

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

Dear Administrator Verma:

As a Certified Registered Nurse Anesthetist (CRNA) who is also a small-government conservative, I would like to offer my support for the President's Executive Order (#13890) on Protecting and Improving Medicare for Our Nation's Seniors. For too long, the entrenchment of special interest groups has undercut reforms by propping up arbitrary barriers intended to protect their profession. I am pleased to see an administration willing to stick up to these special interests in the name of patients.

Section five of the President's Executive Order directs the U.S. Department of Health & Human Services (HHS) to eliminate burdensome regulations and, to the extent allowed by law, ensure that items and services provided are appropriately reimbursed in accordance with the work performed rather than the provider's occupation. I believe this is a positive step as it would decrease healthcare costs and free up providers to practice to the full extent of their education and training.

For example, CRNAs provide every aspect of the delivery of anesthesia services including pre-anesthesia patient assessment, obtaining informed consent for anesthesia administration, developing a plan for anesthesia administration, administering the anesthetic, monitoring and interpreting the patient's vital signs, and managing the patient throughout the surgery. Yet federal supervision laws prevent CRNAs from practicing to the full extent of their education and training unless their State's governor has submitted a waiver. As a result, patients are often forced to drive long distances – especially in rural areas where patients are often older – to receive care from an anesthesiologist when that same level of care may already be available in their community by a CRNA.

I believe the only reason these laws still exist is because of special interests, as a decade's worth of research shows the laws have little to do with patient safety. Multiple studies, such as a May/June 2010 study published in the journal of *Nursing Economic\$*, illustrate that CRNAs acting as the sole anesthesia provider are the most cost-effective model for anesthesia delivery, and there is no measurable difference in the quality of care between CRNAs and other anesthesia providers. Similarly, an August 2010 study published in *Health Affairs* shows no differences in patient outcomes when anesthesia services are provided by CRNAs, physicians, or CRNAs supervised by physicians. The physician argument that 'CRNAs are unsafe because I say so' has grown stale.

The United States has reached a key moment in determining healthcare policy. Healthcare spending grew 4.6 percent in 2018, reaching \$3.6 trillion and leaving our nation with two options: we can continue the status quo because physicians and special interest groups say so, or we can look to disrupt the industry with innovation. Studies like one published by the Lewin Group in *Nursing Economic\$* show that the most cost-effective model of anesthesia delivery is CRNAs working solo. In fact, this model is 25 percent more cost-effective than the next least costly model. Simply put, CRNAs are a disruptive force; they provide a more readily-available and cost-effective solution to patients' healthcare needs.

Over the years, I've grown used to hearing our government is committed to eliminating unnecessary barriers and promoting common-sense, free market solutions. Yet I'm often left feeling disappointed as

politicians allow special interests to get in their way. It is refreshing to see the Trump Administration 'walk the walk' with this executive order.

Sincerely,