July 2, 2019

Submitted electronically via HospitalSCG@cms.hhs.gov

Karen Tritz
Director, Quality Safety & Oversight Group
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Mail Stop: C2-21-16
7500 Security Boulevard
Baltimore, MD 21244

RE: QSO-19-13-Hospital – Draft Guidance for Hospital Co-location with Other Hospitals or Healthcare Facilities

Dear Ms. Tritz:

The American Association of Nurse Anesthetists (AANA) welcomes the opportunity to comment on the draft Guidance for Hospital Co-location with Other Hospitals or Healthcare Facilities. The AANA makes the following comments and requests of the Centers for Medicare & Medicaid Services (CMS):

- Clarify that Anesthesia Providers Such as CRNAs are Included Among Staff That May Be Shared Between Co-located Hospitals
- Clarify that Credentialed and Privileged Staff Shared Between Co-located Hospitals Need Not have Identical Privileges at Each Hospital

Background of the AANA and CRNAs

The AANA is the professional association for CRNAs and student nurse anesthetists, and AANA membership includes more than 53,000 CRNAs and student nurse anesthetists (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 continue to be 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 provide every aspect of the delivery of anesthesia services including 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 and chronic 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. According to a May/June 2010 study published in the journal of 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.\(^1\) Furthermore, an August 2010 study published in Health Affairs shows 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.\(^3\) 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.\(^4\)

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\(^1\) Paul F. Hogan et. al, “Cost Effectiveness Analysis of Anesthesia Providers.” Nursing Economic$. 2010; 28:159-169.


\(^4\) 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. Medical Care June
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, 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 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.

**AANA Request: Clarify that Anesthesia Providers Such as CRNAs are Included Among Staff That May Be Shared Between Co-located Hospitals**

The AANA appreciates CMS’s dedication to protecting safety and the quality of care while allowing for flexibility in this draft guidance. We also support CMS’s allowance for medical staff to be shared between co-located hospitals, and we request that CMS clarify that anesthesia providers, such as CRNAs, are included among the medical staff that may be shared. As CRNAs administer more than 45 million anesthetics to patients each year in the United States, as well as acute, chronic, and interventional pain management services, it is not uncommon for the services of a CRNA to be shared between co-located facilities. For instance, a CRNA who provides anesthesia services at a hospital may be on call to respond to emergency situations using airway management and other techniques at a co-location.


6 Liao, op cit.
AANA Comment: Clarify that Credentialed and Privileged Staff Shared Between Co-located Hospitals Need Not have Identical Privileges at Each Hospital

We request that CMS clarify that that credentialed and privileged staff shared between co-located hospitals need not have identical privileges at each hospital. CRNAs care for patients at all acuity levels across the lifespan in a variety of settings for procedures including, but not limited to, surgical, obstetrical, diagnostic, therapeutic, and pain management. CRNAs may perform certain services in a hospital and may float to a co-location to provide an entirely different set of services at that co-location. Because the services provided may be different at co-locations, we request that CMS clarify that credentialed and privileged staff shared between co-located hospitals need not have identical privileges at each hospital.

We thank you for the opportunity to comment on this draft guidance. Should you have any questions regarding these matters, please feel free to contact the AANA Senior Director of Federal Government Affairs, Ralph Kohl, at 202.484.8400, rkohl@aanadc.com.

Sincerely,

Garry Brydges, PhD, DNP, MBA, ACNP-BC, CRNA, FAAN
AANA President

cc: Randall D. Moore, DNP, MBA, CRNA, AANA Chief Executive Officer
Ralph Kohl, AANA Senior Director of Federal Government Affairs
Romy Gelb-Zimmer, MPP, AANA Senior Associate Director Federal Regulatory and Payment Policy