Joint Standing Committee on Health Coverage, Insurance and Financial Services Cross Office Building Room 220 Augusta, Maine 04333

Testimony in Support of L.D. 254, "An Act to Allow Certified Registered Nurse Anesthetists to Bill For Their Services"

Dear Chairwoman Sanborn, Chairwoman Teplar, and the distinguished members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services:

My name is Dr. Erin Foley, and I am the Immediate Past-President of the Maine Association of Nurse Anesthetists (MEANA), which represents more than 350 nurse anesthetists (including Certified Registered Nurse Anesthetists (CRNAs) and student nurse anesthetists) in the State of Maine. I wish to submit the following testimony in support of LD 254, "An Act to Allow Certified Registered Nurse Anesthetists to Bill for Their Services."

This is the same amended version of the bill we presented to you last year and was voted on unanimously to pass out of committee prior outbreak of the Covid-19 pandemic. This bill would allow CRNAs the ability to bill for their services with third-party billers, including private insurance companies. I would like to strongly encourage you to support the ability of Maine CRNAs to provide high-quality, cost-effective care to Maine patients without unnecessary restrictions and have the capability to directly bill insurance companies for their services. This piece of legislation is one such way to accomplish that.

This legislation will provide direct reimbursement by insurers for CRNAs services. 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. Reimbursement for the services of CRNAs and other APRNs is essential to providing Maine patients with access to high quality, cost effective care, in all areas of the State of Maine. This bill is also in alignment with the No Surprises Act passed by Congress in December of 2020 to eliminate surprise billing in healthcare.

The current insurance reimbursement situation for CRNA services is burdensome for patients. Patients may have to pay for services out of pocket, and then seek reimbursement from their insurer, which can create undue hardships for many individuals. The current reimbursement situation also creates an arduous process for hospitals and other facilities in the state. Hospitals may have a substantial administrative burden to obtain reimbursement for the services of CRNAs whom they employ.

CRNAs have been providing anesthesia care to the citizens of Maine and this country for over 150 years. Maine CRNAs contribute significantly to improve access to cost-effective, safe, high quality anesthesia care for patients in Maine, this has always been the case, but has been spotlighted by the current pandemic. Certified Registered Nurse Anesthetists provide comprehensive, cost-effective, high-quality health care services in diverse settings across the care and age continuum. Removing barriers to CRNA practice will reduce cost and increase access to care for the residents of Maine, many of whom live in rural and underserved areas of the state. CRNAs are the primary anesthesia providers in rural Maine, and are the sole anesthesia providers in more than ten critical access and rural hospitals. Access to care from CRNAs and other APRNs is essential to rural and underserved areas of the state, so that patients are not required to travel long distances for necessary health care services. To be able to continue to provide these services, CRNAs must receive equitable reimbursement from all payers.

Thank you for this opportunity to provide testimony in support of LD 254. Please do not hesitate to contact me if you have any questions or require further information.

Sincerely,

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