

**Statement of the American Society of Anesthesiologists  
Before the House Veterans Affairs Committee  
“Rural Access: Is VA Meeting All Veterans Where They Live?”  
January 11, 2024**

Chairman Bost, Ranking Member Takano and Members of the Committee:

On behalf of our 57,000 members, the American Society of Anesthesiologists (ASA) would like to thank the Committee for its continued work on behalf of America’s Veterans. As the Committee considers the delivery of care to Veterans living in rural communities, the **ASA asks the Committee to urge the Department of Veterans Affairs (VA) to reject changes proposed by the VA Office of Nursing Services that would lower the standard of care for Veterans by dismantling the team-based model of care and moves VA hospitals to a CRNA-only model of anesthesia.** The proposal needlessly places the health and lives of Veterans at risk.

**Key Points:**

- **Veterans should have access to the exact same standard of care as civilians, not a lesser standard.** The VA Office of Nursing Services is proposing to supersede 45 state laws and the models of care used in the nation’s top hospitals to apply a lower standard of care for Veterans facilities. Under the nurses’ proposal, Veterans receiving care in VA hospitals would have a lower standard of care than civilians in the community hospitals in the same town.
- **ASA is committed to Veterans and believes the existing physician-led anesthesia care team model provides the best care to our nation’s Veterans.** The evidence<sup>1 234</sup> supports that Veterans’ health is best served by the VA’s existing, proven physician-led anesthesia team-based model of care – a model that recognizes the medical expertise of physicians, and the nursing education and experience of certified registered nurse anesthetists (CRNAs). This model of care is supported by VA’s own QUERI evidence review and assures our nation’s Veterans will continue to have access to safe, high quality anesthesia care –the same standard of care used in every top civilian hospital.
- **There is no demonstrated shortage of anesthesia clinicians necessitating a change in the delivery of anesthesia care within the Department of Veterans Affairs.** ASA has closely tracked vacancies for physician anesthesiologists for over 4 years through USAJOBS.gov, the official

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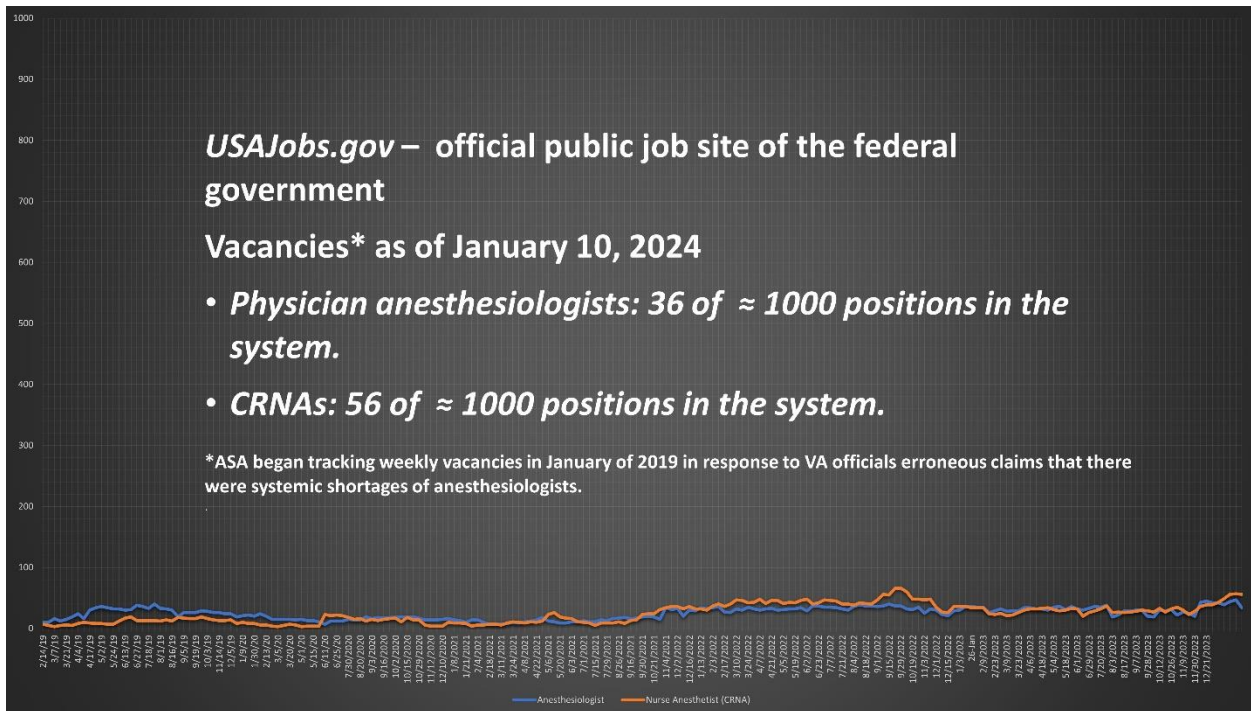
<sup>1</sup> Burns et al. Association of Anesthesiologist Staffing Ratio with Surgical Patient Morbidity and Mortality. *JAMA Surg* 2022 (July).

<sup>2</sup> U.S. Department of Veterans Affairs, Health Services Research and Development Services, “Evidence Brief: Quality of Care Provided by Advanced Practice Nurses, September 2014

<sup>3</sup> Chan, D. and Chen, Y. “The Productivity of Professions: Evidence from the Emergency Department,” *National Bureau of Economic Research (NBER)*, October 2022.

<sup>4</sup> Memtsoudis SG, et al. Factors influencing unexpected disposition after orthopedic ambulatory surgery. *Journal of Clinical Anesth*, 2012.

employment website for the federal government. According to USAJOBS.gov, on January 10, 2024, the number of openings for anesthesiologists numbered 36 throughout the entire country, or a job openings rate of 2.9%, which is at or below a typical vacancy rate for such professionals, reflecting normal turnover that occurs in anesthesiologist positions in VA. There is no shortage of anesthesiologists in VA, and no evidence of access issues associated with anesthesia care that would necessitate a change in clinical oversight of nurse anesthetists and in the delivery of anesthesia to meet patient demand.



- **Anesthesia is a complex and challenging practice of medicine, posing significant potential patient risks, particularly for the large number of Veterans with underlying health conditions, particularly PACT Act Veterans.** Physician-led anesthesia care is the essential model of care for Veterans, especially those who have been toxin-exposed and face a higher risk of complications under anesthesia. The poorer overall health status of the general Veteran population is well-documented in medical literature.<sup>5</sup> Multiple peer-reviewed studies have proven that VA patients have poorer health status, such as diabetes, congestive heart failure, atherosclerotic coronary and

<sup>5</sup> Eibner C, Krull H, Brown K, et al. "Current and Projected Characteristics and Unique Health Care Needs of the Patient Population Served by the Department of Veterans Affairs." Santa Monica, CA: RAND Corporation, 2015. Page xxvi

peripheral vascular disease, hepatic failure, renal failure, and chronic obstructive pulmonary disease. These comorbidities and underlying chronic conditions, many of which are service-related, put Veterans at significant risk during surgery<sup>67</sup>. Life-threatening situations can occur unpredictably, and a physician's leadership, knowledge, and expertise reduce those risks.

Most noteworthy, with the enactment of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act, Congress recognized many of the underlying conditions that can make anesthesia a higher risk for Veterans who have been exposed to Agent Orange, Burn Pits, and other toxic substances: asthma; chronic bronchitis; chronic obstructive pulmonary disease (COPD), and others. Toxic-exposed Veterans require an **even higher** level of care under anesthesia. Agent Orange-related Parkinson's Disease is directly tied to surgery-related risk, including significant interactions between anesthetic medications and Parkinson's Disease medications.<sup>8</sup> Further, general anesthesia is known to cause adverse outcomes in patients with COPD, including those with Burn Pit related COPD.<sup>9</sup> **It makes no sense for VA to spend billions of dollars to treat the respiratory disease of our PACT Act Veterans only to put those same Veterans at greater risk in the operating room by adopting the nurse-only model of anesthesia.**

- **The American Legion has expressed concern about the process VA has undertaken to develop this policy and the implications of removing anesthesiologists from the care of Veterans.** In their statement to the House Veterans Affairs Health Subcommittee on September 15, 2023, the American Legion called on VA to ensure that:
  1. Healthcare providers are held to the level of licensure and certification requirements that are held by the majority of states.
  2. The evaluation and application of NSP is consistent with providing the best care possible to veterans.
  3. Necessary stakeholders, including professional medical associations, are able to provide input at all phases of the development and implementation process of NSP.

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<sup>6</sup> Garshick E, Blanc PD. *Military deployment-related respiratory problems: an update*. Curr Opin Pulm Med. Epub 2023 Jan 4.

<sup>7</sup> Zhao H, Li L, Yang G, Gong J, Ye L, Zhi S, Zhang X, Li J. *Postoperative outcomes of patients with chronic obstructive pulmonary disease undergoing coronary artery bypass grafting surgery: A metaanalysis*. Medicine (Baltimore). 2019 Feb.

<sup>8</sup> Shaikh, S. I., & Verma, H. "Parkinson's disease and anaesthesia." *Indian Journal of Anaesthesia*, 55(3), 228-234. May-June 2011.

<sup>9</sup> Andrew Lumb, MBBS FRCA, Claire Biercamp, MBChB FRCA, "Chronic obstructive pulmonary disease and anaesthesia." *Continuing Education in Anaesthesia Critical Care & Pain*, Volume 14, Issue 1, Pages 1-5, February 2014.

The American Legion also submitted their nationwide survey of Veterans on the National Standard of Practice for Nurse Anesthetists. **The American Legion survey found that:**

- **61% preferred a physician administer anesthesia care while only 4% chose a nurse. The remainder had no preference.**
- **91% expect the same quality of health care as the top-rated civilian hospitals (not a single one of which allow CRNA-only anesthesia care)**
- **71% believed VA will have a different standard of care if nurse anesthetists replace physician anesthesiologists.**
- **52% said they would seek care outside of VA if their only choice was to have a nurse administer anesthesia.**

Chairman Bost, Ranking Member Takano, and members of the Committee, the American Society of Anesthesiologists thanks you for your consideration and leadership and looks forward to working with you in support of Veterans. Please contact Nora Matus, ASA's Director of Congressional & Political Affairs with questions or for more information at: [n.matus@asahq.org](mailto:n.matus@asahq.org) or 202-289-2222.