



MAINE ASSOCIATION OF NURSE ANESTHETISTS

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LETTER OF TESTIMONY – Dr. Susan DeCarlo-Piccirillo, DNP, CRNA
IN SUPPORT OF LD 294 – An Act to Allow Certified Registered Nurse Anesthetists to Bill
for Their Services
BEFORE THE HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES COMMITTEE

February 13, 2021

Maine State Legislature
Standing Joint Health Coverage, Insurance, & Financial Committee1
SHS, Augusta, ME 04333

Dear Senator Sanborn & Representative Tepler & members of the Health Coverage,
Insurance & Financial Committee,

I am writing on behalf of the Maine Association of Nurse Anesthetists, MEANA, to urge you to support LD 254 “An Act to Allow Certified Registered Nurse Anesthetists to Bill for their Services.” This bill would require private insurance companies, like Anthem BCBS, to directly contract with Certified Registered Nurse Anesthetists (CRNAs) for their services.

Historically Anthem, a large health insurance company in New England, has refused to contract directly with any CRNA in our state for their anesthesia services. However, Anthem does contract directly with CRNAs in other states, such as nearby New Hampshire, Connecticut and New York. This poses substantial burdens on health care facilities, CRNAs and citizens of Maine.

We have CRNAs working as a group outside of a typical hospital setting. Anthem’s refusal to contract directly means that such groups must either bill these patients out-of-network (surprise billing) or find a work around to receive reimbursement for their services. Anthem BCBS even went so far as to threaten to drop one of the facilities where such a group was contracted to work if they continued to use an out-of-network provider. Ambulatory Surgery Center administrators have asked CRNA groups over the years to take over the anesthesia billing and seek reimbursement from third party payers directly but Anthem’s stance on contracting with CRNAs has limited their ability to do so. It is imperative that all anesthesia providers be treated fairly and equitably by all private insurance companies.

Our state has a nursing shortage which is especially true of advanced practice nurses. This legislation will promote the retention and attraction of CRNAs to practice in our state. CRNAs can and do serve as exclusive providers for the full range of anesthesia services at hospitals and ambulatory surgical facilities, predominately in rural settings.



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The financial impact of refusing to directly pay CRNAs for their services may negatively influence the decision of these CRNAs to continue practicing in these settings.

Further, insured patients in Maine are at risk of having to pay out of pocket for anesthesia services provided by a CRNA who is billing directly for that service because an insurer opts not to contract with CRNAs. Patients would then logically seek reimbursement from their insurer, which can create undue frustration for many individuals because of the surprise billing.

Reimbursing for the services of CRNAs and other APRNs is essential to providing Maine patients with access to high quality, cost effective care. Direct reimbursement is already included in Maine law for other advanced practice registered nurses (APRNs), including nurse practitioners and nurse midwives. This legislation would align CRNAs with **existing** APRN reimbursement requirements in Maine.

Most importantly, it will have no fiscal impact on the state, as it does not affect Medicaid. It will protect all Maine residents from having surprise out of pocket expenses for an anesthetic that was administered legally and at the request of the physician deeming it necessary for the procedure the patient required.

There is a body of research evidence to support the fact that CRNAs provide safe, high quality, and cost effective care. Since 1997, all CRNAs, regardless of whether they are employed or in an independent practice setting, have had the ability to receive reimbursement from Medicare. Now, we must remove reimbursement barriers from private insurance providers for patients. It would grant CRNAs the ability to contract with all insurers in Maine and thus eliminating surprise billing or refusal of payments by insurers for legally provided services. The citizens of Maine will be assured of continued CRNA services especially in rural settings, where the majority of such services are provided.

Thank you for the opportunity to provide testimony.

Sincerely,

Susan DeCarlo-Piccirillo, DNP, CRNA, APRN
Maine Association of Nurse Anesthetists (MeANA) President