



**AANA
FOUNDATION**

Funding Opportunity Announcement

Title: High-Priority Health Services and Policy Research: Reimbursement Practices in Nurse Anesthesiology

Purpose and Goals: The purpose of this Funding Opportunity Announcement is to encourage research on financing and reimbursement practices for nurse anesthesiology service delivery. Approaches are expected to leverage health services data (e.g., all payer claims, health records) to model the impacts of reimbursement reductions for Certified Registered Nurse Anesthesiology (CRNA) solo practice on hospital and clinic financials, care model selection, and healthcare outcomes (e.g., access to and use of anesthesiology services, patient outcomes).

Funding Amount: up to \$400,000

Deadline: April 30, 2026

Application Submissions: Applications are to be submitted online through the link on the Foundation website.

Background and Scope

The mission of AANA Foundation is to advance the science of anesthesia through education and research. AANA Foundation aims to support investigators across the CRNA development lifecycle from student residents through program directors and established research faculty. Programs are designed to develop research careers in nurse anesthesia. AANA Foundation funds research, evidence-based practice, and education grants. ***This Funding Opportunity Announcement solicits high-priority health services research related to reimbursement of anesthesiology services.***

Practice models and Centers for Medicare and Medicaid (CMS) billing policy influence CRNA anesthesia service delivery, with significant cost and revenue implications. Traditionally, under CMS policy, for solo CRNA service delivery without medical direction, the CRNA reimbursement allowance is 100% (see [AANA billing basics](#) for more detail). Billing and coding requirements vary by insurance carrier, but insurers have historically followed CMS guidance for reimbursement, with a universal fee schedule having CRNAs

and physicians reimbursed at the same rates; however, commercial payers negotiate rates with each contracted provider.

Recently, commercial payers have announced changes to CRNA reimbursement policies, reducing reimbursement to 85% of the Physician Fee Schedule for solo practice delivery. The aim of this FOA is to support high-priority research that addresses how reductions in CRNA reimbursement impact factors such as care model selection, proportion of CRNA-provided services, hospital and clinic revenue and return on investment, care access, patient outcomes, and cost-efficiency of service delivery.

Studies are expected to employ mixed method approaches, leveraging health services data (e.g., all-payer claims, health records) and qualitative inquiry. It is anticipated that simulation modeling approaches could provide unique insights on projected impacts of reimbursement changes. The following are example research questions that are of greatest interest:

- What is the anticipated impact of changing reimbursement rates for CRNA service without medical direction by a physician (e.g., 15% reduction in payment) on cost of care for anesthesia services delivered by CRNAs and return on investment, considering hospital and clinic revenue and healthcare-related outcomes?
- How might impacts of changing reimbursement vary as a function of state policy (exemption from physician supervision) and payor distribution across geographic areas (Medicare, Medicaid, Commercial/Private)?
- How might changes in reimbursement rates for CRNA service affect access to care across different patient populations? For example, across: urban-rural, socioeconomic status, and procedure type?
- How do different stakeholders (state policy makers, health system executives, students) view changes in CRNA reimbursement rates? How might these views impact decisions regarding care access and CRNA service delivery?

Investigators are expected to develop a dissemination plan to share study findings. Investigators may consider development of translation tools informed by the study findings to assist policy makers and healthcare system leadership in decision making about adoption of care models, incorporating economic considerations and return on investment.

Award Period

The award period is expected to be 24 months.

Eligibility

Eligible investigators include Certified Registered Nurse Anesthesiologists (CRNAs) or investigators holding a PhD in a discipline related to nurse anesthesiology/health services, typically with prior research grant experience (although not required). If the applicant Principal Investigator is not a CRNA, at least one Co-Principal Investigator (Co-PI; in a

Multiple PI application) or one Co-Investigator (Co-I) must be a CRNA and an AANA Member. Eligible organizations include institutions of higher education; nonprofit organizations; for-profit organizations; and nonprofit/for-profit/government-owned health systems.

Application and Submission Information

Applicants are to follow all instructions delineated in the application guide, available through the link on the Foundation website.

Allowable Costs

Allowable costs include salary, consultancy, equipment, supplies, travel, and other miscellaneous direct costs. Indirect costs are capped at 15%.

Human Subjects/Animal Research Requirements

Applicants are encouraged to submit documentation of a Human Subjects Determination at the time of application, if possible, to adequately anticipate project classification (e.g., research/not research; human subjects/not human subjects) and potential needs for Institutional Review Board (IRB) or Institutional Animal Care and Use Committee (IACUC) review. Once an application is approved for funding by the Foundation Board of Trustees and notice is sent to the recipient, recipients are required to submit documentation related to human subjects or animal research. If a project is determined to be research and human subjects or vertebrate animals are involved, investigators are expected to submit IRB/IACUC documentation to the Foundation within 12 months of award and before any research activities are initiated or funds are released.

Review and Award Information

Peer reviewers for grant applications are selected from the AANA Foundation Reviewer Corps, a repository of qualified peer reviewers. Reviewers are assigned to review specific applications based on relevant expertise.

The first level of review is conducted by a peer review panel, comprised of members from the Reviewer Corps. This Primary Review is focused on scientific merit and the potential for impact.

The second level of review is conducted by the Research and Scholarly Activities Committee (RSAC) and the Board of Trustees (BOT). This Programmatic Review reflects on scientific merit and impact judged in the primary review and places additional focus on alignment with Foundation research priorities.

The Foundation uses a 9-point rating scale (1 = exceptional, 9 = poor) for each scored criteria and overall impact score. Narrative justification for each review criteria is required that outlines strengths and weaknesses.

Individual Review Criteria include:

- Importance: Including significance and innovation (numeric score 1-9; strengths and weaknesses)
- Rigor and feasibility: Including approach and study timeline (numeric score 1-9; strengths and weaknesses)
- Expertise and resources: Including investigators and environment (narrative only with strengths and weaknesses, with no numeric score but considered in overall impact)

An Overall Impact Score Overall is issued (rating scale 1 to 9, x 10 for scores ranging from 10 to 100), including all individual criteria considered as a whole (not necessarily an average of numeric scores).

Specific to this funding opportunity, peer reviewers will consider the following in their individual reviews:

- Importance: To what extent does the applicant employ innovative analytic methods (e.g., simulation modeling, use of AI) to predict policy impacts across different levels of reimbursement, care models, and patient populations? How innovative are the approaches in integrating insights from quantitative and qualitative methods? Are dissemination strategies sufficient to assist in informing policy and practice?
- Rigor and feasibility: To what extent does the applicant leverage claims and other health data that can address questions about impact across different levels of the ecosystem (e.g., hospital, state, region)? Across different patient populations (e.g., public and commercially insured)? Are the methods to identify themes from qualitative data rigorous? Is the sample size appropriate across stakeholders to obtain sufficient insight?
- Expertise and resources: To what extent do the investigators have multidisciplinary expertise across nursing anesthesiology, health services, and economic evaluation? Across quantitative and qualitative methodologies? Is at least one co-investigator a CRNA and AANA member?

After review, a Summary Statement is generated that outlines the overall review scores and includes a summary of key strengths and weaknesses. The Summary Statement is provided to the RSAC and BOT for funding consideration and to the applicant once a funding decision is made.

Funding decisions may include Approve, Approve with conditions/stipulations, or Reject.

Applicants are notified of the funding decision by a letter issued by the Foundation CEO and Research Director. Approved grants are issued a Notice of Award with terms and conditions.

Anticipated Award Date

October 2026

Administrative Requirements

All grant recipients must comply with policies outlined in the AANA Foundation Grantmaking Policy.

Documentation of Human Subjects Determination or IRB/IACUC Approval is required for funding (see the Human Subjects/Animal Research Requirements section for more details). Grant recipients will receive a Notice of Award outlining the terms and conditions of the award. Grant recipients are required to follow all policies outlined in AANA Foundation Grantmaking Policy.

Prior approval is required for reallocation of budget items exceeding 25% of the total budget category, significant changes (e.g., in scope, PI, cost), and no cost extensions. If additional research that would efficiently leverage and complement the project is identified, the recipient would need to apply for additional funds.

Awards of \$10,000 or less are typically distributed in full after appropriate award documents are submitted. Awards of over \$10,000 are typically distributed in increments after the recipient submits appropriate documents. Funding policies are outlined in full in AANA Foundation Grantmaking Policy.

Publication of results in peer-reviewed scientific or professional journals is expected. Recipients are encouraged to submit an abstract application for presentation at the AANA Foundation Poster Session at the AANA Annual Congress and publish results in the AANA Journal or other scientific publication.

Data from investigator-initiated research awards supported by the AANA Foundation are owned by the investigator. The investigator will own copyright to the data. Title to any Invention shall reside with the recipient or the recipient's institution. Inventions will be reported to the AANA Foundation by the recipients of the grant. See AANA Grantmaking Policy for more details and guidelines related to net royalty income.

Recipients are required to submit Annual and Final Progress Reports and Final Expenditure Reports. Failure to submit complete, accurate, and timely final reports indicates the need for closer monitoring by AANA Foundation. Lack of compliance may result in award delays or enforcement actions, including return of unexpended funds and prohibition from receipt of future grant awards.

Foundation Contacts

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