



## Nurse Anesthesia Issues for Mid-Year Assembly 2014

Members of the American Association of Nurse Anesthetists (AANA) will visit their members of the U.S. House and Senate in Washington, DC, April 7-9, as part of the AANA Mid-Year Assembly federal policy education conference:

**Nurse Anesthesia Care Is Critical to Your Community.** The nearly 47,000 members of the AANA represent over 90 percent of all CRNAs and safely administer more than 34 million anesthetics to patients each year in the United States. Nurse anesthesia care ensures patient access to surgical, labor and delivery, trauma stabilization, and interventional diagnostic services, and pain care. While Certified Registered Nurse Anesthetist (CRNA) care is provided in every state and congressional district for every type of service requiring anesthesia, CRNAs predominate in rural and medically underserved America and in our Veterans and military health systems.

### **Evidence Shows CRNAs Help Make Healthcare More Accessible, Work Better, and Cost Less.**

Research published in the preeminent health policy journal *Health Affairs* (2010) concluded that there is “no harm found when nurse anesthetists work without supervision by physicians.” A Lewin Group study published in the journal *Nursing Economic\$* (2010) found that nurse anesthesia care is the most cost effective model of anesthesia delivery. And the Institute of Medicine’s first recommendation in its 2010 study *The Future of Nursing: Leading Change, Advancing Health* is that “advanced practice registered nurses should be able to practice to the full extent of their education and training.”

- **Protect and Reform Medicare from Threats of Huge SGR Cuts.** Because Certified Registered Nurse Anesthetists (CRNAs) bill Medicare Part B just as physicians do, at 100 percent of the Medicare fee schedule, CRNAs are also affected by the threat of 24 percent cuts to Medicare anesthesia and physician payments from the flawed Sustainable Growth Rate (SGR) funding formula. Congress adopted short-term SGR relief in late 2013. But the continuing possibility of dramatic Medicare payment cuts threatens patient access to care and healthcare financing. *America’s CRNAs urge Congress to continue working to enact bipartisan legislation (HR 2810 / S 1871) permanently repealing SGR and modernizing Medicare payment.*
- **Promote Competition, Choice and Healthcare Cost Savings by Protecting Provider Nondiscrimination.** The provider nondiscrimination law effective January 2014 protects patients and employers from out-of-control healthcare cost growth and promotes access to care by prohibiting health plans from discriminating against qualified licensed healthcare providers such as CRNAs solely on the basis of their licensure (P.L. 111-148, Sec. 1201). *America’s CRNAs say Congress should support proper implementation of this law in the interest of the pro-consumer, pro-market principle of nondiscrimination -- and oppose legislation that would repeal nondiscrimination (HR 2817).*
- **Ensure Veterans Access to High Quality Care.** The Veterans Health Administration (VHA) is updating its Nursing Handbook, a guide for VHA healthcare facilities, to authorize CRNAs and other Advanced Practice Registered Nurses (APRNs) to be recognized as Full Practice Authority Providers. 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. *America’s CRNAs encourage Congress to support VHA recognition of CRNAs and other APRNs to the full scope of their education and skills in providing care for our Veterans.*
- **Support Patient Access to Quality Care through Nurse Workforce Development Funding.** Though the rising number of retiring baby boomers increases patient demand for healthcare, patient access to care is put at risk when there is not a sufficient supply of nurses, APRNs, and CRNAs to provide it. *America’s CRNAs say that the Medicare Graduate Nursing Education demonstration project must continue being implemented, and funding for the Title 8 Nurse Workforce Development program in Labor-HHS-Education appropriations legislation must be preserved, to ensure patient access to quality care now and in the future.*