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Safe and effective  
anesthesia



February 16, 2021

Maine State Legislature  
Standing Joint Health Coverage, Insurance & Financial Services Committee  
1 SHS, Augusta, ME 04333

Re: LD 254

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

I am the President of the American Association of Nurse Anesthetists (AANA), which represents more than 54,000 nurse anesthetists (including Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists (SRNAs)) nationwide. The AANA submits the following comments in support of LD 254 concerning CRNA ability to bill for their services, and encourages you to support the ability of Maine CRNAs to provide high quality, cost-effective care to Maine patients without unnecessary restrictions.

#### **Potential Impact of LD 254**

CRNAs have been providing anesthesia care to the citizens of Maine and this country for over 150 years. Maine CRNAs contribute significantly to access to cost-effective, safe, high quality anesthesia care for patients in Maine. 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.

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. Reimbursing for the services of CRNAs and other APRNs is essential to providing Maine patients with access to high quality, cost effective care. 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.

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 hardship for many individuals. The current reimbursement situation also creates onerous process for hospitals and other facilities in the state. Hospitals may have a substantial administrative burden to obtain reimbursement for the services of CRNAs who they employ.

This legislation will have no fiscal impact on the state, as it does not affect Medicaid.

## CRNAs Provide High Quality, Cost-Effective Care

There is overwhelming evidence that CRNAs provide superb, cost-effective anesthesia care. Nurse anesthetists have been, since their inception, professionals who are acknowledged by the surgeons with whom they practice to be experts regarding anesthesia.

The excellent safety record of CRNAs is reflected in a landmark national study conducted by RTI International and published in the August 2010 issue of *Health Affairs*, which determined that there are no differences in patient outcomes when anesthesia services are provided by CRNAs, physician anesthesiologists, or CRNAs supervised by physicians. The study, titled “No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians,” examined nearly 500,000 individual cases and confirms what previous studies have shown: CRNAs provide safe, high-quality care. The study also shows the quality of care administered is equal regardless of supervision.<sup>1</sup>

A CRNA acting as the sole anesthesia provider is the most cost-effective model of anesthesia delivery, according to a groundbreaking study conducted by Virginia-based The Lewin Group and published in the May/June 2010 issue of the *Journal of Nursing Economic\$*. The study, titled “Cost Effectiveness Analysis of Anesthesia Providers,” considered the different anesthesia delivery models in use in the United States today, including CRNAs acting solo, physician anesthesiologists acting solo, and various models in which a single anesthesiologist directs or supervises one to six CRNAs. The results show that CRNAs acting as the sole anesthesia provider cost 25 percent less than the second lowest cost model. On the other end of the cost scale, the model in which one anesthesiologist supervises one CRNA is the least cost efficient model. The results of the Lewin study are particularly compelling for people living in rural and other areas of the United States where anesthesiologists often choose not to practice for economic reasons.<sup>2</sup>

Cost effectiveness directly relates to access for patients. In addition to delivering essential healthcare in thousands of medically underserved communities, CRNAs are the main providers of anesthesia care for women in labor and for the men and women serving in the U.S. Armed Forces, especially on frontlines around the globe. They also serve as the backbone of anesthesia care in rural and other medically underserved areas of the United States. A recent study<sup>3</sup> published in the September/October 2015 *Nursing Economic\$* found that CRNAs are providing the majority of anesthesia care in U.S. counties with lower-income populations and populations that are more likely to be uninsured or unemployed. They are also more likely found in states with less-restrictive practice regulations where more rural counties exist.<sup>4</sup>

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<sup>1</sup> Dulisse, B., Cromwell, J. “No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians.” *Health Affairs*. August 2010. 2010(29): 1469-1475.

<sup>2</sup> Hogan, P., Seifert, R., Moore, C., Simonson, B. “Cost Effectiveness Analysis of Anesthesia Providers.” *Journal of Nursing Economic\$*. May/June 2010. 28, No. 3. 159-169.

<sup>3</sup> Liao CJ, Quraishi JA, Jordan LM (2015). Geographical imbalance of anesthesia providers and its impact on the uninsured and vulnerable populations. *Nursing Economic\$*, 33(5):263-270.

<sup>4</sup> Quintana, J. “Answering today’s need for high-quality anesthesia care at a lower cost,” *Becker’s Hospital Review*, January 20, 2016, available at <http://www.beckershospitalreview.com/hospital-physician-relationships/answering-today-s-need-for-high-quality-anesthesia-care-at-a-lower-cost.html>.

Based on the foregoing, we support the Maine Association of Nurse Anesthetists' position concerning LD 254, and encourage you to support the ability of Maine CRNAs to continue to provide high quality, cost-effective care to Maine patients without unnecessary restrictions. Please do not hesitate to contact Anna Polyak, RN, JD, the AANA's Senior Director, State Government Affairs, at 847-655-1131 or [apolyak@aana.com](mailto:apolyak@aana.com) if you have any questions or require further information.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven M. Sertich". The signature is fluid and cursive, with a large, stylized "S" at the beginning and a circular flourish at the end.

Steven M Sertich, CRNA, MAE, JD, Esquire  
President, American Association of Nurse Anesthetists