April 16, 2020

The Honorable Alex M. Azar II  
Secretary  
Office of the Secretary  
The U.S. Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W. Washington, D.C. 20201

Dear Secretary Azar:

On behalf of the American Association of Nurse Anesthetists (AANA), I would like to thank you, the Department of Health & Human Services (HHS), and the Administration for your efforts to combat the COVID-19 pandemic and to bring relief to providers and hospitals during this emergency. As you consider ways to disburse the rest of the $70 billion in provider relief authorized by the CARES Act, we strongly urge you to distribute direct aid to providers based on their National Provider Identification (NPI) number or their Taxpayer Identification Number (TIN). It’s critical to ensure that providers have direct access to much needed relief money to help them in this difficult time.

It is critically important that our hospitals and healthcare facilities have the resources they need to combat the COVID-19 pandemic and we fully support the disbursement of funds to them. We believe it is equally important that our providers who are on the front lines and risking their lives to save others, have the resources they need to remain whole and safe as well. In particular, we remain concerned about temporary contract employees, hospital employees, and those working in large medical groups who have unintentionally fallen through the cracks of relief efforts.

While many providers, including Certified Registered Nurse Anesthetists (CRNAs) are on the front lines of dealing with COVID-19, many other CRNAs unfortunately find themselves with significantly reduced hours, furloughed, or even laid off. A survey of CRNAs showed that 86% of respondents reported some form of adverse economic effect since the pandemic started. The need to limit elective procedures for safety reasons has directly impacted the livelihoods of so many providers, especially in more rural areas that were not initially hit as hard by the outbreak, but where recent indicators show infections beginning to spike\(^1\). We must make sure that healthcare providers are ready to deal with COVID-19 cases should they increase in their communities, by ensuring that they are kept financially safe throughout this pandemic.

We are also concerned about the potential long-term effects that provider financial distress could have on rural healthcare. We have seen the financial struggle faced by many rural facilities and providers already and the added distress that providers are facing now may dissuade many of

them from continuing to practice in rural and underserved areas. CRNAs in particular tend to predominate in rural settings and allow those facilities to offer a wide range of care, including obstetrics and trauma stabilization, interventional diagnostic, and pain management services. Direct provider relief is critical to ensuring the health and wellbeing of our rural healthcare provider community.

We are concerned that the recent release of $30 billion in provider relief funds authorized by the CARES Act is not reaching many providers as intended. While some Medicare fee-for-service reimbursement for the services furnished by CRNAs may be made directly to CRNAs, much of this reimbursement is made to facilities and practices that bill on behalf of CRNAs. Therefore, these facilities and practices are receiving provider relief funds without any guarantees of it being passed on to the intended provider. Additionally, many of these providers aren’t eligible for programs such as the Paycheck Protection Program or Emergency Injury Disaster Loans. Without any incentives to retain or rehire providers in the recent relief funds, many providers, such as CRNAs, aren’t receiving relief.

We hope that you will consider using the NPI or TIN to send direct relief to these critical healthcare workers in their time of need. The COVID-19 pandemic has left healthcare providers such as CRNAs in incredibly difficult positions. Many are either directly caring for COVID-19 patients by providing ventilator and airway management that exposes them to enhanced threats of infection, or they have found themselves unemployed or underemployed and facing financial stress. Direct relief to providers is important to ensuring their individual wellness, as well as the strength and robustness of our rural healthcare system. As always, the AANA appreciates all that you are doing in the face of this pandemic and we stand ready to help the Administration however we can.

Sincerely,

Kate Jansky, MHS, CRNA, APRN, USA LTC (ret)
AANA President

Randall Moore, DNP, MBA, CRNA
AANA Chief Executive Officer