

Written Statement for the Record
American Nurses Association
“Rural Access: Is VA Meeting All Veterans Where They Live?”
U.S. House Committee on Veterans’ Affairs

January 11, 2024

The American Nurses Association (ANA) applauds the House Veterans’ Affairs Committee for holding this oversight hearing on “Rural Access: Is VA Meeting All Veterans Where They Live.” As a leading voice of the nursing profession, ANA is committed to working with the U.S. House Committee on Veterans’ Affairs and the U.S. Department of Veterans’ Affairs (VA) to ensure that our nation’s veterans and their families have timely access to highly qualified healthcare professionals, especially in rural and underserved communities. With this mission in mind and given how nurses provide care for VA patients on a national basis, ANA would like to respectfully share its perspective on how the VA can better serve our veterans through the issuance of national standards of practice (NSPs) for certified registered nurse anesthetists (CRNAs).

Development of National Standards of Practice

The VA has been developing NSPs for various non-physician health care professionals employed at VA facilities nationwide. These standards aim to improve patients’ access to care by ensuring that the delivery of healthcare by medical professionals covered by these standards are uniform throughout the VA system, regardless of what is permitted by state licensure laws. 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 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 advanced practice registered nurses (APRNs) in December of 2016 and extended full practice authority (FPA) to three of four APRN roles. While we are pleased that nurse practitioners (NPs), clinical nurse specialists (CNSs), and certified nurse midwives (CNMs) were granted FPA, this rule excluded CRNAs.² This decision was made despite a body of evidence in support of granting FPA to CRNAs that was incorporated into the rule and its supporting documents. In fact, the VA’s own Supplementary Information provided with the Rule rebuffed arguments against FPA for CRNAs and agreed with comments supporting CRNA full practice. CRNAs were not granted full FPA due to vocal opposition from the physician community, which sent 100,000 comments opposing FPA to the VA. The VA, in the final rule,

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>

acknowledged that these comments were not substantive and agreed that granting FPA to CRNAs in the VA system would not eliminate the team-based care approach to the delivery of health care.

Anesthesiologist Shortage

Anesthesiologists, and their allies, oppose FPA for CRNAs on the ground that there is no shortage of anesthesiologists practicing at the VA, which contradicts existing evidence. The American Medical Association has stated that there is a general physician shortage that is expected to worsen.³ While this shortage is for physicians in general, there is a shortage of anesthesiologists as well. In fact, a March 2018 report on the critical deficiencies at the Washington, D.C. VA Medical Center showed that procedures are being delayed or canceled due to a lack of anesthesia staff.⁴ Furthermore, there have been reports that the VA is having trouble recruiting anesthesiologists. Specifically, 25% of VA facility chiefs of staff are having issues recruiting or hiring anesthesiologists. These are some examples of how our nation's veterans are not receiving timely access to trained medical professionals. By allowing CRNAs to practice to the top of their education and training at VA facilities, the department can alleviate the healthcare professional shortage and greatly improve the care that our veterans and their families are receiving.

Additionally, the VA commissioned a study published by the Temple University Beasley School of Law in 2022 that concluded that policy decisions on CRNA standards should be guided by currently available data. The data provided in the study shows that removing restrictions on CRNAs would have no negative impact on patients and may also be a cost-effective solution to physician shortages and increasing access to care.⁵

Meeting Patients Where They Live

The title of the hearing asks whether the VA is meeting patients where they live. Unfortunately, the answer to this question is no. There are dire physician shortages in rural areas and APRNs are used extensively in these areas to meet the required demand of the patients. The previously referenced Temple study stated 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." Granting FPA to CRNAs at rural VA facilities would promote the VA's goal of ensuring that our veterans have access to safe, high-quality care.

³ "The physician shortage crisis is here – and so are bipartisan fixes" American Medical Association <https://www.ama-assn.org/practice-management/sustainability/physician-shortage-crisis-here-and-so-are-bipartisan-fixes>, November 6, 2023

⁴ "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>

⁵ "Certified Registered Nurse Anesthetist Scope of Practice Laws," (DeAnna Baumle, JD, MSW, 2022). https://www.va.gov/STANDARDSOFPRACTICE/docs/CRNA_PolicyBrief_Temple.pdf

The VA is also trying to create a mobile workforce that can respond to emergencies and be available in areas where there are shortages. Given the lack of a national standard for CRNAs, those CRNAs employed by the VA in states that allow FPA will likely choose to stay in these states, thereby undermining efforts to expand the health care workforce in other states. Adopting NSPs for CRNAs will allow the VA to shift these highly qualified professionals to facilities in states where they are needed without worrying about whether they will be able to practice to the top of their education and training.

Conclusion

In closing, our veterans and their families deserve access to the highest quality healthcare regardless of where they live. To bring this aspiration to fruition, the VA must bring an end to the current supervisory model of care for CRNAs and move toward a model where both physicians and CRNAs work independently to provide direct patient care. ANA appreciates this opportunity to share the nursing community's perspective and stands ready to partner with this committee and the VA to improve healthcare for veterans and their families in rural and underserved communities. Should you have any questions, please reach out to Tim Nanof, Vice President of Policy and Government Affairs, at (301) 628-5081 or Tim.Nanof@ana.org.