

NOTE: Subject line should include the phrase "Scope of Practice"

Dear Administrator Verma:

I am writing in response to the Center for Medicare & Medicaid Service's (CMS) feedback on scope of practice and am requesting that CMS remove costly and unnecessary requirements relating to physician supervision of CRNA anesthesia services. I am a Certified Registered Nurse Anesthetist (CRNA) practicing in **STATE**, and I truly believe that this recommendation will encourage facility flexibility and efficiency and will promote competitiveness and economic growth through reduction of waste and innovation at the local level. Reforming the Conditions for Coverage (CfCs) and the Conditions of Participation (CoPs) to eliminate the costly and unnecessary requirement for physician supervision of CRNA anesthesia services supports delivery of population and community health care in a manner allowing states and healthcare facilities nationwide to make their own decisions based on state laws and patient needs, controlling cost, providing access and delivering quality care.

Though Medicare requires supervision of CRNAs (except in opt-out states) by an operating practitioner or by an anesthesiologist who is immediately available if needed, hospitals and healthcare facilities often misinterpret this requirement to be a quality standard rather than a condition of participation. I have witnessed firsthand that anesthesiologists erroneously suggest that supervision is some type of quality standard, an assertion bearing potential financial benefit for anesthesiologists marketing their medical direction services as a way to comply with the supervision condition of participation. When this ideology is established, anesthesiologist supervision adds substantial costs to healthcare by requiring duplication of services where none is necessary. Further, the Medicare agency has clearly stated that medical direction is a condition for payment of anesthesiologist services and not a quality standard. But there are even bigger costs involved if the hospital administrator believes that CRNAs are required to have anesthesiologist supervision.

Consistent with Section 5 of the Executive Order 13890 and allowing APRNs, such as CRNAs to practice at the top of their license, I believe removal of requirement for physician supervision for CRNA anesthesia services is an important step and should be a priority for CMS. Thank you for your time and consideration regarding this important matter.

Sincerely,