August 1, 2019

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD  21244

RE: Proposed Decision Memo for Acupuncture for Chronic Low Back Pain (CAG-00452N)

Dear Ms. Verma:

The American Association of Nurse Anesthetists (AANA) welcomes the opportunity to comment on this proposed decision memo; Acupuncture for Chronic Low Back Pain (CAG-00452N). The AANA makes the following comments and requests:

- Acupuncture May Be Part of a CRNA’s Plan of Care for Management of Chronic Lower Back Pain
- Amend Provider Requirements to Treat Physicians and Qualified Licensed Healthcare Practitioners Equally

Background of the AANA and CRNAs

The AANA is the professional association for Certified Registered Nurse Anesthetists (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.
CRNA 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

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

---

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


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 Comment: Acupuncture May Be Part of a CRNA’s Plan of Care for Management of Chronic Lower Back Pain

We appreciate the Centers for Medicare & Medicaid Services’ (CMS) proposal to cover acupuncture for chronic lower back pain. As advanced practice registered nurses, CRNAs are uniquely skilled to deliver pain treatment in a compassionate and holistic manner. By virtue of education and individual clinical experience and competency, a CRNA may practice chronic pain management utilizing a variety of therapeutic, physiological, pharmacological, interventional, and psychological modalities in the management and treatment of pain. Acupuncture is a non-pharmacologic treatment modality that may be part of a CRNA’s plan of care for chronic pain management, including the treatment of chronic lower back pain.

AANA Request: Amend Provider Requirements to Treat Physicians and Qualified Licensed Healthcare Practitioners Equally

The AANA is concerned that this proposed decision memo applies different requirements for physicians and for qualified licensed healthcare practitioners who are not physicians. We object


6 Liao, op cit.

to CMS’s proposal to apply additional requirements above applicable state requirements for qualified licensed healthcare professions who are not physicians and to not do so for physicians, especially without providing any evidence to support this. To apply different standards and requirements for physicians and for other types of qualified licensed healthcare practitioners is arbitrary and discriminatory. We recommend that CMS find it incumbent upon the individual qualified licensed healthcare practitioners to assure his or her competency in accordance with applicable state requirements when providing patient care, including acupuncture for chronic lower back.

We thank you for the opportunity to comment on this proposed decision memo. 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