

September 29, 2025

The Honorable Robert F. Kennedy, Jr.
Secretary of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

The Honorable Lori Chavez-DeRemer
Secretary of Labor
200 Constitution Avenue, NW
Washington, DC 20210

The Honorable Scott Bessent
Secretary of Department of Treasury
1500 Pennsylvania Avenue, NW
Washington, DC 20220

Dear Secretaries Kennedy, Chavez-DeRemer, and Bessent:

On behalf of the following organizations, we are requesting that you investigate and intervene with commercial payer anesthesia reimbursement policies that will ultimately harm patients and affect patient access to care. On July 1, 2025, UnitedHealthcare's (UHC) [announced](#) a policy to become effective October 1, 2025. We hold that this policy is in violation of the federal provider nondiscrimination law at 42 USC §300gg-5. Furthermore, there is no clinical justification for these policy.¹ Recently, the Senate Appropriations Committee's Labor HHS FY2026 bipartisan report language directed the Department of Health and Human Services and the Department of Labor to address the commercial payer policies that violate the Provider Nondiscrimination law, and we believe it is even more critical for the Tri-agencies to investigate and intervene with these commercial payer policies.

Patients and facilities throughout the country, but especially those in rural areas, rely on the high-quality care delivered by CRNAs. The unfortunate reality is that reimbursement rates for anesthesia services rarely meet the cost of providing those services. Commercial insurer policies like UHC's are layered on top of years of static or reduced Medicare reimbursement rates for anesthesia services. Concurrently, workforce shortages are driving significant increases in provider compensation. As external reimbursement rates continue to fall, hospitals and ambulatory surgical centers (ASCs) are forced to cover a growing share of anesthesia department costs, frequently subsidizing more than 50 percent of the total expenses necessary to maintain operating room availability and clinical coverage. This often requires facilities to divert resources from other departments or service lines. As a result, hospitals and ASCs may be forced to scale back surgical capacity or eliminate certain services altogether, reducing patient access to timely, high-quality surgical care.

¹ See: Lewis SR, Nicholson A, Smith AF, Alderson P. Physician anesthetists versus non-physician providers of anesthesia for surgical patients. Cochrane Database of Systematic Reviews 2014, Issue 7. Art. No.: CD010357. DOI: 10.1002/14651858.CD010357.pub2; Negrusa B et al. Scope of practice laws and anesthesia complications: No measurable impact of certified registered nurse anesthetist expanded scope of practice on anesthesia-related complications. Medical Care June 2016,

This policy also risks exacerbating the financial strain already facing rural facilities. In fact, as part of its recurring 5-year analysis of rural hospital closures, last published in December 2020, the Government Accountability Office (GAO) found that the percentage of rural hospitals classified as “high or mid-high risk of financial distress” had increased from 24% in 2015 to 26.2% in 2019.² The GAO also found that such facilities have a significantly higher probability of closing or reducing their services.

On behalf of patients that our members serve, we ask that you investigate and intervene with commercial payers like UnitedHealthcare. Please contact Romy Gelb-Zimmer, AANA Director of Regulatory Affairs at rgelb-zimmer@aana.com. Thank you for your attention to this matter; we look forward to hearing back from you.

Sincerely,

Ambulatory Surgery Center Association
American Association of Birth Centers
American Association of Nurse Anesthesiology
American College of Nurse-Midwives
American Gastroenterological Association
American Nurses Association
Digestive Health Physicians Association
IBD Moms
IBS Patient Support Group
Outpatient Ophthalmic Surgery Society

² Government Accountability Office, Rural Hospital Closures: Affected Residents Had Reduced Access to Health Care Services, December 2020, <https://www.gao.gov/assets/gao-21-93.pdf>