

116th Congress Legislative Agenda

Reducing Barriers to Practice and Creating Cost Savings:

- The most cost-effective model of anesthesia is Certified Registered Nurse Anesthetists (CRNAs) working alone. Because CRNAs safely provide the full range of anesthesia services, requirements for additional supervision drive additional healthcare costs that could be saved or allocated elsewhere in the health system, while still maintaining the highest standard of quality and patient safety.
- Executive Order #13890, issued in October, calls on the U.S. Department of Health and Human Services (HHS) to remove burdensome regulatory barriers to care within one year. Specifically, Section 5 of the Executive Order directs HHS to remove unnecessary supervision requirements for advance practice registered nurses (APRNs) and other advanced practice providers. **Ask Members of Congress to contact HHS, expressing support for removing Medicare Part A Conditions for Participation physician supervision requirements for CRNAs.**

Provider Nondiscrimination in Surprise Billing Legislation:

- CRNAs stand ready to work with Congress and all invested parties to address surprise medical billing and to remove patients from disputes between providers and insurers. CRNAs believe it is important to address an underlying causes of surprise billing, specifically insurance plans engaging in discrimination against providers based on their licensure or certification.
- In 2010, Congress passed provider nondiscrimination laws, prohibiting insurers from discriminating against qualified healthcare providers solely on the basis of their licensure. Unfortunately, insurers are continuing to discriminate against providers because HHS does not actively enforce this provision of law.
- Provisions in legislation to address surprise billing, crafted by the House Committees on Education & Labor and Energy & Commerce, would enforce provider nondiscrimination. **Ask Members of Congress to support the inclusion of provisions enforcing existing provider nondiscrimination laws, in any final proposal to address surprise billing.**

Title VIII Funding

- Nursing workforce development programs ensure the nation will have enough skilled nurses to meet the growing demands of an aging population. Legislation to reauthorize the programs for five years (H.R. 728) has passed the House but action is needed in the Senate. Meanwhile, FY2020 funding for Title VIII programs was increased by \$10.5 million to \$260 million, but the program has not kept pace with inflation and there is need for additional funding. **Ask the Senate to pass S. 1399, reauthorizing Title VIII programs, and ask Members of Congress to increase appropriations to \$278 million for Title VIII in Fiscal year 2021.**

Rural Healthcare

- CRNAs are the sole anesthesia providers in most rural hospitals, enabling these facilities to offer surgical, obstetrical, trauma stabilization, interventional diagnostic, and pain management services. **Ask Members of Congress to support the CARE Act, which restores nurse anesthetist stand by and on-call payment eligibility to the Part A reasonable cost-based pass-through program and ensure rural access to critical healthcare services.**
- According to the National Rural Health Association, 121 rural hospitals have closed since 2010, with an additional 673 rural hospitals vulnerable to closure. If Congress doesn't act to stop the bleeding and prevent further rural hospital closures, an estimated 11.7 million patients will lose direct access to care while local economies suffer. **Ask Members of Congress to support the Save Rural Hospital Acts, which will help these hospitals keep their doors open in rural areas.**