



American Association of  
**NURSE ANESTHESIOLOGY**

August 25, 2021

The Honorable Denis McDonough  
Secretary  
U.S. Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20402

Dear Secretary McDonough:

On behalf of the American Association of Nurse Anesthesiology (AANA) I am writing to you today in support of the Department of Veterans Affairs (VA) effort to establish national practice standards for VA's healthcare workforce<sup>1</sup> and to encourage the VA to establish practice standards that allow all providers to practice to the top of their scope, education, training, and certification. The COVID-19 public health emergency (PHE) has shown that allowing qualified providers to work at the top of their scope enhances patient access to care without reducing quality or safety. Given the VA's well established federal supremacy, there is no doubt the VA can and should create national practice standards that are reflective of the full scope and education of healthcare providers. We request a meeting with you to give our recommendations on creation and establishment of VA national standards of practice.

The AANA is the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists (SRNAs). AANA membership includes more than 59,000 CRNAs and SRNAs, representing almost 90 percent of the nurse anesthetists in the United States. CRNAs are advanced practice registered nurses (APRNs) who personally administer more than 50 million anesthetics to patients each year in the United States and are among the nation's most trusted professions according to Gallup<sup>2</sup>. Nurse anesthetists have provided anesthesia in the United States for 150 years, and high-quality, cost-effective CRNA services are in high demand. Today, more than 1,000 CRNAs serve in the Veterans Health Administration (VHA), providing the highest quality care to our nation's veterans and practice in every setting and with every patient population. CRNAs have historically 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, where they enjoy full practice authority in every branch of the military.

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<sup>1</sup> 85 FR 71838

<sup>2</sup> Gallup "U.S. Ethics Ratings Rise for Medical Workers and Teachers (December 22, 2020), <https://news.gallup.com/poll/328136/ethics-ratings-rise-medical-workers-teachers.aspx>

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## **Developing National Standards of Practice Benefits Veterans**

The development of national standards of practice is critical to ensuring that our veterans have access to the care they deserve and will ensure continuity of care. Our veterans deserve timely access to the highest-quality care, and every veteran should be able to access that care in any VA facility. Ensuring that national practice standards for non-MD/DO providers are robust and allow providers to practice to the top of their scope will help to increase access to care, reduce wait times for veterans at VHA facilities, and reduce costs. Additionally, given that nearly one-third of all VA medical facilities have one or more sites of care in another state, and 14 percent of licensed health care professionals employed by VA have a state license, registration, or certification in another state than their main VA medical facility, having national standards of practice can help ensure that even with these factors, veterans can have access to care.

The PHE has also shown the need for providers in the VA to be able to work across state lines, to help address shortages in providers and assist with the VA's fourth mission to help backstop civilian healthcare systems in times of distress without having unduly burdensome restrictions interfere with these actions. During the current PHE the AANA successfully partnered with the VA on the travel nurse program to help ensure the VA had sufficient CRNAs to deal with COVID hotspots, even if that meant traveling to a VA facility outside of the state where they were licensed. Through this partnership, CRNAs were able to bring their advanced skills, including advanced airway and ventilator management, placement of invasive lines and monitors, and skill as team leaders, to help treat the sickest COVID patients, illustrating the need for national standards that allow providers to work at the top of their scope.

## **National Standards of Practice Are Crucial for Interoperability of EHR**

As the VA continues the important work of updating their electronic health record (EHR) system to better serve our nation's veterans, national standards of practice are a crucial component to ensuring that the EHR system implemented by the VA is also compatible with the EHR system of the Department of Defense (DoD). It's critical that both the DoD and VA EHR systems are compatible and have interoperability to better serve our nation's active-duty military and veterans and to ensure that there is no disruption in healthcare as active members of the military transition to veteran status.

To ensure that the EHR systems work properly, there will need to be specific privileges set for providers working with the VA. As the rule stated, "In order to be successful, VA must standardize clinical processes with DoD. This means that all health care professionals in DoD and VA who practice in a certain health care profession must be able to carry out the same duties and tasks irrespective of State requirements." The AANA strongly supports efforts to successfully ensure interoperability to better serve our nation's veterans.

## **National Standards Should Be Reflective of Prevailing Practices**

As the VA works to develop national standards of practice, the AANA urges the VA to consider prevailing practices, and resist efforts to develop standards that are overly restrictive and default to the lowest possible scope for providers. We strongly agree with the testimony of AMVETS in front of the House Veterans Affairs Committee this June that national standards or practice must allow providers to work to the top of their scope to better serve veterans. As stated in their testimony, "AMVETS supports the creation of these

new national practice standards to aid in the implementation of the new joint VA-DOD EHR system. AMVETS agrees with VA that basing these practice standards on the most restrictive state scope of practice for its health care professionals is not a viable option, as it would lead to decreased access to needed care and reduced health outcomes for our nation's Veterans. AMVETS urges VA to continue working toward utilizing its health care professionals to the full scope of their license, registration, or certification. As such, AMVETS believes these new national practice standards must be inclusive of all health care services that its health care professionals are authorized to provide in any state. Anything short of fully comprehensive practice standards will unnecessarily limit Veteran access to care and negatively impact Veteran access and health outcomes.”<sup>3</sup>

Additionally, the AANA believes that allowing one group of providers to define the scope of practice for another is inherently anticompetitive, as many MD health professionals have an intrinsic incentive to minimize scope for other providers, regardless of the data or what is best for veterans. The recent letter by the American Medical Association (AMA) shows their willingness to make inaccurate claims about non-MD safety, without providing any evidence to back up those claims, despite multiple studies showing that CRNAs working independently are just as safe as our physician colleagues<sup>45678910</sup>. Playing politics with veterans' care in the middle of a public health emergency is wrong, and the baseless accusations made by the AMA have no place in policy making. It is exactly because of the record of safety and quality care that CRNAs provide that groups including the Bipartisan Commission on Care<sup>11</sup> and the VA's own Independent Assessment<sup>12</sup> support implementing full practice authority for CRNAs in the VA, while groups such as the New England Journal of Medicine<sup>13</sup> and the Bipartisan Policy Center<sup>14</sup> support full practice authority for CRNAs and other APRNs more broadly.

The AANA stands with the VA and our nation's veterans in supporting the development of National Standards of Practice within the VA. We hope that the VA will continue to develop these standards in a way that follows the data and so many independent recommendations in allowing providers to work to the top of their scope. Our veterans deserve nothing less than the best care in a timely manner. The AANA kindly requests the opportunity to meet with you to discuss this important issue. You can reach out to Ralph Kohl,

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<sup>3</sup> <https://amvets.org/wp-content/uploads/2021/06/06082021AMVETSTESTIMONYFINAL-1.pdf>

<sup>4</sup> [https://journals.lww.com/lww-medicalcare/Abstract/2016/10000/Scope\\_of\\_Practice\\_Laws\\_and\\_Anesthesia.4.aspx](https://journals.lww.com/lww-medicalcare/Abstract/2016/10000/Scope_of_Practice_Laws_and_Anesthesia.4.aspx)

<sup>5</sup> <https://pubmed.ncbi.nlm.nih.gov/28288089/>

<sup>6</sup> <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010357.pub2/full>

<sup>7</sup> <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2008.0966?journalCode=hlthaff>

<sup>8</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2677049/>

<sup>9</sup>

[https://journals.lww.com/nursingresearchonline/Abstract/2007/01000/Anesthesia\\_Staffing\\_and\\_Anesthetic\\_Complications.2.aspx](https://journals.lww.com/nursingresearchonline/Abstract/2007/01000/Anesthesia_Staffing_and_Anesthetic_Complications.2.aspx)

<sup>10</sup> [https://www.aana.com/docs/default-source/aana-journal-web-documents-1/109-116.pdf?sfvrsn=28cc55b1\\_8](https://www.aana.com/docs/default-source/aana-journal-web-documents-1/109-116.pdf?sfvrsn=28cc55b1_8)

<sup>11</sup> [https://s3.amazonaws.com/sitesusa/wp-content/uploads/sites/912/2016/07/Commission-on-Care\\_Final-Report\\_063016\\_FOR-WEB.pdf](https://s3.amazonaws.com/sitesusa/wp-content/uploads/sites/912/2016/07/Commission-on-Care_Final-Report_063016_FOR-WEB.pdf)

<sup>12</sup> [https://www.rand.org/content/dam/rand/pubs/research\\_reports/RR1100/RR1165z2/RAND\\_RR1165z2.pdf](https://www.rand.org/content/dam/rand/pubs/research_reports/RR1100/RR1165z2/RAND_RR1165z2.pdf)

<sup>13</sup> <https://www.nejm.org/doi/full/10.1056/NEJMp1911077>

<sup>14</sup> [https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2020/04/WEB\\_BPC\\_Rural-Health-Care-Report.pdf](https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2020/04/WEB_BPC_Rural-Health-Care-Report.pdf)

Senior Director of Federal Government Affairs for the AANA at [rkohl@aana.com](mailto:rkohl@aana.com) or 202-484-8400. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Dina Velocci". The signature is written in a cursive style with a large initial "D" and a long, sweeping underline.

Dina Velocci, DNP, CRNA, APRN  
President  
American Association of Nurse Anesthesiology

Cc: Deputy Secretary Steven Lieberman, MD, MBA, FACHE, FACP  
Assistant Undersecretary Beth Taylor, DHA, RN, NEA-BC