



February 16, 2021

Dear Members of the Health Coverage, Insurance and Financial Services Committee,

Re: LD 254 An Act to Allow Certified Registered Nurse Anesthetists to Bill for Their Services

My name is Kathy Maxwell. I am a certified registered nurse anesthetist (CRNA) and the CEO of Nurse Anesthesia of Maine (NAME). NAME provides nurse anesthesia services to thirteen (13) Maine facilities, including a Level II trauma center, two (2) community hospitals, four (4) critical access hospitals, three (3) ophthalmology surgicenters, a plastics surgicenter, a psychiatric hospital and a dental clinic.

In 2017, my organization began providing services for a surgicenter with the agreement that NAME would directly bill the insurance carriers for the anesthesia professional services. Agreements were signed and executed with every carrier except one who refused to contract directly with CRNAs. This carrier then sent a message to the surgeons informing them that their contract with the carrier requires that they use or refer out to participating providers. The physicians asked us to immediately discontinue billing these patients until such time an arrangement acceptable to the insurer could be reached.

The ability of this carrier to provide services in the state of Maine but refuse to reimburse an entire class of advanced practice providers created several untenable scenarios for patients, for CRNAs, and for the physicians of the ASC.

First, the patients are left vulnerable to surprise billing. The surgicenter and the surgeons are within network but the anesthesia providers do not have the option to submit claims in-network resulting in denied claims and invoices sent to the patient for the full amount.

The physician owners of the surgicenter must consider the addition of a physician anesthesiologist to the anesthesia practice model to meet the terms of the agreement with the insurance carrier and to protect their patients from surprise billing; an option that is cost prohibitive and can threaten the viability of the business as an anesthesiologist's salary is approximately 2.5 times the salary of a nurse anesthetist. The surgical volumes and the resulting revenue at this surgicenter would not support the subsequent increase in cost without the surgeons contributing significantly from their own revenue or the revenue of the surgicenter.

CRNAs are limited in their ability to contract with facilities under the same terms that physician anesthesiologists are able to offer. Anesthesia billing is complicated and uniquely different from other medical billing, consequently, many facilities want their anesthesia business partners to assume the billing. The ability of insurance carriers to omit CRNAs from their reimbursement policies creates a barrier for organizations who want to secure nurse anesthesia services and creates an unfair trade advantage for physician anesthesiologist which leads to difficulty recruiting to and retaining CRNAs in Maine.

I am asking you to please support LD 254 and provide CRNAs and their patients the same protections offered those of all other advanced practice and physician providers.

Respectfully submitted,

Kathy Maxwell