



Statement for the Record to the House Committee on Veterans' Affairs

VHA Recruitment and Retention: Is Bureaucracy Holding Back a Quality Workforce?

**Angela Mund, DNP, CRNA
President, American Association of Nurse
Anesthesiology
17 May 2023**

Introduction

Chairwoman Miller-Meeks, Chairwoman Kiggans, Ranking Member Brownley, Ranking Member Mrvan, 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, with membership that includes more than 59,000 CRNAs and student nurse anesthetists representing over 90 percent of the nurse anesthetists in the United States. CRNAs are advanced practice registered nurses (APRNs) who provide acute, chronic, and interventional pain management services. In some states, CRNAs are the sole anesthesia providers in nearly 100 percent of rural hospitals, affording these medical facilities obstetrical, surgical, trauma stabilization, and pain management capabilities.

The AANA applauds the House Committee on Veterans' Affairs for its leadership in holding this timely hearing on "VHA Recruitment and Retention: Is Bureaucracy Holding Back a Quality Workforce?" This hearing is critically important as the increased demand for care within the VA system from the PACT Act meets with ongoing healthcare workforce shortages.

The VA faces a number of bureaucratic problems that are inhibiting their ability to recruit and retain highly qualified providers, including CRNAs. While the VA has made significant steps in terms of improving the hiring and onboarding process, it continues to move too slowly, making it difficult to compete with the private sector. Additionally, issues with both salary caps and aggregate pay limits within the VA disincentivize qualified providers from going to work at the VA. The VA's effort to develop national standards of practice, while a critically important effort to ensure veteran access to care, has fallen behind schedule. We would urge the VA to move forward with this effort in a way that allows providers to work to the top of their scope within the VA, to ensure a practice environment that attracts providers, maintains high quality and safety standards, and ensures access to timely care. Allowing providers to work to the top of their education and training would also be a no cost solution for the VA to maximize the utilization of its current healthcare workforce.

VA Hiring and Onboarding

The VA has consistently underperformed in its hiring and onboarding timelines, with some VHA hires taking nine to twelve months to get a job offer and be onboarded¹. With the ongoing healthcare shortages and the fierce competition for workers, the VA needs to significantly improve their hiring and onboarding practices to remain competitive with the private sector, while still maintaining safety for veterans. The VA OIG report for 2022 showed an increase in shortages for both physician and nurse anesthesiologists. Without a significantly improved system, VA will continue to fall behind in hiring the necessary healthcare workforce.

¹ <https://www.militarytimes.com/veterans/2023/03/29/vet-agency-chief-calls-onboarding-times-for-new-hires-indefensible/>

Pay Caps and Aggregate Pay Limits

We applaud the passage of the *VA Nurse and Physician Assistant RAISE Act* last Congress as an important effort to improve VA's recruitment and retention. The enactment of this legislation represents an important step to increasing pay for APRNs and other providers at the VA to ensure competitive salaries to help recruit and retain employees. Despite the flexibility provided for in the Act, the VA has fallen significantly behind the private sector in compensation and the RAISE Act is a critically important step to ensure that VA can remain competitive. We believe the VA needs to better utilize the authority to go above the currently set CRNA pay cap to better recruit and retain CRNAs.

CRNAs are in a unique position within the VA pay scale. While we appreciate the reforms brought by the *VA Nurse and PA RAISE Act*, we wish to highlight that CRNAs face unique challenges with salaries, because of their advanced skills and the difficulty in recruiting and retaining these advanced providers. It is essential that we address the aggregate limit set forth in the VA handbook, "the aggregate [pay] limit on compensation for CRNAs is the annual pay received by the Vice President [of the United States.]"² This level is currently set at \$235,100. We urge swift action to update the handbook to ensure that CRNAs, like nurse executives and other healthcare professionals, are capped at the same level as the President of the U.S.

CRNAs throughout the VA are hitting the aggregate pay limit and having pay deferred to the following calendar year. Unfortunately, this deferring tends to snowball over time, and some CRNAs are hitting the aggregate limit in the first month of the year. This creates a disincentive for CRNAs to work any necessary overtime. Additionally, it can also lead to providers resigning from the VA and going to the private sector, as leaving the VA is the only way to collect this deferred pay prior to the new calendar year. Updating the handbook to increase the aggregate limit would ensure that CRNA compensation, including incentives such as call pay, shift differential, overtime and other premium pay, incentive awards and performance-based cash award, recruitment and relocation incentive can be awarded to help with CRNA recruitment and retention in the VA.

We also encourage the committee to support H.R. 543, the *VA CEP Modernization Act of 2023*. This legislation would provide other strong incentives to help the VA recruit and retain a strong healthcare workforce by providing reimbursement for continuing professional education more in line with incentives provided by the private sector. This would also help healthcare providers, including CRNAs, continue their lifelong education with further training in groundbreaking techniques that can help reduce or eliminate opioids, manage chronic pain more safely and efficiently, and allow them to continue to better serve our nation's veterans.

Practice Environment and National Standards of Practice Effects on Recruitment and Retention

Currently, almost 1,100 CRNAs work in the VA. It is projected that hundreds more will need to be hired in the coming years. The development of National Standards of Practice (NSP) that would allow

² Department of Veterans Affairs. VA Handbook 5007. October 2020. Retrieved March 14 2022: https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=1270&FType=2

CRNAs who provide care for our nation's veterans to work to the full scope of their education, training, and licensure thereby helping ensure that veterans have access to the timely anesthesia and related healthcare services they deserve and provide for a quality practice environment that would help to recruit CRNAs.

Requiring VA facilities to engage in superfluous supervision of CRNAs will only continue to lead to delays and exacerbate workforce shortages, ultimately hurting patient care. Supervision within the VA has even led to incredibly restrictive 1:1 and 1:2 supervision models, that are highly inefficient and rarely found in the private market. This unnecessary bureaucracy makes recruiting and retaining CRNAs more difficult. Because these arrangements are so costly compared with alternatives, they divert resources from VHA delivery of other priority services such as primary care, women's healthcare, or mental healthcare at a time when demand for those services is increasing. Anesthesia services provided by CRNAs, and anesthesiologists are considered extremely safe and, except in rare instances, a single anesthesia provider is sufficient to administer an excellent anesthetic. CRNAs administer anesthesia in all settings working in collaboration with surgeons, anesthesiologists, and other healthcare professionals as part of the patient care team. A Lewin Group peer-reviewed economic analysis noted, "There are no circumstances examined in which a 1:1 direction model is cost effective or financially viable."³ The Lewin Group analysis concludes that allowing CRNAs to practice to the full extent of their education and training would "both ensure patient safety and result in substantial cost savings, allowing the VHA to allocate scarce resources toward other Veteran healthcare needs.

The VA's final APRN rule referenced current and future recruitment and retention of CRNAs, stating that it is possible resources might be available to address some of these underlying issues if efficiencies were realized as a result of advanced practice nursing authority."⁴ The AANA surveyed its membership, which includes more than 90% of the nation's nurse anesthetists, and found that over 90% of respondents indicated that the decision to not grant full practice authority to CRNAs would deter them from seeking employment in the VHA in the future. This chilling effect on the ability of the VHA to hire skilled CRNAs will have a lasting impact on its ability to meet the healthcare needs of veterans. Conversely, 98% of the survey respondents said they would be more inclined to work for the VHA if it took the appropriate steps to grant full practice authority to CRNAs.

Conclusion

We encourage Congress to work with the VA to address the ongoing issues of slow hiring and onboarding, pay caps and aggregate pay limits, and creating an attractive practice environment for providers to ensure adequate recruitment and retention. We encourage the VA to utilize the pay cap flexibilities provided for in the *VA Nurse and PA RAISE Act* and to increase the aggregate pay limits

³ 0 Hogan op cit., http://www.aana.com/resources2/research/Documents/nec_mj_10_hogan.pdf

⁴ VA Impact Analysis for RIN 2900-APxx/WP 2013-036, Advanced Practice Registered Nurses. "APRN Gains and Losses for FY-12 to FY-16 (Source: 2015 VHA Workforce Planning Report): The number of Nurse Anesthetist gains and losses for FY-12 to FY-16: Total Gains – 314 / Total Losses – 226 for a net gain of 88. The number of Nurse Practitioner gains and losses for FY-12 to FY-14: Total Gains – 1499 / Total Losses – 879 for a net gain of 620."

for CRNAs working in the VA. We hope that VA will expeditiously develop National Standards of Practice that allow providers, including CRNAs to work to the top of their education and training, to better serve veterans and ensure a practice environment that attracts top talent. The VA itself made this important argument when discussing the importance of allowing CRNAs specifically to practice to the full extent of their training. At a 2020 Congressional hearing on the VA's handling of the pandemic, Dr. Jennifer MacDonald, the Chief Consultant to the Deputy Undersecretary for Health at the VA, spoke on CRNA full practice authority saying, “[this change] gives us a better ability to recruit and retain those essential providers for our teams ... we need that level of agility to respond effectively and deliver the access that you mentioned originally.”

We thank you for your time and attention to these important matters. If we can be of any help, please contact Matthew Thackston, AANA Director of Federal Government Affairs at mthackston@aana.com or (202) 741-9081.

Sincerely,

A handwritten signature in black ink that reads "Angela Mund". The signature is written in a cursive, flowing style.

Angela Mund, DNP, CRNA
President
American Association of Nurse Anesthesiology (AANA)