Written Statement for the Record by:

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Introduction

Chairman Bost, Ranking Member Takano, and Members of the Committee, thank you for the opportunity to offer this statement for the record. The American Association of Nurse Anesthesiology (AANA) is the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists, representing more than 61,000 CRNAs and student nurse anesthetists, including almost 1,200 working in the Veterans Health Administration (VHA).CRNAs are advanced practice registered nurses (APRNs) and are the sole anesthesia providers in nearly all rural hospitals, affording these medical facilities obstetrical, surgical, trauma stabilization, and pain management capabilities.

We applaud the House Veterans' Affairs Committee for its leadership in holding this hearing on improving rural healthcare access at the Department of Veterans Affairs (VA). This hearing is a laudable step in ensuring that our veterans can access the care our nation has promised them. A critical part of this process will mean addressing workforce issues at VA facilities that have inhibited veterans' access to care.

The title of this hearing asks an important question: "Is VA Meeting All Veterans Where They Live?" And the answer is, "no." It is evident the VA has not been doing all they can to provide timely access to quality healthcare for our veterans. Specifically, the VA has compounded this issue by not issuing national standards of practice for CRNAs that allow them to work to the top of their education and training, when CRNAs provide critical anesthesia care to rural and underserved populations across the country.

National Standards of Practice

The VA is currently developing national standards of practice (NSPs) for various health care professionals employed at VA facilities across the nation. These standards are meant to improve healthcare access by ensuring that healthcare professions in each occupation are uniform throughout the VA system, regardless of what is permitted by State licensure. According to the VA, the development of these standards would allow the VA to "Ensure safe, high-quality care for the Nation's Veterans. Standardize the practice of each health care occupation of each health care occupation irrespective of State requirements. More Efficiently Allocate resources to support organizational missions to include national disasters and pandemics. (…) Leverage a modernized, mobile workforce to support rural areas and crisis response."[1]

The VA announced their NSPs for APRNs in December of 2016 and extended full practice authority (FPA) to three of four APRN roles, excluding only CRNAs.[2] In the VA's own Supplementary Information provided with the Rule, the VA rebuffed arguments against FPA for CRNAs and, in fact, agreed with comments supporting CRNA full practice. The decision was

[1] "VA National Standards of Practice," The Department of Veterans Affairs, 2023. https://www.va.gov/STANDARDSOFPRACTICE/index.asp

[2] "Advanced Practice Registered Nurses, Final Rule" The Department of Veterans Affairs, 2016. https://www.federalregister.gov/documents/2016/12/14/2016-29950/advanced-practice-registered-nurses

made despite the body of evidence presented within the rule and its supporting documents which clearly support granting FPA to CRNAs.

In the Final Rule, the VA notes that they "received 104,256 comments against granting full practice authority to VA CRNAs," that were almost entirely the result of a lobbying blitz from the American Society of Anesthesiologists (ASA). However, **the VA concluded that "these comments were not substantive in nature and were akin to a ballot box," and further rebuffed the content of such comments by concluding that "establishing full practice authority to VA APRNs, including CRNAs, would not eliminate any well-established team-based care."**

The VA also noted receipt of over 45,000 comments in favor of FPA for APRNs and 9,613 more in support of FPA for CRNAs. **The VA agreed with these comments, unlike those submitted by the ASA, acknowledging that studies have shown that "anesthesia care by CRNAs was equally safe with or without physician supervision," and found that claims that there were no shortages of anesthesiologists "were not substantiated by evidence."** Unfortunately for our veterans, however, the "extensive (…) campaign against granting full practice authority to CRNAs," led the VA to make an erroneous decision that compromises the ability of many of our nation's veterans—especially those in rural areas—to receive the care that they deserve.

Addressing Barriers and Constraints within the Current Workforce

A key argument made by the opponents of granting CRNAs at the VA their FPA was that there was no shortage in the VA of anesthesiologists. However, **the VA found that these claims "were not substantiated by evidence."** In the years following their decision not to extend FPA to CRNAs, delays in care due to a lack of anesthesia staff have occurred in multiple states. **A March 2018 report on the critical deficiencies at the Washington, D.C. VA Medical Center showed that procedures are being delayed and canceled due to a lack of anesthesia staff.[3] A 2017 Denver Post story—published less than a year after the VA issued their Final Rule on APRNs—uncovered that the Denver VA facility had "'approximately 65 to 90 nonemergent surgeries rescheduled or postponed due to a shortage of anesthesiology staff."[4]**

These examples prove there is a need for CRNA FPA at VA facilities. The delay and cancellation of surgeries is an unsustainable and utterly deficient model of care to offer our veterans. Those who have fought for our country deserve timely access to high quality healthcare.

The VA is clearly not meeting the needs of veterans regarding the VA's provision of anesthesia care. However, the VA has the solution to this issue already**: extend full practice authority to CRNAs at VA facilities.** This conclusion is even borne out by a VA-commissioned study published by the Temple University Beasley School of Law in 2022, which concluded that policy

[3] "Critical Deficiencies at the Washington DC VA Medical Center," (Department of Veterans Affairs, Office of the Inspector General, 2018). https://www.oversight.gov/sites/default/files/oig-reports/VAOIG-17-02644-130.pdf
[4] "Dozens of surgeries at Denver VA Hospital put off because of doctor shortage" (David Migoya, 2017). https://www.denverpost.com/2017/10/12/dozens-surgeries-denver-va-hospital-put-off-because-doctor-shortage/

decisions on CRNA standards should be guided by currently available data.[5] **The data provided in the study shows that removing restrictions on CRNAs had no negative impact on patients; may be a cost-effective solution to physician shortages; and may increase access to care.**

In the wake of reports on cancelled surgeries and the acknowledgement that 25% of VA facility Chiefs of Staff "reported problems recruiting or hiring anesthesiologists," it is of the utmost importance that the VA reconsider their exclusion of CRNAs from their 2016 rule on APRNs.[6] To deliver on our promise to our nation's veterans, FPA should be granted to CRNAs—as it was to the other three APRN provider classes at VA facilities.

Helping the VA Meet Their National Practice Standard Goals

The VA outlined four critical goals in promulgating rules on national standards of practice. One of which is directly related to today's hearing, the VA stated that one of their goals in this undertaking was to "leverage a modernized, mobile workforce to support rural areas and crisis response." The Temple Study, first referenced above, relied on decades of supporting evidence to show that APRNs, "including **CRNAs, are typically more accessible to historically underserved populations and geographic areas. For instance, rural facilities are more heavily reliant on CRNAs for anesthesia and surgical practices."**

Additionally, the Temple Study helps to shed light on how FPA for CRNAs can meet the other three goals that the VA set for themselves as well:

VA National Practice Standard Goal	Evidence in Temple Study
"Ensure safe, high-quality care for the Nation's Veterans."	"Studies have found that CRNAs who had an expanded scope of practice did not have worse patient outcomes, complications, or mortality when compared to anesthesiologists."
"Standardize the practice of each health care occupation irrespective of State requirements."	There is no standardization of the CRNA occupation across states, as the Temple Study found that there is "wide variation among CRNA scope of practice laws – including differences in requirements for direction, on-site presence, supervision, and/or collaboration in various settings, the ability to obtain prescriptive authority, and the scope of the prescriptive authority when available"

[5] "Certified Registered Nurse Anesthetist Scope of Practice Laws," (DeAnna Baumle, JD, MSW, 2022). https://www.va.gov/STANDARDSOFPRACTICE/docs/CRNA_PolicyBrief_Temple.pdf
[6] "VA National Standards of Practice," The Department of Veterans Affairs, 2023. https://www.va.gov/STANDARDSOFPRACTICE/index.asp

“More efficiently allocate resources to support organizational missions to include disasters and pandemics.”	“Removing restrictions and allowing more CRNAs to practice autonomously is documented to have no negative impact on patient outcomes, may potentially provide a cost-effective solution to physician shortages, and may increase access to care. Especially given the fact that CRNAs often provide services to populations that have historically lacked access to health care”

Conclusion

Our veterans deserve access to the highest quality healthcare that our country can provide, regardless of where they live. To fully deliver on that promise, the VA can no longer afford to continue with a supervisory model of care for CRNAs that impedes access to care for veterans. The Agency must, instead, move to a model of collaboration where both physicians and CRNAs work independently in providing direct patient care. The 2016 rule that excluded CRNAs was, by every available metric, wrongly decided and it is far past time for the VA to fix this error. I thank the Committee for its attention to this important issue and look forward to working with you as you seek to improve healthcare for veterans in our nation’s rural communities. The AANA hopes to be a partner and work with you as you address the issues facing healthcare at the VA. Should you wish to discuss these issues further, please contact Matthew Thackston, Director of Federal Government Affairs at mthackston@aana.com or (202) 741-9081 or Kristina Weger, Director of Federal Government Affairs at kweger@aana.com or (202) 741-9084. We look forward to working with you.