



Protect Access to Rural Anesthesia Services

The American Association of Nurse Anesthetists represents more than 50,000 Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists who provide approximately 43 million anesthetics annually in the United States. Nurse anesthesia services are crucial to rural healthcare. As the sole anesthesia providers in the vast majority of rural hospitals, CRNAs enable these facilities to offer surgical, obstetrical, trauma stabilization, interventional diagnostic, and pain management services.

- **The Medicare Part A reasonable cost-based pass-through program ensures that rural hospitals have access to anesthesia services at a level that is economically sustainable for facilities and providers**, so that the qualifying facility may provide the full range of surgical, interventional and labor and delivery care that anesthesia services afford. The program's payment to qualifying hospitals for CRNA services helps ensure the availability of safe and cost-effective anesthesia care in these facilities.
- **Upon reintroduction, support the Critical Access and Rural Equity (CARE) Act to ensure that rural hospitals can keep their doors open** and continue to provide obstetrical, surgical, trauma stabilization, interventional diagnostic, and pain management services to people in rural communities. Traveling long distances to the nearest hospital is not an option when dealing with trauma stabilization and, in many instances, obstetrical care as well. This legislation will restore CRNA standby and on-call payment eligibility to the Part A reasonable cost-based pass-through program.
- **Upon reintroduction, oppose the Medicare Access to Rural Anesthesiology Act.** This legislation offers additional funding to anesthesiologists serving in rural areas and risks cost growth without expanding access to care or improving patient safety. Since anesthesiologists cost about three times what CRNAs do for providing the same anesthesia services, such legislation if enacted would increase Medicare costs without expanding patient access to anesthesia care. This legislation also allows hospitals to seek reimbursement for anesthesiologists *not providing direct anesthesia care*.

ACTION FOR CONGRESS: Co-sponsor legislation to restore nurse anesthetist standby and on-call payment eligibility to the Part A reasonable cost-based pass-through program and ensure rural access to critical healthcare services. Oppose legislation that would increase healthcare costs in rural America without improving access or quality.