesia provider types to participate in their networks and should not refuse to contract with CRNAs just based on their licensure alone.

Ensuring that qualified health plans adhere to this nondiscrimination law would promote patient access to a range of beneficial, safe and cost-efficient healthcare professionals, consistent with public interests in quality, access and cost-effectiveness. These priorities correspond with the principles advocated by the AANA, which are to provide safe, high-quality and cost-effective anesthesia care for patients. This is why we request that short term, limited duration health plans should not discriminate against providers acting within their state scope of practice laws and regulations.

**IV. Short Term, Limited Duration Health Plans Must Protect Critical Essential Health Benefits**

Short-term, limited duration insurance plans are unlikely to include all the elements of plans that are compatible with coverage in the Affordable Care Act such as, coverage of essential health benefits and coverage of preexisting conditions. Essential Health Benefits, enacted by the Affordable Care Act, are a set of ten categories of services health insurance plans must cover, including: ambulatory patient

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services, emergency services, hospitalization, maternity and newborn care, mental health services and addiction treatment, prescription drugs, rehabilitative services and devices, laboratory services, preventative/wellness/chronic disease services, and pediatric services. We believe the practice of anesthesia and pain management care provided by CRNAs fits under many of the services listed as essential health benefits. These services provided by trained and qualified health care providers, such as CRNAs, are vital in patient care. Therefore, we request that short term, limited duration insurance plans must protect critical essential health benefits to ensure access to the full range of services and providers, including CRNAs.

The goal of the essential health benefits requirement was to help balance access, comprehensiveness, quality improvement and affordability for consumers purchasing health coverage. Essential health benefits are necessary to ensure health coverage for patients and their elimination would create an access issue across the United States. Excluding these benefits would return us to a time when such benefits were hard to find in individual insurance and were often unaffordable when they were available.

The AANA advocates on numerous issues to help improve healthcare, patient safety and practice excellence by working to increase access to healthcare, make healthcare more affordable, and improve the quality of the care available to all patients. We believe eliminating essential health benefits is counterproductive to the goals of the agency and we urge you to preserve essential health benefits in short-term, limited duration insurance plans to allow patients to receive access to safe and high quality health care delivery.

V. Short-Term, Limited Duration Insurance Plans Should Ensure Adequate Safeguards for Individuals with Pre-Existing Conditions

As CRNAs, patient care and safety is always our highest priority. Under the Affordable Care Act, individuals with pre-existing conditions will be able to remain in the traditional individual marketplace, and insurers are reimbursed for policyholders with high costs. The proposed rule states that consumers who switch to short term, limited duration plans would experience loss of access to some services and providers and as a result, the AANA is concerned that individuals will lose coverage and face higher premiums if they switch to short term, limited duration plans, based on their pre-existing conditions. Therefore, the AANA requests that short term, limited duration plans should ensure adequate safeguards for individuals with pre-existing conditions.
The AANA appreciates this opportunity to comment on this proposal. 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 rko.hl@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 Senior Associate Director Federal Regulatory and Payment Policy