June 5, 2017

Electronic Submission via FPRS_PublicComments@mail.nih.gov

Linda Porter, Ph.D.
NINDS/NIH
31 Center Drive, Room 8A31
Bethesda, MD  20892

RE: Solicitation of Written Comments on the Draft Federal Pain Research Strategy

Dear Dr. Porter:
The American Association of Nurse Anesthetists (AANA) welcomes the opportunity to provide written comments regarding the Draft Federal Pain Research Strategy. We strongly support the priorities outlined in this draft as we recognize that carrying out this research will transform human lives. The AANA makes the following comment and request:

- Include Addressing Regulatory Barriers to Practice for Non-Physician Healthcare Providers, such as CRNAs, as a Focus of Research on Regulatory Policies that Impact Access to Care

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 50,000 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 43 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 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

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


factors related to geography and insurance type and the distribution of anesthesia provider type.\textsuperscript{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.\textsuperscript{6}

**AANA Request: Include Addressing Regulatory Barriers to Practice for Non-Physician Healthcare Providers, such as CRNAs, as a Focus of Research in Regulatory Policies that Impact Access to Care**

The AANA supports the research priority to examine the regulatory policy impact on access to pain care (page 5). We believe this research topic should focus on the identification and impact of scope of practice and reimbursement barriers for non-physician healthcare providers, such as CRNAs, to support formulation of regulatory policy to minimize and remove policy barriers to pain care. As anesthesia professionals and advanced practice registered nurses (APRNs), CRNAs are uniquely skilled to provide both acute and chronic pain management in a patient centered, compassionate and holistic manner in collaboration with other healthcare professionals, as appropriate for the patient’s plan of care.\textsuperscript{7} As is recognized in the National Academy of Medicine’s report entitled *The Future of Nursing: Leading Change, Advancing Health*, APRNs, including CRNAs, should practice to the full extent of their education and training.\textsuperscript{8} However, leading physician subspecialty organizations in pain management research, practice guideline development, and education are known to use economic and advocacy means to exclude other members of the pain management team, such as CRNAs, from educational and practice opportunities, thereby limiting patient access to care, diagnosis, treatment, and ultimately improved patient quality of life. A report issued in April 2015 by the Federal Trade Commission

\textsuperscript{5} Liao CJ, Quraishi JA, Jordan, LM. Geographical Imbalance of Anesthesia Providers and its Impact on the Uninsured and Vulnerable Populations. Nurs Econ. 2015;33(5):263-270. [http://www.aana.com/resources2/research/Pages/NursingEconomics2015.aspx](http://www.aana.com/resources2/research/Pages/NursingEconomics2015.aspx)

\textsuperscript{6} Liao, op cit.


(FTC), “Competition and the Regulation of Advanced Practice Registered Nurses,” underscores the point that for CRNAs and other APRNs, “even well intentioned laws and regulations may impose unnecessary, unintended, or overbroad restrictions on competition, thereby depriving health care consumers of the benefits of vigorous competition.” Therefore, the AANA recommends that this research priority include a focus on identifying and developing strategies to address all barriers, including federal, state and facility restrictions on scope of practice and reimbursement that limit a healthcare provider’s ability to provide comprehensive pain management care.

The AANA stands ready to work with the National Institutes of Health to support this research. In the interest of patients and the public, the education, regulation, and reimbursement of each member of the pain management team should allow the team to practice to the full extent of their education and training.

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

Cheryl L. Nimmo, DNP, MSHSA, CRNA
AANA President

cc: Wanda O. Wilson, PhD, MSN, CRNA, AANA Executive Director
Ralph Kohl, AANA Senior Director of Federal Government Affairs

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Romy Gelb-Zimmer, MPP, AANA Associate Director Federal Regulatory and Payment Policy