



Mid-Year Assembly 2014: Capitol Hill Visit Cheat Sheet

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Introduce Yourself: Value & Evidence of CRNA Care

- Go around the room; introduce yourselves and where you're from and where you practice. Focus on friendly constituent presence.
- Our folder contains information about Certified Registered Nurse Anesthetists or CRNAs and our national professional organization the AANA, and the issues we'll discuss today. Let me give you a little background on the value and importance of CRNA care nationwide and in our community....
- CRNAs are Advanced Practice Registered Nurses, prepared at the Masters or Doctoral level, nationally certified and recertified, who specialize in anesthesia and pain management. The AANA has 47,000 members, delivering 34 million anesthetics a year.
- In order for CRNAs to provide our maximum benefit to the healthcare system, it is critical that policy allow Advanced Practice Registered Nurses, including CRNAs, to practice to their full authority. The high-quality, cost-effective care provided by CRNAs has been demonstrated by many independent studies, with the FTC publishing a report last month on the need to remove barriers to the full practice of Advanced Practice Registered Nurses, including CRNAs. The Institute of Medicine has also recommended that, "Advanced practice registered nurses should be able to practice to the full extent of their education and training."¹
- Other notable recommendations include the results of a study published in *Health Affairs*² that led researchers to recommend that costly and duplicative supervision requirements for CRNAs be eliminated.
- Of course our top priority always remains patient safety. Among all anesthesia delivery models – anesthesia delivered by CRNAs, or by physicians, or by both together -- nurse anesthesia care is extremely safe and 25 percent more cost-effective than the next least costly model, according to a Lewin Group study published in *Nursing Economic*.³

Promote Veterans Access to High Quality Health Care

- To ensure our Veterans have access to high quality healthcare, the VHA is updating its Nursing Handbook, a guide for VHA healthcare facilities, to authorize Full Practice Authority (FPA) to CRNAs and other Advanced Practice Registered Nurses (APRNs) to practice to their full scope and to be recognized as Full Practice Providers (FPPs).
- This designation follows the recommendation of the Institute of Medicine that APRNs be permitted to practice to the full scope of their skill and training, thus ensuring patient access to quality care as well as the most efficient, effective use of healthcare expert workforce.
- The safety of CRNA services is underscored in that the VHA does not require anesthesiologist or physician supervision of CRNAs, and in a number of VHA facilities CRNAs are the sole anesthesia providers.
- **We are asking members of Congress to support the work of the VA to improve Veterans access to high quality healthcare. Would you be willing to contact the Veterans Administration to urge adoption of the VHA Nursing Handbook and recognize the full practice authority of APRNs? -yes, maybe, or no?**

¹ Institute of Medicine (IOM). *The future of nursing: leading change, advancing health*. Washington, DC: The National Academies Press, p. 3-13 (pdf p. 108) 2011

² Dulisse B, Cromwell J. No Harm Found When Nurse Anesthetists Work Without Supervision By Physicians. *Health Aff*. 2010;29(8):1469-1475.

³ Hogan PF, Seifert RF, Moore CS, Simonson BE. Cost Effectiveness Analysis of Anesthesia Providers. *Nurs Econ*. 2010;28(3):150-169.

Promote Access to Quality Care by Protecting Nondiscrimination

- The Provider Nondiscrimination Law took effect January 2014 and when implemented will protect patients and employers from out-of-control healthcare cost growth and promote access to care by prohibiting health plans from discriminating against qualified licensed healthcare providers solely on the basis of the providers' licensure. Whether you support or oppose health reform overall, this is a very important provision.
- Legislation has been introduced by Representative Andy Harris (R-MD), HR 2817, to repeal the provider non-discrimination law – and we strongly oppose that bill. Meanwhile, the Administration has opened up a public comment process for receiving advice on implementing the Provider Nondiscrimination Law.
- **Would you oppose HR 2817 and support the effective implementation of this provision? - yes, maybe, or no?**
- **Would you consider writing or joining a letter to the Administration in support of appropriately strong implementation of the Provider Nondiscrimination Law – yes, maybe or no?**

Reverse Medicare SGR Cuts and Reform Medicare Payment

- CRNAs are subject to the potential 24 percent cuts to Medicare anesthesia and physician payments from the flawed Sustainable Growth Rate (SGR) funding formula.
- If implemented the 24 percent reduction would negatively impact beneficiary access to high quality care. The effects of regular, annual cuts to Medicare Part B anesthesia payment are dramatic. While Medicare reimburses most physician services at 80 percent of market rates, Medicare Part B reimburses anesthesia services at about 45 percent of market rates.
- We have been working with the House and Senate to support bipartisan SGR repeal and Medicare reform.
- While both the House and Senate have held votes to permanently repeal SGR, a bipartisan compromise has yet to be reached on how to fund this legislation.
- **Would you support continued efforts to permanently repeal the SGR cuts and reform Medicare payment - yes, maybe, or no?**

Support Nurse Anesthesia Workforce Development

- The rising demand for healthcare services, driven by an aging population, calls for a greater number of highly-educated nurses, including APRNs and CRNAs.
- Nurse anesthesia workforce development is critical. America's elderly population is growing, and a strong nurse anesthesia workforce is crucial to patient access to care.
- Demand for nurse anesthesia services is anticipated to continue growing as the U.S. population ages. Further, the AANA requests an overall increase for Title 8 programs \$251 million in FY 2015.
- **If legislation were introduced to support additional funding for nurse anesthetists and other advanced practice nurses, would you support it, have no position, or oppose it?**

OPTIONAL: Align Medicare with State Scope of Practice Laws

- Medicare regulatory reform that aligns national policy with state scope of practice helps promote healthcare delivery consistent with patient and community need, allows for cost savings associated with delivery systems innovation, and is consistent with the recommendations of the Institute of Medicine.
- Eliminating an unnecessary requirement for physician supervision of Certified Registered Nurse Anesthetist (CRNA) anesthesia services would promote patient safety, and allow states and healthcare facilities to make their own decisions about how best to staff their anesthesia departments based on state laws and patient needs. It would also help control healthcare cost growth.
- **Would you support efforts to align Medicare requirements with state scope of practice laws? – yes, maybe, or no?**

OPTIONAL: Continue Oversight to Reduce Shortages of Drugs Used in Anesthesia Care

- First, we want to express our appreciation that Congress in 2012 enacted the Food and Drug Safety and Innovation Act (FDASIA, pronounced feh-DAY-sheh). It includes a provision we supported, that requires drug manufacturers to give FDA more advance notice of situations that may cause shortages of critical drugs.
- **We are asking Congress to continue oversight on the implementation of this important part of the FDA law, regarding drug shortages. If legislation is introduced to reduce the incidence of harmful drug shortages, would you be interested in taking a leadership role ... yes, maybe or no**

OPTIONAL: Restore Medicare Rural Access to Anesthesia

- **Would you support legislation restoring on-call and standby pay to the Medicare rural hospital program for CRNA services – yes, maybe, or no?**
- **Would you be willing to express concern about rural anesthesiologist-only legislation that risks healthcare cost growth without expanding access to care? – yes, maybe, or no**