



February 19, 2010

Department of Health & Human Services
Health Resources and Services Administration (HRSA)
Attn: Desk Officer for HRSA
Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

RE: HRSA Proposed Project: Advanced Education Nursing Traineeship (AENT) and Nurse Anesthetist Traineeship (NAT) (OMB No. 0915-0305) [Extension], (74 Fed.Reg. 3739, January 22, 2010)

Dear HRSA Desk Officer:

The American Association of Nurse Anesthetists (AANA) would like to take this opportunity to share with you some of our thoughts and suggestions regarding the HRSA Proposed Project: Advanced Education Nursing Traineeship (AENT) and Nurse Anesthetist Traineeship (NAT) (OMB No. 0915-0305) [Extension], (74 Fed.Reg. 3739, 01/22/10). We applaud HRSA for making funding through these programs possible and available to nurse anesthesia education programs throughout the country.

Background of the AANA and CRNAs

The AANA is the professional association for more than 40,000 Certified Registered Nurse Anesthetists (CRNAs) and student nurse anesthetists, and through their membership represents over 90 percent of the nurse anesthetists in the United States. CRNAs are advanced practice registered nurses who personally administer about 32 million anesthetics to patients each year in the United States, according to the 2008 AANA Member Survey. Nurse anesthetists have provided anesthesia in the U.S. for nearly 150 years, and their high quality cost effective anesthesia services continue to be in high demand today. CRNAs are Medicare Part B providers who have been authorized to bill Medicare directly for 100 percent of the physician fee schedule amount for their services since 1989,

CRNA services include the perioperative preparation and management of patients, administering the anesthetic, monitoring and interpreting the patient's vital signs, and managing the patient throughout surgery. CRNAs also provide acute and chronic pain management services. 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, and trauma stabilization, and pain management capabilities.

According to a 2007 Government Accountability Office (GAO) study, CRNAs are the predominant anesthesia provider where there are higher densities of Medicare beneficiaries and where the gap in reimbursement between Medicare and private pay is less.¹ Nurse anesthesia predominates in Veterans Hospitals and in the U.S. Armed Forces. CRNAs work in every setting in which anesthesia is delivered including hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers (ASCs), pain management facilities and the offices of dentists, podiatrists, and all varieties of specialty surgeons.

HRSA Advanced Education Nursing Traineeship grants remain crucial for nurse anesthesia education programs.

The Title 8 Advanced Education Nursing program, which includes grants through the Nurse Anesthesia Traineeship (NAT) and the Advanced Nursing Education Traineeship (AENT) programs, is extremely valuable in helping meet demand for nursing faculty and other advanced education nursing services throughout the U.S. The program provides competitive grants that help enhance advanced nursing education and practice, as well as traineeships for individuals in advanced nursing education programs. This funding is critical to meet the nursing workforce needs of Americans who require healthcare. Based on a 2009 Annual Report survey conducted by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA),

¹ U.S. Government Accountability Office (GAO). Medicare Physician Payments: Medicare and Private Payment Differences for Anesthesia Services. Report to Subcommittee on Health, Committee on Ways and Means, U.S. House of Representatives. GAO-07-463. July 2007;15. <http://www.gao.gov/new.items/d07463.pdf>

approximately 80% of all nurse anesthesia programs have students that rely on nurse anesthesia traineeships funding to help support their education. The purposes of this funding are to increase the number of providers in rural and underserved America and to prepare providers at the master's and doctoral levels, thereby increasing the potential number of clinicians who are eligible to serve as faculty. We are grateful for your continued efforts to manage and provide funding for all advanced practice nursing programs and in particular grants for nurse anesthesia education programs.

The need for this program is justified by continued high demand for CRNA clinical and faculty workforce. In 2007, an AANA nurse anesthesia workforce study found a 12.6% vacancy rate in hospitals for CRNAs, and a 12.5% faculty vacancy rate. The supply of clinical providers has increased in recent years, stimulated by increases in the number of CRNAs trained. From 2000 through 2008, the number of graduates of nurse anesthesia educational programs doubled, with the Council on Certification of Nurse Anesthetists (CCNA) reporting 1,075 graduates in 2000 and 2,158 graduates in 2008. Because high demand for CRNA services are expected to drive this growth continue, it is even more critical that funding for AENT and NAT grants remains available. In addition, it is important to note that even though the number of graduates has doubled in eight years, the nurse anesthetist vacancy rate remained steady at around 12%, which is likely attributable to increased demand for anesthesia services as the population ages, growth in the number of clinical sites requiring anesthesia services, and CRNA retirements.

The great challenge to meet continued high demand for CRNA workforce is not for a lack of qualified applicants to our 109 accredited programs of nurse anesthesia; our educational programs continue to turn away qualified applicants by the hundreds each year. Rather, the capacity of nurse anesthesia educational programs to educate qualified applicants is limited by the number of faculty, the number and characteristics of clinical practice educational sites, and other factors. (A qualified applicant to a CRNA program is a bachelor's educated registered nurse holding a valid RN license in a state, who has spent at least one year practicing in an acute care healthcare environment.)

With the help of HRSA Advanced Education Nursing expansion grants as well as funding for AENT and NAT, the nurse anesthesia profession is making significant progress, expanding both the number of clinical practice sites and the number of graduates. Furthermore, AENT and NAT grants help nurses (RNs) to become advanced practice nurses and pursue a career in nurse anesthesia. The traineeship funding helps offset tuition, textbook expenses, fees and other costly ancillary expenses associated with education. Our nurse anesthesia students report that this funding is especially helpful in successfully pursuing their professional education.

AANA Request for AENT & NAT application process.

It is our understanding that advance practice nursing education programs can garner more grant funding through AENT and NAT if the education programs can demonstrate that their programs include students who are ethnic or racial minorities, and if the programs can demonstrate that their graduates go on to provide healthcare services in designated Health Professional Shortage Areas (HPSAs) or other medically underserved areas. We support HRSA's policies, which promote diversity in the advance practice nursing workforce and access to advance practice nursing services. We are especially proud of nurse anesthesia's long record of providing access to anesthesia services to patients living in rural and medically underserved areas of the country.

Our specific comments for HRSA's AENT and NAT programs relate to the application process. We thank you for the data base that HRSA has created which allows nurse anesthesia program directors who are applying for grant funding to determine more precisely whether their graduates are practicing in underserved areas. This is a very helpful resource for our program directors. We appreciate the HRSA staff's continued responsiveness to our nurse anesthesia program directors' questions, and welcome efforts by HRSA to make the AENT and NAT application instructions clearer and crisper -- especially in correctly completing the table formulas that are required for each grant application.

We thank you for the opportunity to comment on the AENT and NAT programs and we look forward to continuing to work with you regarding nurse anesthesia and advanced practice

nursing issues. Should you have any questions regarding these matters, please feel free to contact the AANA Senior Director of Federal Government Affairs, Frank Purcell, at 202-484-8400.

Sincerely,

A handwritten signature in black ink that reads "James R. Walker". The signature is written in a cursive, flowing style.

James Walker, CRNA, DNP
AANA President

cc: Wanda O. Wilson, CRNA, Ph.D. AANA Executive Director
Frank J. Purcell, AANA Senior Director of Federal Government Affairs
Pamela K. Blackwell, JD, AANA Associate Director, Federal Regulatory Policy
Ann Walker-Jenkins, AANA Associate Director, Federal Government Affairs