June 26, 2017

Governor Chris Christie  
Chairman  
President’s Commission on Combating Drug Addiction and the Opioid Crisis

Mr. Jared Kushner  
Senior Advisor  
President’s Commission on Combating Drug Addiction and the Opioid Crisis

Dear Governor and Chairman Christie and Mr. Kushner:

On behalf of the American Association of Nurse Anesthetists (AANA), the professional association representing more than 50,000 Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists, I write to offer our support in your leadership of the President’s Commission on Combating Drug Addiction and the Opioid Crisis (Commission). As the Commission advances with its mission to “study the scope and effectiveness of the federal response to drug addiction and the opioid crisis and to make recommendations to the President for improving that response,” we are committed to collaboratively working toward a common solution to resolving the opioid drug epidemic. Specifically, the AANA makes the following comments and recommendations:

I. **CRNAs Provide Safe, High Quality and Cost Effective Healthcare**

II. **CRNAs Provide Multi-Modal Pain Management which may Reduce Patient’s Need for and Reliance on Opioids**

**CRNAs Provide Safe, High Quality and Cost Effective Healthcare**

The AANA is the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists (SRNAs). AANA membership includes more than 50,000 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 approximately

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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 are 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 are involved in every aspect of anesthesia services including a 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, chronic, and interventional 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. Nurse anesthesia predominates in Veterans Hospitals and in the U.S. Armed Services. CRNAs work in every setting in which anesthesia is delivered including hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers (ASCs), pain management facilities, and the offices of dentists, podiatrists, and all types of specialty surgeons.

Numerous peer reviewed studies have shown that CRNAs are safe, high quality and cost effective anesthesia professionals who should practice to the full extent of their education and abilities. According to a May/June 2010 study published in the journal 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.2 An August 2010 study published in Health Affairs showed no differences in patient outcomes when anesthesia services are provided by CRNAs, physicians, or CRNAs supervised by physicians.3 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, the internationally recognized authority

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2 Paul F. Hogan et al., “Cost Effectiveness Analysis of Anesthesia Providers.” Nursing Economic$. 2010; 28:159-169. http://www.aana.com/resources2/research/Documents/nec_mj_10_hogan.pdf

on evidence-based practice in healthcare.⁴ 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.⁵

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 and 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.⁶

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 United States, 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.⁷

CRNAs Provide Multi-Modal Pain Management which may Reduce Patient’s Need for and Reliance on Opioids

The AANA recognizes that solving the opioid drug epidemic is an integral part of healthcare reform, and we are committed to collaboratively working toward a common solution to this issue. Pain is a personal experience that, if left undertreated or mismanaged, can radically change an individual’s quality of life and impact important relationships. We believe that one method to provide the maximum benefit to the patient that will help prevent reliance on opioids is to utilize a patient-centered, multidisciplinary, multimodal treatment approach to pain management as a primary pain management modality, thus helping curb the prescribed opioid epidemic. Acute and chronic pain is best treated and managed by an interdisciplinary team that actively engages with the

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⁷ Liao, op cit.
patient to diagnose and manage their pain for improved well-being, functionality, and quality of life. As members of the interdisciplinary team, CRNAs are well positioned to provide holistic, patient-centered, multimodal pain treatment and management across the continuum of pain and in all clinical settings (e.g., hospitals, ambulatory surgical centers, offices, and pain management clinics).\(^8\)

As anesthesia experts, CRNAs are qualified pain practitioners who work in various practice settings to treat patients suffering from a wide range of acute and chronic pain conditions. CRNA chronic pain management practitioners are able to minimize the use of opioids to address chronic pain through the use of a multimodal approach that includes pharmacologic and non-pharmacologic pain mitigation strategies. Furthermore, the holistic approach that CRNA pain management practitioners employ when treating their chronic pain patients may reduce the reliance on opioids as a primary pain management modality, thus aiding in the reduction of potential adverse drug events related to opioids. In developing the plan of care for the patient, CRNAs obtain patient history, evaluate the patient, order and review necessary diagnostic testing, and assess the patient’s psychological and emotional state. Non-pharmacologic pain mitigation techniques are often employed in the treatment of chronic pain and considered as part of the care plan. These techniques may include patient education regarding behavioral changes that can decrease pain, such as weight loss, smoking cessation, daily exercise, stretching, and physical or chiropractic therapy. Such therapies may not be sufficient when used alone, but they have significant benefit when they are used in a complementary manner with other therapies.

For surgical pain, a preemptive, multimodal approach to acute pain management integrating regional anesthesia techniques to reduce the use of opioids has been shown to be advantageous in a wide array of surgical specialties. The use of enhanced recovery after surgery (ERAS) pathways reduces the patient’s stress response to surgery, minimizes use of opioids, shortens overall hospital length of stay, and accelerates the return to normal daily function. The patient’s pain management plan of care begins pre-procedure and continues through post-discharge using opioid-sparing techniques such as regional anesthesia, peripheral nerve blocks, non-pharmacologic approaches, and non-opioid based pharmacologic measures.\(^9\) Careful assessment, evaluation, and treatment of acute


pain, with appropriate prescribing of an opioid, may prevent access to unused opioids and
development of opioid dependency and abuse.\textsuperscript{10}

According to a recent AANA position statement titled \textit{A Holistic Approach to Pain Management: Integrated, Multimodal, and Interdisciplinary Treatment}, “CRNAs integrate multimodal pain management as an element of enhanced recovery after surgery (ERAS) protocols to manage pain.” CRNAs are well-positioned to partner with the healthcare team to minimize or eliminate use of prescribed opioids through pharmacologic and non-pharmacologic multi-modal pain management strategies including education and the development of perioperative care pathways that integrate anesthesia expertise. These skills are core to nurse anesthesia practice. A recent study called for an increased number of nursing pain specialists “to not only implement aggressive acute pain care to prevent chronic pain but also to effectively treat chronic pain with evidence-based integrative therapies that include multimodal analgesia, interventional techniques, and complementary and alternative approaches to pain management.”\textsuperscript{11} The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) requires acute and chronic pain management content in the curriculum of the 115 accredited nurse anesthesia programs. The AANA offers CRNAs a continuum of educational resources for each step along the way to pain management practice that includes advanced acute and chronic pain management workshops for CRNAs to enhance their skills and increase their awareness of the complications associated with opioid use and misuse. In partnership with the AANA, Texas Christian University offers a chronic pain management fellowship, and beginning in the summer of 2017, the Middle Tennessee School of Anesthesia will offer a post-graduate acute surgical pain management fellowship.

At a time when there is an increase of patients suffering from chronic pain, CRNAs are also uniquely poised to be part of the solution. CRNAs deliver chronic pain treatment in a compassionate and holistic manner, utilizing a variety of therapeutic, physiological, pharmacological, interventional, and psychological modalities in the management and treatment of pain—all with the goal of reducing patients’ usage and dependence on opioid drugs. These skills and treatment modalities will logically translate into clinical practice with the goal of improving patient outcomes.

\textsuperscript{10} AANA op. cit.

\textsuperscript{11} Schoneboom B et al. Answering the call to address chronic pain in military service members and veterans: Progress in improving pain care and restoring health. \textit{Nursing Outlook} June 2016.
The AANA appreciates this opportunity to comment. CRNAs are vital to resolving the challenges facing our nation’s healthcare system. The AANA will continue its work to ensure CRNAs are fully recognized and utilized in order to achieve the three pillars of healthcare reform, including: access, reduced costs, and high quality care. Should you have any questions regarding this matter, please feel free to contact the AANA Senior Director of Federal Government Affairs, Ralph Kohl, at 202-741-9080 or rkohl@aanadc.com.

Sincerely,

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