

January 12, 2017

The Honorable Robert A. McDonald
Office of Secretary of Veterans Affairs
810 Vermont Avenue, NW
Room 1068
Washington, DC 20420

**RE: RIN 2900-AP44 – Advanced Practice Registered Nurses Final Rule with comments,
(81 Fed. Reg. 90199, December 14, 2016)**

Dear Secretary McDonald:

On behalf of the undersigned organizations we are pleased that Certified Nurse Midwives (CNMs), Clinical Nurse Specialists (CNSs) and Nurse Practitioners (NPs) were authorized to practice to the full extent of their education and clinical training when they are acting within the scope of their Department of Veterans Affairs (VA) employment. However, we would like to express our disappointment that Certified Registered Nurse Anesthetists (CRNAs) are not included in this final rule. We appreciate the opportunity to comment and advise the agency to recognize CRNAs to the full extent of their education, skill and professional scope to ensure increased access to safe and high-quality care for veterans.

Advanced Practice Registered Nursing (APRN) organizations represent over 350,000 APRNs, including more than 6,000 who serve our veterans in Veterans Health Administration (VHA) facilities. The APRN community is comprised of organizations representing CNMs who are expert in infant and maternal health and women's health primary care; CRNAs who provide the full range of anesthesia services as well as acute, chronic, and interventional pain management services; CNSs who offer acute, chronic, specialty and community healthcare services; and NPs who deliver primary, acute and specialty care.

APRNs Support Recognizing CRNAs to the Full Extent of their Education, Skill and Training because it Ensures Increased Access to Safe and High-Quality Care for Veterans

The primary interest of APRNs is to put patients first. America's growing numbers of highly educated APRNs help advance healthcare access and quality improvement in the United States and promote cost-effective healthcare delivery. The APRN community expresses strong support for the VA's efforts to expand access and ensure veterans receive the high-quality care from APRNs they rightfully deserve. While we applaud the decision to allow three APRN groups to practice to the full extent of their education and training, we believe this should be implemented across all four APRN categories. Thus, we urge the VA to allow for CRNAs to practice to the full scope of their education, training and abilities in VHA facilities to continue improving healthcare for our veterans throughout the country.

The reason the VA cited in the final rule for not including CRNAs was “lack of access issues in the area of anesthesiology.”¹ However, recent data from VA commissioned studies show a clear anesthesia access issue; we do not understand why this information was not considered in your decision to deny CRNAs the ability to treat these patients to the full scope of their practice. Veterans are continuing to face delays to anesthesia care, facing subsequent postponement to vital procedures, at the VHA. The congressionally mandated 2015 RAND Corporation Independent Assessment of the VA reported that wait times for VA care are getting longer and current VA workforce capacity may not be sufficient to provide timely care to veterans across a number of key specialties, as well as primary care.² To help deal with this projected increase in demand for healthcare services in the VA, the Independent Assessment stated that one of the most important changes in VA policy to meet increases in demand for health care over the next five years and ensure continued access to care for veterans would be allowing CRNAs to practice to the full extent of their education and training.

Nurse anesthetists are experienced and highly trained anesthesia professionals who provide high-quality patient care, which has been proven through decades of scientific research. By standardizing care delivery models across the country for all four groups of APRNs, including CRNAs, veterans can be assured consistently safe and high quality care delivery in any VHA healthcare facility. Over 900 CRNAs provide every type of anesthesia care, as well as chronic pain management services, for our veterans in the VHA. The safety of CRNA services has long been recognized by the VHA and underscored by peer-reviewed scientific studies.

Furthermore, making full use of the VHA’s available workforce promotes veteran’s access to quality care. Over 6,000 APRNs provide services for our veterans in the VHA. Recognizing direct access to APRN delivered healthcare corresponds with the first policy recommendation of the National Academy of Medicine (formerly called the Institute of Medicine) report titled *The Future of Nursing: Leading Change, Advancing Health*, which outlines several paths by which patient access to care may be expanded, quality preserved or improved, and costs controlled through greater use of APRNs.³ The National Academy of Medicine report specifically recommends that, “advanced practice registered nurses should be able to practice to the full extent of their education and training.”⁴

Access to care should be measured by whether veterans are getting the services they need. Notwithstanding the VA’s efforts to reform access issues, veterans are still experiencing long wait times for care, which has been identified in numerous instances by published government reports and the VA’s Independent Assessment. Such delays justify including CRNAs in

¹ 81 Fed. Reg. 90198. <https://www.gpo.gov/fdsys/pkg/FR-2016-12-14/pdf/2016-29950.pdf>

² RAND Health. “Resources and Capabilities of the Department of Veterans Affairs to Provide Timely and Accessible Care to Veterans,” (2015). http://www.rand.org/content/dam/rand/pubs/research_reports/RR1100/RR1165z2/RAND_RR1165z2.pdf

³ Institute of Medicine. (2011). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press. <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>

⁴ IOM op cit., p. 9.

implementation of this final rule. Thus, we urge the VA to formalize the use of CRNAs to the full extent of their education, skill and professional scope, consistent with patient safety and with cost-efficient healthcare delivery, to continue to improve healthcare for our veterans throughout the country.

Documentation of CRNAs Practicing to the Full Extent of their Education, Skill and Clinical Training is One Solution to VA Anesthesia Provider Recruitment and Retention Difficulties

The final rule acknowledges that the VA has experienced difficulties in hiring and retaining anesthesia providers. We agree with this statement since a major VHA workforce evaluation published January 2015 reported that CRNAs have been among the VHA's most difficult to recruit specialties over four of the past five years.⁵ In the final APRN rule, the VA provides CRNA and anesthesiologist recruitment and retention data that is misleading and troubling. Consequently, we do not understand how the VA concludes that the current anesthesia workforce is sufficient to meet the healthcare needs of the veterans in the VA health system.

As stated in the final rule, as of August 31, 2016, the VA had 940 Anesthesiologists and 937 CRNAs. In addition, the VA's Center for Veterans Analysis and Statistics show a growth in total Veteran enrollees (6.8 million in 2002 to 9.1 million in 2014), outpatient visits (46.5 million to 92.4 million) and inpatient admissions (565,000 to 707,000) in the VA health care system over the last 12 years.⁶ The final rule also states that the 2015 independent survey of VA general facility Chief of Staffs conducted by the RAND Corporation, showed that about 38% reported problems recruiting or hiring advanced practice providers and 30% reported problems retaining advanced practice providers.⁷ Looking at these numbers alone, it is clear that the VA is suffering from APRN recruitment and retention issues. With the substantial increases in the number of veterans using the VA system for health care over the last 10 years, it is unclear to us how only 940 Anesthesiologists and 937 CRNAs are sufficient to meet the anesthesia care needs of over 9 million veterans across the country.

Moreover, we believe CRNAs should be held to the same set of rules as those of other categories of APRNs. For example, in the final rule, the VA states that the lack of advancement opportunity or practice autonomy were not cited as reasons for recruitment and retention challenges for CRNAs and would consider future rulemaking if there's evidence linking CRNAs practicing to the full extent of their education, skill and professional scope to CRNA retention and recruitment. Also, in the VA's Economic Impact Analysis for RIN-2900-AP44, the VA reports in the description of current APRN practice, a net gain of 88 CRNA FTEs as a reason to exclude them from the rule, while the VA noted a net gain for NPs of 620 FTEs, which is far greater than the net gain for CRNAs.⁸ Allowing CRNAs to practice to the full scope of their

⁵ VA Office of the Inspector General, OIG Determination of Veterans Health Administration's Occupational Staffing Shortages (January 30, 2015) <http://www.va.gov/oig/publications/report-summary.asp?id=3276>

⁶ <https://www.va.gov/vetdata/Utilization.asp>

⁷ 81 Fed. Reg. 90198. <https://www.gpo.gov/fdsys/pkg/FR-2016-12-14/pdf/2016-29950.pdf>

⁸ VA Impact Analysis for RIN 2900-APxx/WP 2013-036, Advanced Practice Registered Nurses. "APRN Gains and Losses for FY-12 to FY-16 (Source: 2015 VHA Workforce Planning Report): The number of Nurse Anesthetist gains

education, skill and training would help to increase the number of CRNAs who can provide safe, high quality and cost effective anesthesia care for our nation's veterans. This would ensure that our nation's veterans have access to essential surgical, emergency, obstetric, and pain management healthcare services without needless delays or having to travel long distances for care.

We thank you for the opportunity to comment on this final rule. Our veterans are waiting for care they deserve and have earned. We respectfully urge proper implementation of this rule by requiring all providers within the VHA, including CRNAs, to be utilized to the full extent of their education and training. Should you have any questions regarding these matters, please feel free to contact the AANA Senior Director of Federal Government Affairs, Ralph Kohl, at 202.484.8400, rkohl@aanadc.com.

Sincerely,
American Academy of Nursing (AAN)
American Association of Colleges of Nursing (AACN)
American Association of Nurse Anesthetists (AANA)
American College of Nurse-Midwives (ACNM)
American Association of Nurse Practitioners (AANP)
American Nurses Association (ANA)
American Organization of Nurse Executives (AONE)
Gerontological Advanced Practice Nurses Association (GAPNA)
National Association of Clinical Nurse Specialists (NACNS)
National Association of Pediatric Nurse Practitioners (NAPNAP)
National League for Nursing (NLN)

and losses for FY-12 to FY-16: Total Gains – 314 / Total Losses – 226 for a net gain of 88. The number of Nurse Practitioner gains and losses for FY-12 to FY-14: Total Gains – 1499 / Total Losses – 879 for a net gain of 620.”