AANA
American Association of
NURSE ANESTHESIOLOGY

February 18, 2025

Thomas J. Engels
Administrator
Health Resources and Services Administration (HRSA)
5600 Fishers Lane
Rockville, MD 20857
Sent via email: TEngels@hrsa.gov

Dear Administrator Engels,

On behalf of the 65,000 members of the American Association of Nurse Anesthesiology (AANA), we are writing to congratulate you on your appointment as Administrator of HRSA. AANA appreciates your support of nurse-led innovations and dedication to increasing access to care for rural communities during your previous service as Administrator. The critical role of Advanced Practice Registered Nurses (APRNs), including Certified Registered Nurse Anesthetists (CRNAs) is more important than ever as provider shortages are causing access gaps to grow, especially in rural and medically underserved areas.

AANA is the professional association representing CRNAs and student registered nurse anesthetists (SRNAs) nationwide. CRNAs are autonomous anesthesia providers through their training and preparation. CRNAs must be board certified and must participate in continuing education and recertification every 4 years in order to practice. CRNAs provide expert anesthesia and pain management care across diverse clinical settings and are trained and licensed to care for all patients, including those with complex medical conditions. In some states, CRNAs are the sole anesthesia providers in nearly 100 percent of rural hospitals, affording these medical facilities obstetrical, surgical, trauma stabilization, and pain management capabilities. Yet arbitrary and burdensome barriers continue to prevent CRNAs from practicing to the fullest extent of their education and training. Additionally, more investment is needed in nursing education, including academic-practice partnerships, to ensure future generations of CRNAs can meet the growing need in anesthesia care.

The APRN workforce is critical to the nation's healthcare system, particularly in improving patient outcomes, driving innovation, and improving efficiency. Nurses have been voted the most trusted profession for over two decades and "three in four Americans consider nurses highly honest and

ethical."[1] Yet nursing workforce shortages continue to grow, threatening the quality and safety of care while increasing burnout and long-term negative impacts to the workforce. The country faces an anesthesia provider shortage as well that is expected to continue into the future.[2] More than ever CRNAs are preparing themselves to be highly mobile and flexible to meet this demand. CRNAs serve more rural communities as well as higher concentrations of low-income, Medicaid-eligible, and uninsured patients.[3]

We must ensure efficient high-quality education and workforce development programs are ready to also meet this demand and aid this workforce. This requires the most accurate data in HRSA's Health Workforce Projections that truly reflects the current healthcare workforce supply and demand, as well as the critical role of CRNAs and all APRNs. The Projections do not account for all the factors that are driving the anesthesia provider shortage, nor does it accurately count the CRNA workforce. Additionally, there must be an APRN Projection brief released with the other categorizations in order to tell the real story of the healthcare workforce. There must also be robust investment in Title VIII Nursing Workforce Development Programs, including the Advanced Nursing Education Workforce (ANEW), Nurse Anesthetist Traineeships (NAT), Nurse Faculty Loan, and Nurse Corp Loan Repayment Programs.

Additionally, the work of the National Advisory Council on Nurse Education and Practice (NACNEP) provides a critical voice and analysis to Congress and the Secretary of Health and Human Services. This body has long identified the need to remove barriers to APRN practice in order to expand access for patients and reduce government inefficiencies. The evidence overwhelmingly demonstrates that CRNA independent practice is just as safe as the anesthesia care provided under supervision or by physician anesthesiologists. A peer-reviewed study published in the Journal of Medicare Care in 2016 looked at anesthesia-related complications for CRNA only care, anesthesiologist only care, and a team-based approach, and found there were no differences in complication rates based on delivery model.[4] A comprehensive literature review on anesthesia staffing models completed by the Cochrane Library in 2014 also supported these findings and found that there could be no definitive statement made about the superiority of any particular anesthesia delivery model.[5]

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[1] Lydia Saad, Americans' Ratings of U.S. Professions Stay Historically Low: Nurses still easily top list of 23 occupations; clergy and judges have fallen the most, long-term, Gallup, January 13, 2025, available at: https://news.gallup.com/poll/655106/americans-ratings-professions-stay-historically-low.aspx.

[2] Negrusa et al., Anesthesia Services: A Workforce Model and Projections of Demand and Supply, Nursing Economic$, 39(6), 275–284 (2021).

[3] 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):279-285. https://pubmed.ncbi.nlm.nih.gov/26625579/.

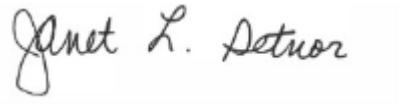
[4] Negrusa B et al., Scope of practice laws and anesthesia complications: No measurable impact of certified registered nurse anesthetist expanded scope of practice on anesthesia-related complications, Medical Care, June 2016, available at http://journals.lww.com/lww-medicalcare/Abstract/publishahead/Scope_of_Practice_Laws_and_Anesthesia.98905.aspx.

[5] Lewis SR, Nicholson A, Smith AF, Alderson P. Physician anesthetists versus non-physician providers of anesthesia for surgical patients, Cochrane Database of Systematic Reviews, Issue 7. Art. No.: CD010357. DOI: 10.1002/14651858.CD010357.pub2, (2014).

An autonomous CRNA consulting with a surgeon is also the most efficient model for anesthesia delivery and is crucial given the current and impending anesthesia provider shortages.[6] The anesthesia care team model, of 1:3 supervision is one of the most inefficient anesthesia delivery models possible. Allowing for autonomous practice by CRNAs allows facilities the flexibility to choose a model that meets their needs. This flexibility to choose the most efficient models is especially important for rural hospitals as nearly half are operating in a negative profit margin.[7] Removing barriers to allow these flexibilities reduces unnecessary regulations and makes healthcare more efficient, both from a resource cost and quality of care perspective.

We appreciate the opportunity to serve as a resource for your Agency and request a meeting to further discuss our recommendations. We look forward to working with you and your staff to advance healthcare for all Americans. Please do not hesitate to reach out with any questions to Romy Gelb-Zimmer, Director of Regulatory Affairs, at rgelb-zimmer@aana.com.

Sincerely,



Janet Setnor, MSN, CRNA, Col. (Ret), USAFR, NC
AANA President

cc: William Bruce, MBA, CAE, AANA Chief Executive Officer
Ingrida Lusis, AANA Chief Advocacy Officer

[6] American Association of Nurse Anesthesiology, CRNAs Are the Most Versatile and Cost-Effective Anesthesia Providers, Updated January 2025, available at: https://www.anesthesiafacts.com/wp-content/uploads/2025/01/CRNA-Cost-Effective-General-AANA.pdf.

[7] Chartis, 2025 Rural Health State of the State, February 10, 2025, available at: https://www.chartis.com/insights/2025-rural-health-state-state.