

Good morning Senator Sanborn, Representative Tepler and Committee Members,

My name is Paul Schneider and I live in Brewer and I am a Certified Registered Nurse Anesthetist –CRNA—with a Master of Anesthesiology Education degree. I work within a private practice group that provides nurse anesthesia services in tertiary, community, and critical access hospital settings and in several ambulatory surgical centers.

I am in support of LD 254, “An Act to Allow Certified Registered Nurse Anesthetists to Bill for their Services.” This bill would require private insurance companies in Maine to directly contract with Certified Registered Nurse Anesthetists (CRNAs).

One would assume that insurers would contract with all legally licensed providers within the state who are caring for the citizens of Maine. This has been the case for other Advanced Practice Registered Nurses, such as midwives and nurse practitioners, but not for CRNAs. CRNAs have experienced specific exclusion from the ability to contract with all insurers in Maine. This is a problem for several reasons. Let’s explore a couple of them:

1. When Maine citizens choose a surgical practice using a surgicenter that is covered in their insurance plan, there is an expectation that all professional touch points will also be “in-network” or “in plan”. Shockingly, patients have a rude awakening when they receive an anesthesia bill labeled “out of network provider” or “non-covered service” simply because their insurer arbitrarily has chosen not to contract directly with CRNAs. The “surprise billing” is upsetting and costly to the insured patient.
2. Surgical centers may be forced to hire a more expensive provider, a physician anesthesiologist, simply to avoid the out of network/surprise billing problem. Salaries of physician anesthesiologists are significantly higher than CRNAs, thus, potentially impacting the viability of the surgicenter with significantly higher costs or to maintain viability, those costs ultimately need to be passed on to the patients. This is an unlevel playing field for two equally qualified providers of anesthesia services. This inequitable situation makes it harder to recruit and retain CRNAs in Maine, thus impacting Maine citizens’ ability to access care due to provider shortages.

LD 254 simply mandates that CRNAs be added to existing law that already directs insurers to contract with the other APRNs in Maine. It would eliminate out of network or “surprise billing” and would level the playing field so that a surgical center could choose to utilize any qualified anesthesia professional without fear of unequal treatment by insurers and aggravation to their patients.

Thank you, Committee Members, for your willingness to hear my testimony and for your service to the citizens of Maine.

If I can be of help in any way or provide additional information, please, do ask. This concludes my testimony.

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