February 15, 2019

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9926-P
P.O. Box 8016
Baltimore, MD 21244-8016

RE: CMS-9926-P - Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2020 proposed rule

Dear Ms. Verma:

The American Association of Nurse Anesthetists (AANA) welcomes the opportunity to provide written comments on CMS-9926-P - Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2020 proposed rule. We are firmly committed to working with the agency and other healthcare stakeholders to help achieve our common goals of increasing access to healthcare, reducing regulatory burdens on stakeholders, empowering consumers and making healthcare more affordable for all Americans. Specifically, the AANA makes the following comments and recommendations:

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

II. **Prohibition on Discrimination (§156.125)**
   
   A. Support Coverage of Medication Assisted Treatment in Qualified Health Plans

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 53,000 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 more than 45 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 supervised by physicians. 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

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
review prepared by the Cochrane Collaboration, the internationally recognized authority on evidence-based practice in healthcare. 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.

II. PROHIBITION ON DISCRIMINATION (§156.125)

A. Support Coverage of Medication Assisted Treatment in Qualified Health Plans

The AANA shares the agency’s concern about the increase in opioid drug use, abuse and deaths and is committed to working collaboratively to achieve comprehensive solutions to curb the opioid epidemic in the United States. The AANA supports increased patient access to safe, responsible use of medication-assisted treatment (MAT) for the comprehensive treatment of substance and opioid use disorder. There are more than 53,000 CRNAs who can now treat opioid addictions with medications such as buprenorphine. These medications ease withdrawal symptoms and improve treatment outcomes. Many of these CRNAs are practicing in rural and underserved communities where access to these services is limited—there are either no qualified providers currently working in the area or they're overwhelmed by the large number of patients, which results in extended wait times.

In October 2018, The Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act was enacted into law. This Act expands earlier legislation in the 2016 Comprehensive Addiction and Recovery Act (CARA) to include CRNAs among providers able to prescribe MAT to individuals suffering from opioid addiction. The AANA worked with members of both parties and in both chambers of Congress to help ensure that provisions allowing CRNAs and other advanced practice registered nurses the ability to prescribe MATs were a part of the final bill, an effort to increase the availability of these lifesaving treatments, especially in rural and underserved communities. The AANA also supported many important components of the

---


final bill that would encourage the reduced use of opioids in emergency rooms and in pain management throughout the healthcare system. Nurse anesthesia's support of this law continues to put the patients first in our efforts to decrease the reliance on opioids by offering interventional pain management that is opioid-free or opioid-sparing.

Furthermore, utilizing a patient-centered, multidisciplinary, multimodal treatment approach to pain management may reduce the reliance on opioids as a primary pain management modality, thus helping curb the over-prescribing of opioids which contributes significantly to the ongoing epidemic. As anesthesia professionals, CRNAs help to decrease or eliminate the need for opioids by collaborating with the patient and the interdisciplinary team on a comprehensive plan for pain relief known as enhanced recovery after surgery (ERAS).

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,

Garry Brydges, DNP, MBA, ACNP-BC, 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