

May 15, 2020

Honorable Paul Ray  
Administrator  
Office of Information and Regulatory Affairs  
Office of Management and Budget  
725 17<sup>th</sup> Street, NW  
Washington, DC 20503

Dear Administrator Ray:

On behalf of the American Association of Nurse Anesthetists (AANA), I would like to request your assistance in including in the upcoming Medicare Physician Fee Schedule proposed rule (RIN:0938-AU10) the proposal to permanently remove barriers to practice for Certified Registered Nurse Anesthetists (CRNAs). The administration has taken swift action to temporarily remove supervision of CRNAs in the midst of the COVID-19 pandemic. This is an important step towards increasing access to care, removing unnecessary barriers to practice and ensuring that we as a nation are better equipped to deal with this ongoing pandemic. We ask that this removal become permanent.<sup>1</sup>

It is clear that this emergency will require all providers working to the top of their education and state scope of practice. The Administration has been a great champion of removing barriers to care, even before the pandemic started. We appreciate the foresight the Administration showed in Executive Order 13890 last year, calling for the removal of these same barriers. We know they are an important piece of helping us to resolve the current emergency, and we hope to work with the Administration to make the removal of these barriers permanent.

As CRNAs move to practice independently during this crisis, managing delicate and potentially dangerous intubations of COVID-19 patients and working under stressful conditions in facilities across America, we hope that this will serve as an example of how removing these barriers to practice benefits patients and the larger healthcare system. In addition to being an important part of the response to COVID-19, removing physician supervision of CRNA practice aligns with CMS's Rural Health Strategy, which cited maximizing scope of practice for providers as one of its key recommendations in its report, "Reforming America's Healthcare System through Choice and

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<sup>1</sup> See 42 CFR §§ 482.52, 485.639, 416.42.

Competition.”<sup>2</sup> It also aligns with recommendations from the New England Journal of Medicine,<sup>3</sup> as well as other independent arbiters.

We believe now, more than ever that healthcare decisions need to be driven by evidence and economics. There is no evidence that physician supervision of CRNAs improves patient safety or quality of care. Studies have repeatedly demonstrated the high quality of nurse anesthesia care, and a gold standard study published in *Health Affairs*<sup>4</sup> led researchers to recommend that costly and duplicative supervision requirements for CRNAs be eliminated. This study in particular shows that anesthesia safety between states that had opted out of the Medicare supervision requirement and those that did not opt-out both increased alike, indicating the supervision requirement to be an extraneous regulatory barrier.

Letting states decide this issue according to their own laws is consistent with Medicare policy reimbursing CRNA services in alignment with their state scope of practice,<sup>5</sup> and with the National Academy of Medicine’s recommendation, “Advanced practice registered nurses should be able to practice to the full extent of their education and training.”<sup>6</sup> It’s important to ensure that states have this flexibility now and moving forward, especially as the healthcare system recovers from the COVID-19 pandemic and comes face-to-face with the demand of a huge backlog of procedures that were canceled out of precaution during this emergency.

We are grateful for the Administration’s leadership amid the COVID-19 pandemic in removing unnecessary barriers and increasing access to critical, lifesaving healthcare. Thank you again for your time and attention and for showing such strong leadership in these difficult times.

Sincerely,

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<sup>2</sup> See: <https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf>.

<sup>3</sup> Frogner, Fraher, Spetz, Pittman, Moore, Beck, Armstrong and Buerhaus. (2020) Modernizing scope-of-Practice regulations –Time to Prioritize Patients. New England Journal of Medicine.382;7.p591-593.

<sup>4</sup> B. Dulisse and J. Cromwell, “No Harm Found When Nurse Anesthetists Work Without Physician Supervision.” *Health Affairs*. 2010; 29: 1469-1475.

<sup>5</sup> 42 CFR §410.69(b), 77 Fed. Reg. 68892, November 16, 2012.

<sup>6</sup> National Academy of Medicine. The future of nursing: leading change, advancing health. Washington, DC: The National Academies Press, p. 3-13 (pdf p. 108) 2011.



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