Restore Rural Access to Nurse Anesthesia Services

The American Association of Nurse Anesthetists represents more than 48,000 Certified Registered Nurse Anesthetists (CRNAs) and student nurse anesthetists who provide more than 34 million anesthetics annually in the United States. Nurse anesthesia services are crucial to rural healthcare, with CRNAs being the sole anesthesia providers in the vast majority of rural hospitals, affording these facilities surgical, obstetrical, trauma stabilization, interventional diagnostic and pain management capabilities. Without CRNA services, many U.S. rural and Critical Access Hospitals (CAH) would not be able to offer care at all.

- **The Medicare Part A reasonable cost based pass-through program helps ensure patients’ access to CRNA care.** However, recent CMS rulings have put the program and rural healthcare at risk, requiring Congress to enact legislation. In the 112th Congress, the “Rural Access to Nurse Anesthesia Services Act” was introduced to address the issue of on-call pay for nurse anesthetists in rural America.

- **In 2009, CMS twice overruled the agency’s Provider Reimbursement Review Board (PRRB) and denied rural hospitals pass-through payment** for CRNAs’ standby and on-call services even though such payments are clearly permissible and necessary to rural hospitals’ emergency care and trauma stabilization capabilities. These CMS rulings have denied rural hospitals’ claims for tens of thousands of dollars each in annual Medicare funding that they had come to rely upon to serve their communities.

- **Legislation reversing this policy must be introduced to ensure that rural hospitals can keep their doors open** and continue to provide obstetrical, surgical and trauma stabilization services to people in rural communities. Traveling long distances to the nearest hospital is not an option when dealing with trauma stabilization and, in many instances, obstetrical care as well. The legislation will restore nurse anesthetist standby and on-call payment eligibility to the Part A reasonable cost based pass-through program. The bill will also address instances when rural hospitals have lost pass-through program funding on account of their home counties losing a rural designation, even though the affected hospitals clearly remain in rural areas.

- **Oppose the Medicare Access to Rural Anesthesiology Act of 2013 or similar legislation if introduced.** This legislation offers additional funding to anesthesiologists serving in rural areas and risks cost growth without expanding access to care or improving patient safety. Since anesthesiologists cost about three times what CRNAs do for providing the same anesthesia service, such legislation if enacted would increase Medicare costs without expanding patient access to anesthesia care. It could also introduce unnecessary “rural supervision” payment that does not add to rural healthcare access or patient safety.

**ACTION FOR CONGRESS:** Oppose problematic anesthesiologist-only legislation that risks healthcare cost growth without expanding access to care. Support legislation restoring on-call and standby pay to the Medicare rural hospital pass-through program for CRNA services.