



November 4, 2009

Hon. Nancy Pelosi, M.C.
Speaker
U.S. House of Representatives
Washington, DC 20515

Dear Speaker Pelosi:

On behalf of the 40,000 members of the American Association of Nurse Anesthetists (AANA), I am pleased to provide you our comments on the "Affordable Health Care for America Act" (HR 3962) and the "Medicare Physician Payment Reform Act" (HR 3961). As you know, America's Certified Registered Nurse Anesthetists (CRNAs) support health reform and play critical roles in ensuring patient access to high quality healthcare services.

We appreciate that the Affordable Health Care for America Act includes several provisions that the AANA and CRNAs sought in committee in the House of Representatives. These provisions include:

- **Provider nondiscrimination nonpreemption language** that will help ensure patients have access to the high quality of healthcare that they need (Sec. 238);
- **Language strengthening our nursing workforce**, including advanced practice registered nurses and CRNAs, through reauthorization of the Title 8 programs (Sec. 2221), additional funding from the Public Health Investment Fund (Sec. 2002), and other provisions affecting nurse workforce development. These provisions also include the Quentin N. Burdick American Indians Into Nursing program (Sec. 115) and a related Nursing Residency Program (Sec. 120), a program provide scholarships and loan repayments to disadvantaged students (Sec. 2241), a clarification to the nursing workforce diversity grant program consultation requirements (Sec. 2242), a health workforce advisory committee (Sec. 2261), and a Labor Department initiative to create a pipeline into nursing (Sec. 2521).
- **The Pain Care Policy Act**, establishing an Institute of Medicine conference on pain, promoting pain research at the National Institutes of Health, and developing a public awareness campaign on pain management (Secs. 2561, 2562 and 2563).

We also acknowledge that while the Affordable Health Care for America Act itself neither reverses the 21.5% Medicare Part B cuts scheduled for January 2010 nor repeals or reforms the flawed "sustainable growth rate" (SGR) formula that drives these unsustainable cuts, **the Medicare Physician Payment Reform Act that you also intend to bring to the House floor does include needed relief from SGR cuts**. As you know, since the late 1980s CRNAs have billed the Medicare Part B program at 100% of the physician fee schedule in the same manner as physicians. Dramatic Medicare cuts impact CRNAs just as they do physicians, and annual last-minute congressional relief from these cuts, while appreciated, does not make for sustainable healthcare delivery. We support HR 3961's permanent relief from the unsustainable annual Medicare cuts, and look forward to

AANA Letter on HR 3962 and HR 3961
Page Two of Two
November 4, 2009

working with you to ensure that its provisions help support patient access to the cost-effective healthcare services provided by America's CRNAs.

Recognizing that House consideration of HR 3962 and HR 3961 represent another step toward enactment of health reform and not the final product, we do have further recommendations for which we ask your consideration.

We have long advised Congress that the promise of healthcare coverage must come with a sustainable method for ensuring healthcare delivery. We appreciate that the Affordable Health Care for America Act includes provisions requiring that affordable health plans created by the bill reimburse providers such as CRNAs according to rates negotiated by the Secretary of Health and Human Services, and not according to rates based on the Medicare program (Sec. 323). The bill further permits providers such as CRNAs to opt-out from participating as providers to the public plan, as the AANA requested (Sec. 325). Nevertheless, some of our members have expressed the concern that the method of negotiating rates provided in Sec. 323 might yield payments below Medicare rates, at the same time Medicare reimburses anesthesia services at a considerably smaller percentage of private market rates than it reimburses other services (GAO-07-463, July 27, 2007). **We look forward to continuing to work with you so that affordable plans' payments for services will be sufficient to sustain healthcare delivery by CRNAs and other providers, as we have requested.**

We also believe **the bill would benefit from including Graduate Nursing Education (GNE)** provisions sponsored by Rep. Lois Capps (D-CA) (HR 3185), for which a four-year, \$200 million pilot project has been included in the Senate Finance Committee bill. We would further **support the inclusion of provisions to ensure rural nurse anesthesia access** as sponsored by Reps. Phil Hare (D-IL) and Timothy Johnson (R-IL) (HR 3151), reversing recent decisions by the Medicare administrator that are costing rural hospitals tens of thousands of dollars in Medicare Part A anesthesia funding. Last, we would **support strengthening the bill's liability reform provisions** (Sec. 2531).

America's CRNAs are part of the solution to many of the challenges facing U.S. healthcare. We look forward to continuing work with you this year to enact comprehensive health reform legislation that expands patients' access to high quality healthcare coverage and services that individuals, employers and our country can afford.

Sincerely,



James R. Walker, CRNA, DNP
President