

Helping Patients and Protecting CRNAs During COVID

The American Association of Nurse Anesthetists (AANA) represents more than 54,000 Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists who provide approximately 49 million anesthetics annually in the United States. CRNAs are uniquely trained and positioned to be helpful during the COVID-19 pandemic. All CRNAs have at least one year of experience as an RN in a critical care setting, with the average CRNA having 3 years of this experience before becoming a CRNA. As we prepare for hospitals to soon be overwhelmed with cases of COVID-19, it is imperative that we have as many providers working to the top of our scope to ensure the highest level of access to care across the country.

- **CRNAs are on the front lines, performing intubations and treating patients who are suffering from COVID.** Data has shown that healthcare workers are particularly susceptible to COVID-19¹. As CRNAs and other providers continue to treat as many patients as they can, they are being asked to work longer hours, with greater exposure and a lack of available testing and Personal Protective Equipment.
- **President Trump’s COVID-19 Task Force has recommended, and many states have adopted, a delay in all “nonessential” elective and surgical medical procedures.** As a result, CRNAs working in rural hospitals, Ambulatory Surgical Centers, and other small businesses face the threat of layoff. 1099 CRNAs face the threat of layoff if their employer’s contract with a hospital cannot be fulfilled due to the delay of “nonessential” elective and surgical procedures. COVID-19 continues to spread rapidly and it may reach all areas of our country, including more rural areas.
- **In Congress’s “phase 3” stimulus package to address COVID-19,** \$562 million was included for small business loans to keep doors open and to pay employees, including healthcare providers. An additional \$100 billion was made available for hospital reimbursement; however, there is no “carve out” for rural hospitals who must submit claims to the U.S. Department of Health & Human Services for unfunded care and lost revenue.
- **S.3559 would provide emergency financial assistance to rural health care facilities and providers impacted by the COVID-19 emergency.** Specifically, the legislation would provide stabilization and relief for providers with an emergency, one-time grant for all providers and ambulatory surgery as well as provide funding for providers by authorizing the Small Business Administration to provide low interest loans to providers and ambulatory surgery centers. Other provisions would provide immediate relief for rural hospitals with an emergency mandatory one-time grant to Critical Access Hospitals (CAH) and rural Prospective Payment System (PPS) hospitals.

Action for Congress: Support hazard pay for healthcare providers and ensure access to PPE and ventilators by utilizing the Defense Production Act.

Support provisions included in S. 3559 in any future legislation addressing COVID.

¹ https://www.washingtonpost.com/health/health-care-workers-worry-about-coronavirus-protection/2020/03/05/be04d5a8-5e33-11ea-9055-5fa12981bbbf_story.html