June 25, 2019

Vanila M. Singh, M.D., MACM
Chief Medical Officer
Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington DC 20201

RE: June 26 meeting with CMS on Payment and Coverage Policies for Chronic and Acute pain, Service Delivery Models, Access to Therapies and Medical Devices

Dear Dr. Singh:

The American Association of Nurse Anesthetists (AANA) welcomes the opportunity to submit comments regarding the June 26 meeting between the Department of Health and Human Services’ (HHS) Pain Management Best Practices Inter-Agency Task Force and the Centers for Medicare and Medicaid Services (CMS) regarding payment and coverage policies for chronic and acute pain, service delivery models, access to therapies and medical devices, and other issues outlined in section 6032 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. CRNAs are vital to helping resolve the widespread opioid drug crisis – a huge challenge facing our nation’s healthcare system is to engage all healthcare providers in practice that help eliminates or decreases the use of opioids to address pain through multimodal pain management techniques. The AANA makes the following comments and recommendations:

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

II. Promote Patient Access to Counseling by their Health Care Professionals regarding Pain Management using Medical Devices and Other Non-Opioid Options

III. Support Increased Patient Access to Safe, Responsible use of Medication Assisted Treatment (MAT) for the Comprehensive Treatment of Substance and Opioid Use Disorder
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.\(^1\) An August 2010 study published in *Health Affairs* showed no differences

\(^1\) 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_mi_10_hogan.pdf](http://www.aana.com/resources2/research/Documents/nec_mi_10_hogan.pdf)
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.\(^4\)

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.\(^5\) 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 U.S., 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.\(^6\) CRNAs play an essential role in assuring that rural America has access to critical anesthesia services and by removing regulatory barriers to CRNA practice and allowing CRNAs to practice to the full extent of their scope, licensure and training, patients in rural areas will receive consistently safe and high quality care delivery.

II. **Promote Patient Access to Counseling by their Health Care Professionals Regarding Pain Management using Medical Devices and Other Non-Opioid Options**

CRNAs provide holistic anesthesia and pain related care for patients of all ages in all communities across the US. From entry into practice education and certification through ongoing education and


\(^6\) Liao, op cit.
skills acquisition throughout their career, CRNAs provide robust, patient centered acute and chronic pain management services. Prescriber education is also essential to curbing the opioid epidemic, and CRNAs are also well-positioned to educate clinicians and patients alike on the minimization or elimination of prescribed opioids for both acute and chronic pain management. The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) offers a voluntary nonsurgical pain management (NSPM) subspecialty certification for CRNAs.7 The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) requires acute and chronic pain management content in the curriculum of the 120-accredited nurse anesthesia educational programs, and for continued learning, the AANA offers CRNAs a continuum of educational resources for pain management practice. These resources include advanced acute and chronic pain management workshops for CRNAs to enhance their skills to improve quality of life and to mitigate complications associated with opioid use and misuse. The AANA, State Nurse Anesthetist Associations, universities and other stakeholders play an active role in CRNA education and professional development, reinforcing how to safely integrate and, when appropriate, eliminate opioids in acute and chronic pain management. Professional development opportunities include educational webinars, online continuing education, conferences, and peer reviewed publications. Additionally, Texas Christian University, the University of South Florida, and Middle Tennessee School of Anesthesia offer fellowships to CRNAs seeking to further specialize in this field.

As a main provider of pain management services, CRNAs are qualified pain practitioners who provide access to excellent care and counsel in many practice settings to treat patients suffering from a wide range of acute and chronic pain conditions. Many patients rely on CRNAs as their primary pain specialist. CRNA chronic pain management practitioners address chronic pain through the use of a multimodal approach that includes opioid sparing or no opioid pharmacologic and non-pharmacologic pain mitigation strategies. This is shown in a recent study which calls for an increased number of nursing pain specialists “to not only implement aggressive acute pain care to prevent chronic pain but also to effectively treat chronic pain with evidence-based integrative therapies that include multimodal analgesia, interventional techniques, and complementary and alternative approaches to pain management.”8

In developing the plan of care for the patient, CRNAs obtain patient history, evaluate the patient, order and review necessary diagnostic testing, and assess the patient’s psychological and emotional state. Non-pharmacologic pain mitigation techniques are often employed in the treatment of chronic pain and considered as part of the care plan. These techniques may include patient education regarding behavioral changes that can decrease pain, such as weight loss, smoking cessation, daily exercise, stretching, and physical or chiropractic therapy. Such therapies may not be sufficient when used alone, but they have significant benefit when they are used in a complementary manner with other therapies.

As anesthesia professionals, our goal is to collaborate with the patient and the interdisciplinary team on a comprehensive plan for pain relief known as enhanced recovery after surgery (ERAS)\(^9\). Because CRNAs personally administer more than 45 million anesthetics to patients each year in the United States, their services are crucial to the successful development and implementation of techniques such as anesthesia ERAS programs. CRNAs and other anesthesia professionals play an integral role in these episodes of care as proper anesthesia services management can make a tremendous difference in terms of improving patient flow, patient safety, and cost savings.\(^10\) Conversely, research shows that suboptimal care in the preoperative, intraoperative, or postoperative phases of surgery may compromise care, resulting in poor patient outcomes and unnecessarily higher healthcare costs.\(^11\),\(^12\)

Therefore, the AANA recommends that the Secretary of Health and Human Services and CMS should establish and cover a distinct, separately-coded and separately-reimbursed service under Medicare’s Part B physician fee schedule for health care professionals to educate, counsel, and discuss the full range of pain management options—including the potential use of medical devices and other non-opioid options—with their patients suffering from acute, chronic, or surgical pain. We recommend that this service should be reimbursed separately and without limitation based on other medical or surgical


services performed by the health care professional for the beneficiary under either Medicare Part A or Part B. In establishing a payment level for this service, the Secretary shall establish work and practice expense relative value units equal to the work and practice expense relative value units for an office medical visit with an established patient as described by Current Procedural Terminology (CPT) code 99212.

III. Support Increased Patient Access to Safe, Responsible use of Medication Assisted Treatment (MAT) for the Comprehensive Treatment of Substance and Opioid Use Disorder

The Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act was enacted into law on October 24, 2018. This new law represents a major bipartisan victory and the strongest response yet to the opioid crisis. One of the major provisions of the bill is a section that would allow CRNAs and other advanced practice registered nurses (APRNs) to obtain a waiver from the Drug Enforcement Agency (DEA) to prescribe medication-assisted treatments (MATs), such as buprenorphine, to individuals suffering from opioid addiction. The law allows for a five-year pilot program for most APRNs, including CRNAs. This continues to allow CRNAs to be uniquely qualified to help eradicate the opioid epidemic that is tearing at the fabric of our nation.

The American Association of Nurse Anesthetists (AANA) supports increased patient access to safe, responsible use of MAT for the comprehensive treatment of substance and opioid use disorder. The AANA recognizes that the CRNA has an ethical obligation and professional responsibility for self-assessment of their knowledge and skills related to the comprehensive treatment of substance use disorders (SUD) and related somatic and/or mental health conditions; developing and maintaining clinical competencies related to the care of individuals receiving MAT; and obtaining any necessary continuing education beyond the required 24 hours of training necessary in order to provide safe behavioral healthcare involving MAT. CRNAs may prescribe MAT in states where they have prescriptive authority, consistent with state law. The CRNA must provide MAT in accordance with

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their professional state specific scope of practice, state and federal laws and regulations, and their respective facility’s institutional policies.

The AANA appreciates this opportunity to comment on this meeting and we greatly appreciate our accessible and friendly working relationship with the task force. The AANA and its members look forward to collaborating with the task force and our healthcare colleagues to develop and implement multimodal pain management initiatives and payment methodologies that reduce our nation’s dependence on opioids. 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, PhD, DNP, MBA, CRNA, ACNP-BC, FAAN
AANA President

Cc: Randall Moore II, DNP, MBA, CRNA, AANA CEO
Ralph Kohl, AANA Senior Director of Federal Government Affairs
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