

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

Dear Administrator Verma,

I am writing today as a Certified Registered Nurse Anesthetist (CRNA) who practices in a predominantly rural setting and has experienced first hand how overly onerous regulations can increase costs and lower access to care. This is especially true in rural settings, where there are fewer practitioners available and resources are already spread thin. We have seen the closing of dozens of rural hospitals in recent years and relieving these hospitals and practitioners of unnecessarily burdensome regulations can help to relieve some of the strain.

I appreciate the work that you and the Centers of Medicare & Medicaid Services (CMS) have done to help reduce and eliminate unnecessary regulations that don't increase patient safety, lower costs or increase access. I believe that removing the Part A Condition of Participation requirement of physician supervision for CRNA anesthesia services would benefit patients and allow facilities the needed flexibility to operate in a way that works best for them and their patients. As you know rural facilities face special challenges and allowing them to operate in a locally determined way without federal regulations that are more restrictive than state and local regulations would give them the much-needed flexibility.

CRNAs like me can provide every aspect of the delivery of anesthesia services, from pre-anesthesia patient assessment, to administering the anesthetic, and monitoring and interpreting the patient's vital signs, managing the patient throughout the surgery. CRNAs provide anesthesia for a wide variety of surgical cases and in some states are the sole anesthesia providers in nearly 100 percent of rural hospitals, affording these medical facilities obstetrical, surgical, trauma stabilization, and pain management capabilities.

In addition to being the predominant anesthesia providers in rural settings, studies have shown 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 or by anesthesia delivery model.

In light of these findings and the recent Executive Order 13890, 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. I look forward to the continued work of the administration and agency to improve health care delivery, improve access and reduce costs nationwide.

Sincerely,