American Association of
NURSE ANESTHESIOLOGY

October 28, 2026

Submitted electronically via ninrstrategicplan@mail.nih.gov

Dr. Courtney F. Aklin, Ph.D.
Director
National Institute for Nursing Research
National Institutes of Health
31 Center Drive, Room 5B03
Bethesda, MD 20892-2178

RE: NOT-NR-26-001 – NINR Request for Information on Strategic Plan for Fiscal Years 2027-2031

Dear Dr. Aklin:

The American Association of Nurse Anesthesiology (AANA) welcomes the opportunity to respond to the National Institute of Nursing Research (NINR) Request for Information regarding development of its Strategic Plan for Fiscal Years 2027–2031. AANA strongly supports NINR's continued leadership in advancing nursing science and generating evidence that improves health outcomes and health care delivery.

AANA is the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists (SRNAs). CRNAs are advanced practice registered nurses (APRNs) who personally administer more than 58.5 million anesthetics to patients each year. AANA membership includes more than 71,000 CRNAs, SRNAs, and RNs/APRNs aspiring to become CRNAs. This membership represents approximately 86 percent of the nurse anesthetist workforce in the United States. Since 1989, CRNAs have been Medicare Part B providers, billing at 100% of the Physician Fee Schedule. CRNAs must be board certified and complete continuing education and recertification every four years to practice. As independently licensed professionals, CRNAs are responsible and accountable for making judgments and taking actions in their professional healthcare practice.[1]

As NINR develops its next strategic framework, AANA encourages the Institute to recognize health care delivery and workforce research as essential components of nursing science and to prioritize research that examines how APRNs and CRNAs can be most effectively deployed to

[1] AANA Code of Ethics for the Certified Registered Nurse Anesthetist. July 2018. Available at: https://issuu.com/aanapublishing/docs/code_of_ethics_for_the_certified_registered_nurse.

improve access, quality, patient outcomes, and health system capacity. We offer the following recommendations in response to the proposed framework.

Foundational Nursing Research Priorities

AANA encourages NINR to recognize health services and workforce research as a foundational component of nursing science. The nursing workforce is not simply an input into the health care system; its composition, geographic distribution, organization, and deployment directly influence whether patients can obtain timely, high-quality care.

For CRNAs, important evidence gaps remain regarding how different models of care influence patient access, clinical outcomes, utilization, cost, and health system capacity. These questions are increasingly important as the nation confronts workforce shortages, geographic maldistribution of clinicians, changing sites of care, and growing demand for health services.

AANA recommends NINR support rigorous research examining the relationship between nursing workforce capacity and patient outcomes across settings and populations. This should include research evaluating CRNA contributions to access and health system capacity, geographic and specialty workforce distribution, alternative workforce configurations and models of care, barriers to advanced nursing professions, and the effects of regulatory, payment, and organizational regulations and policies on the ability of clinicians to deliver care consistent within their education, scope of practice, and competencies.

This research should move beyond describing the nursing workforce to determine how workforce arrangements including anesthesia care delivery models affect patients, including whether care is available, where it is available, how long patients wait, what services communities can sustain, and what outcomes result.

Innovation

AANA supports NINR's emphasis on innovation, particularly its call for practical applications of advances in data, measurement, and digital tools in real-world clinical settings. Nursing research increasingly requires the ability to integrate clinical, workforce, claims, geographic, organizational, and population-level information.

NINR can strengthen nursing science by supporting interoperable research resources that allow investigators to link clinician characteristics and workforce supply with health care utilization, clinical outcomes, facility characteristics, population need, and geographic access. Particular attention should be given to longitudinal analyses, natural experiments, quasi-experimental methods, geospatial analyses, linked administrative and clinical datasets, and emerging applications of advanced analytics and artificial intelligence.

NINR should also encourage development of common measures and definitions for workforce capacity, access to care, nursing-sensitive outcomes, and care delivery. Building this infrastructure would allow nursing science to contribute more directly to national workforce planning and health system decision-making.

Translation and Implementation

AANA strongly supports NINR's emphasis on determining what works, for whom, and under what conditions, and on accelerating the adoption of evidence into real-world care. This framework should apply not only to clinical interventions but also to nursing-led models of care and workforce innovations.

Implementation research can help determine why evidence-based practices and care models are successfully adopted in some environments but remain underused in others. Relevant factors may include reimbursement, regulation, institutional policy, workforce availability, organizational culture, technology, and geography. NINR should support pragmatic and implementation studies evaluating the adoption, scalability, sustainability, and patient-level effects of nursing- and APRN-led models of care across diverse health systems and communities.

Conditions of Daily Life and Care Settings

AANA encourages NINR to prioritize research examining how geographic, socioeconomic, and community-level conditions interact with nursing workforce availability to influence access to care and patient outcomes. For CRNAs, these questions are particularly relevant in rural and underserved communities, where geographic isolation, transportation barriers, facility closures, and limited availability of specialty services may restrict access to essential surgical, obstetric, anesthesia, and pain management services.

Research examining the relationship between community characteristics, anesthesia workforce distribution, and health care utilization could help identify populations at greatest risk of experiencing gaps in care. AANA encourages NINR to support studies that integrate workforce, geographic, and population-level data to better understand how nursing care delivery can mitigate barriers associated with conditions of daily life and improve access to essential health services.

AANA supports NINR's emphasis on understanding how care environments influence the delivery and effectiveness of nursing interventions. As health care delivery increasingly shifts across inpatient, outpatient, ambulatory, and community-based settings, research is needed to understand how nursing workforce composition and models of care affect patient access, safety, quality, and health system capacity.

CRNAs provide anesthesia services across diverse clinical environments, including rural hospitals, critical access hospitals, ambulatory surgical centers, and office-based facilities. AANA encourages NINR to support comparative and longitudinal research examining how different anesthesia delivery models, facility characteristics, and workforce configurations influence patient outcomes, service availability, and the sustainability of essential health care services. Such research can inform evidence-based workforce planning and help health systems identify effective models of care across diverse practice settings.

Partnerships

AANA encourages NINR to strengthen partnerships among professional nursing organizations, academic institutions, health systems, federal agencies, and interdisciplinary research teams to advance nursing science and accelerate the translation of research into practice. Such

collaborations can help identify clinically relevant research priorities, expand access to data and research populations, and generate evidence that informs health care delivery and workforce policy.

For CRNA research, partnerships that bring together nurse scientists, health services researchers, economists, policymakers, and practicing CRNAs offer opportunities to address important evidence gaps related to anesthesia workforce capacity, patient access, safety, quality, and cost of care. AANA encourages NINR to support collaborative research networks, shared data infrastructure, and multisite studies that leverage the expertise of professional associations and clinical stakeholders. These partnerships can strengthen the relevance, rigor, and practical application of nursing research while ensuring that findings inform clinical practice, health system decision-making, and public policy.

Thank you for the opportunity to comment on this important request. AANA stands ready to assist in advancing the goals of the NINR Strategic Plan 2027-2031 and welcomes the opportunity to meet with you to discuss these recommendations further. Should you have questions or wish to schedule a meeting, please contact AANA Director of Regulatory Affairs, Romy Gelb-Zimmer, at 202-484-8400 or rgelb-zimmer@aana.com.

Sincerely,



Tracy P. Young, MSNA, MBA, CRNA
AANA President

cc: William Bruce, MBA, CAE, AANA Chief Executive Officer