

## Ensure Veterans Access to High Quality Care

The American Association of Nurse Anesthetists (AANA) represents more than 54,000 Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists, including over 1,000 members serving in the Veterans Health Administration (VHA). Nationwide, CRNAs deliver approximately 49 million anesthetics each year. CRNAs have provided much of the anesthesia to our active duty military in combat arenas since World War I and predominate in veterans' hospitals and the U.S. Armed Services. CRNAs are being underutilized, as the U.S. Department of Veterans Affairs (VA) refuses to grant CRNAs the ability to practice to the full scope of their education, experience, and licensure. In 2016, the VA issued a final rule granting three of the four advanced practice registered nursing (APRN) specialties full practice authority (FPA), excluding only CRNAs. This wrongful rulemaking goes against countless studies, evidence, and recommendations.

- **The VA's basis for excluding CRNAs was access**, stating "VA's position to not include the CRNAs in this final rule does not stem from the CRNAs' inability to practice to the full extent of their professional competence, but rather from VA's lack of access problems in the area of anesthesiology."<sup>1</sup>
- **Reports continuously highlight a lack of access to anesthesia in the VHA.** Since the VA's final rule, it was reported that 65 to 90 surgeries were canceled or postponed just at the Denver Veterans Affairs Medical Center due to a lack of anesthesia providers.<sup>2</sup>
- **The VA's own commissioned studies show a clear access to care issue in VHA facilities.** The 2015 congressionally mandated Independent Assessment reported that current VA workforce capacity may not be sufficient to provide care to veterans.<sup>3</sup> The VA's Enrollee Health Care Projection Model (EHCPM) forecasts a "19-percent increase in demand for VA health care services nationally from FY 2014 to FY 2019, due to a projected 5.1-percent increase in enrollment and the aging of enrollees."<sup>4</sup>
- **Recognizing the full practice authority of all APRNs, including CRNAs, is consistent with countless recommendations.** The National Academy of Medicine, the Independent Assessment and the bipartisan Commission on Care recommended that the VHA should move immediately to grant full practice authority to all four APRN provider types including CRNAs.
- **1:2 supervision models lead to increased costs and reduced access – not to timely care.** 1:1 and 1:2 ratios are not generally found in the commercial healthcare delivery marketplace due to their inefficiency. The Denver VA Medical Center operates at a 1:2 ratio, preventing CRNAs from serving patients.

**Action for Congress:** Support efforts to grant CRNAs Full Practice Authority in VHA facilities in order to increase access to anesthesia care.

<sup>1</sup> <https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-29950.pdf>

<sup>2</sup> <http://kdvr.com/2017/10/11/va-surgeries-postponed-because-there-arent-enough-anesthesiologists/>

<sup>3</sup> [http://www.rand.org/content/dam/rand/pubs/research\\_reports/RR1100/RR1165z2/RAND\\_RR1165z2.pdf](http://www.rand.org/content/dam/rand/pubs/research_reports/RR1100/RR1165z2/RAND_RR1165z2.pdf)

<sup>4</sup> <http://www.va.gov/opa/choiceact/documents/assessments/Assessment B Health Care Capabilities.pdf>