April 20, 2020

Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attn: CMS-5529-P  
P.O. Box 8013  
7500 Security Boulevard  
Baltimore, MD  21244

RE: CMS–5529–P – Medicare Program: Comprehensive Care for Joint Replacement  
Model Three-Year Extension and Changes to Episode Definition and Pricing; Proposed  
Rule (85 Fed. Reg. 10516, February 24, 2020)

Dear Ms. Verma:

The American Association of Nurse Anesthetists (AANA) welcomes the opportunity to  
comment on the Proposed Rule; Medicare Program: Comprehensive Care for Joint Replacement  
10516, February 24, 2020). The AANA makes the following comment and request:

- We Stand Ready to Work with the Agency on the Development of a Future Bundled  
Payment Model Focused on LEJR Procedures

Background of the AANA and CRNAs

The AANA is the professional association for Certified Registered Nurse Anesthetists (CRNAs)  
and student registered nurse anesthetists (SRNAs), and AANA membership includes nearly  
54,000 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 49 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.


AANA Comment: We Stand Ready to Work with the Agency on the Development of a Future Bundled Payment Model Focused on LEJR Procedures

We appreciate the Centers for Medicare & Medicaid Services (CMS) for considering the best ways to conceptualize and design a future bundled payment model focused on lower extremity joint replacement (LEJR) procedures performed in the ambulatory surgical center (ASC) setting. We stand ready to work with the agency in the development of a future bundled payment model focused on LEJR, however, it would not be meaningful for CRNAs to take on any financial risk associated with a new LEJR bundled payment model. According to AANA’s analysis of 2016 Medicare data, major joint replacement or reattachment of a lower extremity (DRGs 469 and DRD 470) are some of the most common procedures in bundled payments models. Further, more than a dozen anesthesia HCPCS codes are included in CJR episodes and notably HCPCS codes 01402 and 01214 comprise the majority of anesthesia services provided during a CJR episode. CRNAs provide anesthesia and pain management services for hip and knee replacement procedures and utilize their knowledge and experience to affect the total cost of care for a CJR episode. CRNAs do this by reducing the length of hospital stays, lowering the number of readmissions and choosing anesthetic drugs that are more cost effective without any compromise in quality. AANA’s analysis of the 2016 Medicare data reveals that anesthesia care services comprise approximately 1.1 percent of the Part B spending for a CJR episode. Accounting for some variation in anesthesia care service costs at their maximum, these costs barely rise to 2 percent of total CJR episode spending. Given the minimal impact of anesthesia care service costs relative to the entire CJR episode and the lack of variation in anesthesia payments, anesthesia will not be a major target to influence cost savings in a potential LEJR bundled payment model. We recommend that CMS work with the AANA to involve anesthesia care services and ensure that our contributions are represented meaningfully in a future bundled payment model.

We thank you for the opportunity to comment on this proposed rule. 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,

Kathryn Jansky, MHS, CRNA, APRN, USA LTC (ret)
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