



## **AANA State Associations of Nurse Anesthetists VHA Action Kit**

### **Executive Summary**

To ensure our Veterans have access to high quality healthcare, the Veterans Health Administration (VHA) has issued a proposed rule for public comment that would authorize advanced practice registered nurses (APRNs), including CRNAs, with Full Practice Authority. This effort supports the safe and effective care that CRNAs provide our nation's Veterans. The proposed rule will be open for public comment via [www.regulations.gov](http://www.regulations.gov) for 60 days from the date of publication.

The outcome of the proposed rule is far from certain, as the VHA's efforts face attack from physician specialty groups, especially the American Society of Anesthesiologists. As part of the process to move the proposal forward, it is critical for the VHA to hear from AANA state associations, CRNAs, and other stakeholders in support of this change to Full Practice Provider status.

### **Make Your Voice Heard on Veterans' Access to CRNA Care**

During the 60-day public comment period on the proposed rule for CRNA Full Practice Authority, AANA state associations of nurse anesthetists (SANAs) are called upon to take the following four actions:

1. Submit a public comment from your state association to the VHA underscoring the important role of CRNAs in providing access to high-quality care at VHA facilities in your state.
2. Assist in generating comments from at least 33% of the AANA members in your state via [www.crna-pac.com/takeaction](http://www.crna-pac.com/takeaction) or [www.veteransaccessstocare.com](http://www.veteransaccessstocare.com), including sending a letter of encouragement to members in your state during the 5<sup>th</sup> week of our 8 week campaign (see below schedule).
3. Contact your federal legislators using the sample letter as guidance.
4. Post our VHA web sticker to your state association website.

### **Resources Included in this Action Kit:**

1. Information on submitting a public comment (page 2)
2. Suggested timeline of activities for state associations (page 2)
3. Sample state association public comment to the VHA (page 3)
4. Sample letter to AANA members in your state (page 4)
5. Sample e-mail to congressional contacts (page 5)
6. VHA web sticker for your state association website (page 6)
7. VHA Full Practice Authority One Pager (page 7)
8. VHA Full Practice Authority Talking Points (page 8)
9. VHA Full Practice Authority FAQ (page 9-10)

**Questions? Contact Kate Fry, Associate Director, Political Affairs**  
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## Sample AANA State Association Public Comment

The Honorable Robert A. McDonald  
Secretary of Veterans Affairs  
Department of Veterans Affairs  
801 Vermont Ave NW  
Washington, DC 20420-0001

Dear Secretary McDonald:

On behalf of the <Insert State Name> Association of Nurse Anesthetists, representing more than <INSERT number> Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists, I am writing to express support for the Veterans Health Administration (VHA) addressing the growing demand for healthcare services by granting Full Practice Authority to advanced practice registered nurses (APRNs), including CRNAs.

Over 900 CRNAs provide every type of anesthesia care, as well as chronic pain management services, for our Veterans in the VHA. Under this proposal, CRNAs would be recognized to their Full Practice Authority while their services remain guided by VHA Anesthesia Handbook 1123. Modernization of the Nursing Handbook is consistent with the evidence-based recommendations advanced by the Institute of Medicine in its report, *The Future of Nursing: Leading Change, Advancing Health*, as well as with healthcare delivery and workforce roles within the branches of our U.S. Armed Forces.

APRNs are skilled practitioners who increase access to care, reduce cost and ensure quality. As Full Practice Providers, APRNs will deliver care to the full scope of their education and training and ensure that the VHA has the flexibility to utilize all providers within the healthcare team, maximizing the effective use of resources and providing optimal care for the men and women who have served our country in uniform.

I urge the VHA to finalize and begin implementation of this proposal to continue improving healthcare for our Veterans throughout the country. Thank you for your consideration of this important matter, and I look forward to your reply.

Sincerely,

## Sample Letter to AANA Members in Your State:

Subject Line: Submit Your Comment in Support of VHA CRNA Full Practice Authority

Dear <State Association Name> Member:

As a valued <INSERT STATE ASSOCIATION NAME> member, it is time to support CRNA Full Practice Authority in the Veterans Health Administration (VHA) and reject the fear-based attacks of our adversaries. **Please take a moment to submit a personal comment to the VHA and voice your support.**

**Submit a public comment using the following four steps:**

1. [Click here](#) and you will be redirected to the AANA website
2. Enter your AANA member user name and password
3. Personalize the pre-written comment with any specific stories or background
4. Press send

The VHA proposed rule will only be open for public comment until <Insert Date>. Our goal is to have at least 33% of all members in the state participate in this campaign that affects every CRNA and SRNA, regardless of your practice setting. Thus far, we are at <INSERT NUMBER>, so we must do better.

Your efforts on this critical issue do make a difference. Thank you for your involvement and continuing to provide safe, cost-effective anesthesia care across <INSERT STATE NAME>.

Sincerely,

## Sample Letter to Your Congressional Delegation:

Dear Representative/Senator:

On behalf of the <Insert State Association name> representing <Insert number> Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists, I am writing today about a proposed rule issued by the Veterans Health Administration (VHA) authorizing Full Practice Authority for advanced practice registered nurses (APRNs), including CRNAs. I hope you will support this effort and contact the VHA today.

Granting Full Practice Authority ensures Veterans receive the full scope of high-quality care they so rightfully deserve. Recently, an Independent Assessment of the healthcare delivery system and management processes of the Department of Veterans Affairs was completed, as required by the Veterans Choice Access and Accountability Act of 2014. Within the healthcare assessment, the first recommendation is to formalize Full Nursing Practice Authority for all APRNs including CRNAs throughout the VHA. This policy would not only help address the increasing healthcare demands of our nation's Veterans, but would also improve healthcare efficiency in the VHA system.

Over 900 CRNAs provide every type of anesthesia care, as well as chronic pain management services, for our Veterans in the VHA. The safety of CRNA services has long been recognized by the VHA and underscored by peer-reviewed scientific studies. Not only does the Institute of Medicine report that anesthesia is 50 times safer today than in the early 1980s, a major study published in *Health Affairs* found that anesthesia care by CRNAs was equally safe with or without physician supervision.

Given our Veterans' need for high quality healthcare, limiting CRNA practice in the VHA impairs Veterans' access to care, risks lengthening delays in healthcare delivery, increases healthcare costs, and fails to promote patient safety or to put our Veterans first.

Thank you for your time and consideration, and I look forward to your response.

Sincerely,

## VHA Web Sticker for State Association Websites:



### Instructions:

For assistance, contact [info@aanadc.com](mailto:info@aanadc.com) or 202-484-8400.

Sample embed code - `<a href="https://www.veteransaccesstocare.com/"></a>`

Please change the highlighted section above to the location where you are storing the web sticker on your state websites. The first part of the highlighted section should be the state website and the second part is the name of the web sticker file. The attached web sticker file is named **01-AANA-Websticker-AS.JPG**

**Example:** For Florida, the highlighted section might say: <http://fana.org/wp-content/uploads/2015/12/01-AANA-Websticker-AS.JPG>.

## VHA One Pager – Ensuring Veterans Access to Quality Care

The American Association of Nurse Anesthetists represents more than 49,000 Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists, including approximately 900 members serving in the Veterans Health Administration (VHA). Nationwide, CRNAs deliver approximately 40 million anesthetics each year. CRNAs have provided the majority of anesthesia to our active duty military in combat arenas since World War I and predominate in Veterans hospitals and the U.S. Armed Services.

To ensure our Veterans have access to high quality healthcare, the VHA is modernizing its policy to authorize CRNAs and other advanced practice registered nurses (APRNs) to practice to their full scope and be recognized as Full Practice Authority providers. This designation follows the recommendation of the Institute of Medicine (IOM) that APRNs should be permitted to practice to the full scope of their skill and training,<sup>1</sup> and is consistent with current practice models in the Army, Navy, Air Force, Indian Health Services, Combat Support Hospitals and Forward Surgical Teams.

The AANA supports the VHA's efforts to increase Veterans' access to the highest quality healthcare they have earned and deserve.

- **For more than 150 years, nurse anesthetists have cared for every type of patient, using every type of anesthetic technique, in every type of procedure requiring anesthesia, and in every type of setting where anesthesia is delivered.** Within the VHA and civilian sector alike, CRNAs provide anesthesia services across the entire care continuum.
- **Peer-reviewed scientific literature shows CRNA services ensure patient access to safe, high-quality anesthesia care, and promote healthcare cost savings.** A landmark study published in August 2010 in *Health Affairs* and a 2014 analysis by the Cochrane Reviews showed no differences in patient outcomes when anesthesia services are provided by CRNAs, physicians, or CRNAs supervised by physicians.<sup>2</sup>
- **The safety of CRNA services is underscored in that the VHA does not require anesthesiologist or physician supervision of CRNAs, and in a number of VHA facilities CRNAs are the sole anesthesia providers.** The proposed policy supports the team based model of care that will fully utilize the knowledge, skills, and abilities of CRNAs.
- **This policy is also consistent with the “Veterans Access, Choice, and Accountability Act” (P.L. 113-146) passed by an overwhelming majority in Congress in 2014** (House: 420-5; Senate: 91-3). This law enables Veterans to seek care outside the VHA in facilities where APRNs, including CRNAs, are able to practice to the full scope of their education and training as Full Practice Authority providers.
- **The Independent Assessment of the VHA conducted by the RAND Corporation and required by the Veterans Choice, Access and Accountability Act of 2014** examined “Policy Options to Increase Productivity of Existing Resources.” Within this area, its first recommendation was to formalize Full Nursing Practice Authority for all APRNs throughout the VHA system.

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<sup>1</sup> National Academy of Sciences Institute of Medicine, “The future of nursing, leading change, advancing health. Report recommendations,” 2011. <http://www.iom.edu/~media/Files/Report%20Files/2010/The-Future-of-Nursing/Future%20of%20Nursing%202010%20Recommendations.pdf>

<sup>2</sup> B. Dulisse and J. Cromwell, “No Harm Found When Nurse Anesthetists Work Without Physician Supervision.” *Health Affairs*. 2010; 29: 1469-1475. Also, Physician Anesthetists Versus Non-Physician Providers of Anesthesia for Surgical Patients, Lewis SR, Nicholson A, Smith AF, Alderson P. (2014). Cochrane Database of Systematic Reviews 2014, Issue 7. Art. No.: CD010357. DOI: 10.1002/14651858.CD010357.pub2.

## VHA Sample Talking Points

- Our Veterans are waiting too long for the healthcare they have earned and deserve, and that we owe them. Recognizing advanced practice registered nurses (APRNs) with Full Practice Authority expands Veterans' access to care and helps to end long wait times.
- The VA recently completed an Independent Assessment of the healthcare delivery system and management processes of the Department of Veterans Affairs, required by the Veterans Choice Access and Accountability Act of 2014. Within the healthcare assessment, its first recommendation is to formalize Full Nursing Practice Authority for all APRNs including CRNAs throughout the Veterans Health Administration (VHA). This policy would not only help address the increasing healthcare demands of our nations' Veterans, but would also improve healthcare efficiency in the VHA system.
- The concept of APRNs practicing to the top of their training and expertise is backed by decades of research; aligns with current APRN policy in the Army, Navy, Air Force, Combat Support Hospitals, Forward Surgical Teams and Indian and Public Health Services; and is consistent with the evidenced based recommendations advanced by the Institute of Medicine in its report, *The Future of Nursing: Leading Change, Advancing Health*. It will also allow for greater patient care team based clinical practice.
- This proposal expands access to care by recognizing full practice authority for APRNs in the VHA, including CRNAs. Full Practice Authority allows the VHA to utilize the more than 6,000 APRNs currently working in the VHA in the most efficient manner possible to improve Veterans' access to the highest quality healthcare.
- Recognizing the full practice authority for all APRNs is the right policy at the right time to improve Veterans' timely access to the highest quality healthcare they have earned and deserve while insuring the long term sustainability of the VHA.
- The proposal would standardize care across the VHA removing burdensome regulatory requirements which the available evidence shows do not lead to improved healthcare outcomes, but do present impediments to access to care.

## VHA Frequently Asked Questions

### **What is the VHA Proposal for Full Practice Authority?**

The proposal would recognize the Full Practice Authority of all advanced practice registered nurses (APRNs), including CRNAs, working in the Department of Veterans Affairs (VA) healthcare system. Currently, there are roughly 900 CRNAs practicing in the Veterans Health Administration (VHA). This policy change would enable all CRNAs to practice to the full scope of their education and training, and help to standardize policy across the VHA.

### **What is current VHA policy for CRNA practice?**

The practice of CRNAs and the delivery of anesthesia are subject to the existing VHA Anesthesia Handbook 1123 found at [http://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1548](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1548).

### **Does the VHA Anesthesia Handbook require physician supervision of CRNAs?**

No, it does not. While the Anesthesia Handbook emphasizes a team-based approach to anesthesia delivery, it does not require physician supervision or anesthesiologist supervision of CRNAs. There are currently several facilities operating today with CRNAs as the sole providers of anesthesia.

### **If implemented, would this policy supersede the current Anesthesia Handbook or change current anesthesia practice in the VHA?**

No. CRNAs will be recognized as Full Practice Providers and continue to work according to the guidelines of the existing Anesthesia Handbook.

### **If adopted, will this proposal affect patient care team based delivery of anesthesia or force CRNAs to work independently?**

No. Full Practice Authority simply ensures that each Veteran patient will benefit from the full education and skill of every healthcare professional, and supports consistent high quality care delivery by the team providing care for the patient. It also ensures that each CRNA and APRN is privileged up to their level of educational preparation and experience.

### **Is there currently legislation in Congress to address APRN Full Practice Authority in the VHA?**

Yes, there are currently four pieces of legislation that address the Full Practice Authority of APRNs in the VHA. The AANA is supporting HR 1247, the "Improving Veterans Access to Quality Care Act," and HR 4134/S 2279, the "Veterans Health Care Staffing Improvement Act." Both pieces of legislation allow all four types of APRNs to practice to their full practice authority. The bills are also consistent with the recommendations of the Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*, the National Council of State Boards of Nursing APRN Consensus Model, and proposals under consideration in the VHA.

The AANA has expressed strong concerns about legislation in the Senate, S 297, the "Frontlines to Lifelines Act," sponsored by Sen. Mark Kirk (R-IL). Unlike S 2279, S 297 recognizes only three of the four APRN specialties for Full Practice Authority in the VHA, omitting CRNAs. Failing to recognize CRNAs would limit Veterans' timely access to critical procedures requiring anesthesia care.

### **Are there any additional provisions included in HR 1247, HR 4134/S 2279, and S 297?**

Yes, all four bills include provisions that are supported by the VHA. HR 1247 and S 297 would also extend and expand the "Intermediate Care Technician" pilot program, which enables the immediate transition of combat medics, medical technicians and corpsmen from the U.S. Armed Forces into the VHA system

to provide care and advance their education and training. HR 1247 and S 297 also seek to streamline processes for sharing provider credentialing data between the Department of Defense and the VA.

HR 4134/S 2279 includes additional provisions to help Servicemembers leaving the military transition to the VA and uniform licensing and credentialing standards.

### **Why did the VHA decide to adopt this policy?**

Motivated by the recommendations of the Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*, that support the policy of APRNs practicing to their full scope, the VHA seeks to implement best practices related to efficient and effective healthcare delivery. This action is the right policy at the right time to improve Veterans' access to timely, high quality healthcare.

### **Can CRNAs practice without supervision in other federal settings?**

Yes. The Army, Navy, Air Force, Indian Health Services, and Combat Support Hospitals all allow for CRNAs to practice without physician supervision. The Centers for Medicare & Medicaid Services (CMS) also allows states to opt out of the federal Medicare supervision requirement, meaning states that opt out are no longer required by CMS to have CRNAs supervised by physicians, including anesthesiologists, when administering anesthesia. Currently 17 states have opted out of this supervision requirement and allow CRNAs to administer anesthesia to Medicare patients without the supervision of a physician.

### **Who is currently supporting this issue?**

AANA, the Association of Veterans Affairs Nurse Anesthetists (AVANA), 53 nursing organizations, Veterans, Veterans groups and other stakeholders, the AARP, and more than 40 members of Congress have all communicated support for Full Practice Authority for CRNAs and other APRNs.

### **How are CRNAs educated and trained?**

All CRNAs must pass a national certification exam and complete recertification every two years. All CRNAs are held to the same national standard of care requiring the same level of expertise regardless of the state in which the CRNA practices.

While each anesthesia educational program may require coursework that exceeds national certification requirements, each nurse anesthesia program must be nationally accredited and meet national education standards for anesthesia by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). Nurse anesthetists practicing in every state must receive their master's or doctoral degree and attain a minimum of seven to eight years of education, training, and experience before becoming a CRNA. CRNAs are the only anesthesia professionals with an average of 3.5 years of critical care experience prior to beginning formal anesthesia education. The average student nurse anesthetist completes nearly 2,500 clinical hours and administers roughly 850 anesthetics during his/her clinical preparation, and completes clinical and didactic instruction emphasizing anatomy, physiology, advanced pathophysiology, biochemistry, chemistry, physics and advanced pharmacology.