THIS MAY CHANGE THE LANDSCAPE...
House Results

- Breakdown: 235 Democrats, 199 Republican, 1 uncalled

House now controlled by Democrats (D +40)
Senate Results

Republicans expand control of Senate (R+2)

• Breakdown: 53 Republicans
  47 Democrats
Key Committees

United States Senate
- Finance
- HELP
- Veterans Affairs
- Appropriations
- Armed Services

House of Representatives
- Ways and Means
- Energy and Commerce
- Veterans Affairs
- Appropriations
- Armed Services
Leadership in the House and Senate are key!!!

- Determine legislative agenda, priorities, calendar and votes.
- Anything that moves is “blessed” by leadership
Divided Government
Hyper Partisanship

This Photo by Unknown Author is licensed under CC BY
What’s on Tap for the 116th
Voters Nationwide

Most Important Issue

- Health care: 41%
- Immigration: 23%
- The economy: 21%
- Gun policy: 11%

As of 05:25 PM ET Nov. 06 2018

NBC News Exit Polls
Health Care Reform with a Divided Government?

Future of the Affordable Care Act?

Medicare for All?

Single Payer?

Partisan Compromise?
Key Committee Make up and Priorities

Senate HELP Committee
- Lamar Alexander (R-TN)

Senate Finance Committee
- Chairman Chuck Grassley (R-IA)

Energy and Commerce
- Chairman Frank Pallone
- Health Sub-Committee Chair Anna Eshoo (D-CA)

House Ways and Means
- Chairman Richard Neal (D-MA)
- Health Sub-Committee Chair Lloyd Dogget (D-TX)
Always in All Ways

• "I am doctor and I say so"

More opportunities for the other guys arguments

More opportunities to highlight our arguments

• "Evidence and Economics"
Fighting the fight
Regulatory

- Secure full practice authority for CRNAs in VHA facilities
- Continue to look for avenues for reducing regulatory barriers that affect CRNA practice
- Ensure fair reimbursement for the anesthesia and pain management services that CRNAs provide
- Securing further appointments of CRNAs to serve on federal agency panels, councils and committees
CRNA-Pac Priorities

- Educate and develop relationships with members of Congress about issues of importance to CRNAs and anesthesia patients.
- Amplify the voice of CRNAs on Capitol Hill.
- Increase contributions from AANA members in order to elect and re-elect CRNA champions to the U.S. Congress.
- Increase student involvement in CRNA-PAC to create a culture of politically active members within the AANA.
Maximize the number of AANA members who respond to CRNAAdvocacy alerts to advocate on behalf of the profession.

Encourage AANA members to attend the Mid-Year Assembly to develop ongoing relationships with their federal legislators.

Recruit a CRNA in every Congressional district to serve as an AANA Alpha Advocate by developing and maintaining a personal relationship with their member of Congress.
Teaching Rules

MDAs can only reimburse for 50% of the cases performed by an SRNA

100% for 2 anesthesia residents

Disincentivizes facilities from training SRNAs
Opioids / Chronic Pain
Protecting Scope and Ensuring reimbursement

Chronic and Interventional Pain is a growth industry.

We need to ensure that CRNAs have full and complete access to perform and be reimbursed for the full panoply of interventional pain procedures.
A Medicare Administrative Contract and (MAC) is a private health care insurer that has been awarded a geographic jurisdiction to process Medicare Part A and Part B (A/B) medical claims or Durable Medical Equipment (DME) claims for Medicare Fee-For-Service (FFS) beneficiaries.

LCDs (Local Coverage Determinations) are decisions by Medicare and their administrative contractors that provide coverage information and determine whether services are reasonable and necessary on certain services offered by participating providers. “Scope of Benefit”
Local Coverage Determinations

Scope of Benefit

Scope of Practice
LCD Issues

- Allocating resources to constantly address individual LCD issues
**The Problem**

- Without protections in place, neither patients nor providers have any recourse for filing a claim until after finalization of an LCD, at which time patients and providers are at the mercy of a MAC’s reconsideration process.

**Example**

- The MAC Novitas Solutions issued an LCD regarding epidural injections for pain management in June 2017. This LCD did not properly recognize nurse anesthesia education programs and certification of CRNAs. Although Novitas Solutions eventually made changes to the LCD to make it more inclusive for CRNAs, these changes came after a lengthy reconsideration process that lasted several months.
Solution

- Ensure that LCDs do not contain any language or provision that limits or denies the free choice of a patient to obtain health services;
- Develop a process by which a Medicare beneficiary or an adversely affected health care provider, has recourse for filing a claim prior to the finalization of a LCD;
- In the case of a failure by a MAC to comply, the MAC shall be imposed with a penalty in the amount of $10,000 for each day for each individual affected.
Proposed future local coverage determinations to deny reimbursement for Local Coverage Determination

Specifically stating that NSPM certified CRNAs did not meet the requisite educational and training standards to qualify.

AANA position that graduate level CRNAs are capable of providing guided interventional pain

Unacceptable to AANA
United States Government Accountability Office

Report to Congressional Requesters

August 2018

RURAL HOSPITAL CLOSURES

Number and Characteristics of Affected Hospitals and Contributing Factors
**Medicare Access to Rural Anesthesiology Act**

- Introduced by Congresswoman Lynn Jenkins (R-KS)
- Amends title XVIII (Medicare) of the Social Security Act to allow Anesthesiologists to participate in the Medicare Part A reasonable cost pass through program.
- Additional costs to the system without improving access or outcomes.

**Critical Access and Rural Equity Act**

- Introduced by Congressmen Greg Harper (R-MS) and Dave Loebsack (D-IA)
- Broader package aimed at supporting Rural and Critical access hospitals
- "(C) Standby and on-call costs for certified registered nurse anesthetist services, regardless of the number of surgical procedures requiring anesthesia services and regardless of the number of full-time equivalent physicians."
Save Rural Hospitals Act
H. R. 2957

Rural Hospital Stabilization
- Permanent extension of payments like low-volume and rural ambulance.

Rural Medicare Beneficiary Equity
- Equalize patient copayments for outpatient services at CAHs with copays at other hospitals.

Regulatory Relief
- Eliminate the CAH 96-hour condition of payment
- Modify 2-midnight rule and RAC audit appeals process.
America’s aging population needs excellent care – and CRNAs and other APRNs are a major part of the solution.

**AANA is working in both the House & Senate along with our** Nursing Community partners to secure Title 8 nurse workforce development in Labor-HHS appropriations.

Nurse Anesthesia educational programs collectively receive about $3 million each year through the **Title 8 Nurse Workforce Development Program**, funded through Labor-HHS Education Appropriations legislation.
Major Challenges

President’s budget proposed a 64% cut.

House funding bill included a 8% cut, removed line items for advanced nursing education and nurse anesthetists traineeship.
Regulatory Relief Legislation

- Conditions for Coverage for Ambulatory Surgical Centers will not allow CRNAs to perform the pre-anesthetic assessment. “Kanye West Rule”
- Conditions for Participation for Hospitals will not allow CRNAs to serve as Director of Anesthesia, even in CRN
- Ordering and referring
- Evaluation and Management
Provider Non-Discrimination in Tri Care

Legislation to prohibit Tri-Care Contractors from discriminating against CRNAs solely based on their licensure.
Recent Report: Anesthesia Care Practice Models in the Veterans Health Administration

- Although the VHA primarily relies on teams for anesthesia care, unsupervised certified registered nurse anesthetists also are used to meet veterans’ surgical care needs.
- Positive first step
- If it is good for one Vet it is good for all vets
- Build on this with Congressional request for a deeper dive of efficacy, access and cost
Where to Next???

GNE VS GME

Research and analyses indicate that CRNAs are less costly to train than anesthesiologists.
Challenges
House Republicans Doctors Caucus
Other Highly Place Opponents

- Dr. Jerome Adams, United States Surgeon General
What keeps you awake at night?
If you’re always ready, you don’t have to get ready.

Will Smith
CONTRIBUTE
IF THEY SAY "IT'S IMPOSSIBLE", REMEMBER THAT IT'S IMPOSSIBLE FOR THEM NOT FOR YOU.
Feedback

is the breakfast of champions

Rkohl@aanadc.com
Cell 202-631-0208
Thank You!!!

Nothing stops this train