Setting the Record Straight – ASA's Strong Case for Medicare Anesthesiology Teaching Rule Reform

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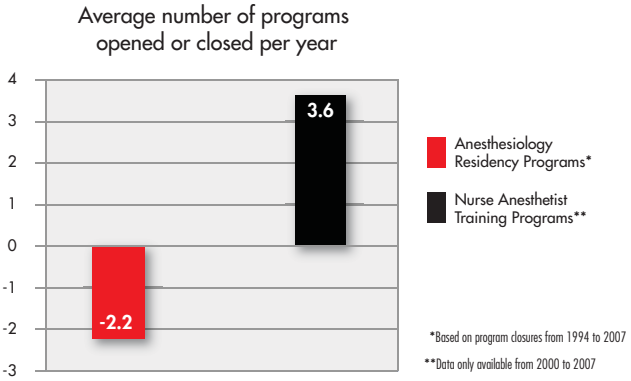
As Congress moves toward possible passage of a Medicare "fix" bill for 2008, ASA continues its push for reform of the ruinous Medicare policy that has led to the closure of 28 academic anesthesiology programs since 1994. ASA is truly grateful for the strong leadership of Senators Jay Rockefeller (D-WV) and Jon Kyl (R-AZ) for championing S. 2056, and Reps. Xavier Becerra (D-CA) and Pete Sessions (R-TX) and many others for their strong backing of H.R. 2053. These congressional leaders have been joined broadly by their colleagues to swell the co-sponsorship ranks on these important bills to 30 senators and 120 House members, respectively.

In short, bi-partisan congressional support for the "Medicare Anesthesiology Teaching Funding Restoration Act of 2007" has never been higher, and yet there are still those who would like to see us fail or profit at our expense.

As we have stated consistently, and always based on the facts, only anesthesiology has been unfairly singled out by the Centers for Medicare & Medicaid Services (CMS), formerly the Health Care Financing Administration, by its rule that cuts in half the Medicare reimbursement for any overlapping "teaching" cases involving resident physicians and their attending physicians (anesthesiologists).

And only anesthesiology programs are closing while other programs, such as those for student nurses training in anesthesia, continue to rapidly expand. The charts in this article document how the Medicare rule has injured our programs while massive federal appropriations to the tune of multiple millions of dollars annually, and more generous Medicare reimbursement under the wholly separate nurse anesthesia teaching rule, have enabled their programs to grow.

For the record, ASA has never opposed federal monies flowing to nurse training programs through Congress' annual appropriations funding process, based on an overall shortage of anesthesia professionals nationally. Instead, our approach has taken the high road and focused only on restoring funds, unfairly taken from anesthesiology training programs, so that no more of our teaching programs close. According to the Congressional Budget Office, S. 2056/H.R. 2053 is scored at a modest $40 million per year.



Sadly, however, some nursing special interest groups and a few in Congress have distorted or ignored these facts in an effort to derail S. 2056 and H.R. 2053. One House

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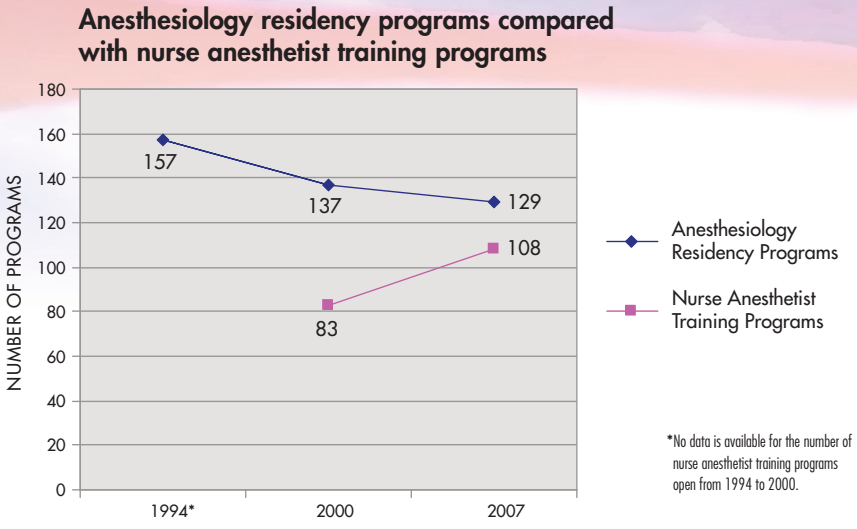
bill, H.R. 1932, introduced by Rep. Bart Stupak (D-MI) over the protests of the Michigan State Medical Society and our strong state component society there, amounts to a nurse practice expansion initiative by seeking greatly increased Medicare reimbursement where no cuts were previously made and, alarmingly, changes state scope of practice for nurses through federal fiat.

Based on its inequitable tilt, ASA opposes H.R. 1932 because it would expand the scope of practice for nurse anesthetists and create new and untested practice authority. It was introduced under the guise of fixing widely recognized problems with payments to teaching anesthesiologists in residency programs and allegations that nursing programs were similarly shortchanged by the 1991 CMS rulemaking. This latter portion is false. Even worse, H.R. 1932 includes controversial and non-consensus provisions blurring the distinction between anesthesiology residents — who are physicians — and student nurses.



As anesthesiologists and leaders in health policy know well, training programs for anesthesiology (physician) residents and student nurses are profoundly different on a number of levels, including entrance requirements, educational content, and length of study and subsequent mode of practice. H.R. 1932 undermines these essential patient safety distinctions in education and training between physicians and nurses. It equates eight years of combined medical school and anesthesiology residency programs for physicians with a 27-month training program for nurses, unraveling decades of precedence appropriately distinguishing doctors' and nurses' vastly different training and experience.

To maintain the viability of anesthesiology residency programs nationwide, ASA is working hard to restore full payment for Medicare cases involving anesthesiology resident physicians. Unlike H.R. 1932, nothing in S. 2056 or H.R. 2053 would change scope of practice or blur training and practice distinctions between doctors and nurses.

In a tough federal budget climate, ASA believes that restoring funds wrongly taken from teaching anesthesiology programs before adding new funds to already highly subsidized nurse training programs must be a priority.

"H.R. 1932 undermines these essential patient safety distinctions in education and training between physicians and nurses."

The facts are with us. Please help spread the truth and be sure you are fully informed when talking to your members of Congress. For more information and to take action now in support of S. 2056 and H.R. 2053, please visit www.asahq.org/government.htm#alerts.