



January 9, 2017

Secretary Robert A. McDonald
Acting Administrator
Department of Veterans Affairs
810 Vermont Avenue NW
Room 1068
Washington, DC 20420

Attn: Director, Regulations Management (02REG)

Submitted electronically to regulations.gov

Re: Medical Regulations Permitting Full Practice Authority of Advanced Practice Registered Nurses (RIN 2900-AP44)

Dear Acting Administrator McDonald,

On behalf of the American Nurses Association (ANA), I write to comment on the final rule excluding Certified Registered Nurse Anesthetists (CRNAs) from the group of advanced practice registered nurses (APRNs) granted full practice authority when they are acting within the scope of their VA employment.

ANA applauds the VA for taking this important step toward expanding access to care for our nation's veterans, and standardizing the practice of APRNs in the VA system; however, ANA is disappointed that the VA does not similarly recognize the skill, training, education, and certifications of CRNAs to grant them full practice authority in Veterans Health Administration (VHA) settings.

ANA is urging the Department of Veterans Affairs to revise its final rule so it includes CRNAs in the group of APRNs granted full practice authority within the department.

Whether in an operating room, during conscious sedation, or pain management procedures, CRNAs work in a variety of clinical settings to provide more than thirty million anesthetics annually in the United States. Given both the increasing population of aging and returning veterans requiring surgical and interventional procedures, amending this rule to include CRNAs is an opportunity for the VA to ensure improved access to high-value, patient-centered care.

ANA is the premier organization representing the interests of the nation's 3.6 million registered nurses (RNs) through its constituent and state nurses associations, organizational affiliates, and individual members. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA stands at the forefront of improving the quality of health care for all. RNs serve in multiple direct care, care coordination, and administrative leadership roles across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions including essential self-care, and provide advice and emotional support to patients and their family members. ANA members also include the four advanced practice registered nurse roles:

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nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.¹ ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

While ANA concurs with the final rule assertion that full practice authority to APRNs will help remove barriers to patient care, ANA does not agree with the final rule rationale that CRNAs were excluded because there are no issues regarding access to anesthetic care ([p.90199, 90200](#)).

Researchers have found significant trends showing a shortage of anesthesiology providers across the United States with variations in some regions.² That same data demonstrates that while there is a shortage of anesthesiologists (ANs), there is no shortage of CRNAs. These findings are especially significant in light of the VAs final rule excluding CRNAs from full practice authority in the VHA.

Granting CRNAs full practice authority in VHA settings is an avenue to move forward the work to increase access to care for veterans living in rural and other underserved areas. Data published in *Health Affairs* indicates that CRNAs represent 2 out of 3 anesthetists in rural hospitals.³ A limited scope of practice for CRNAs in VA settings is at odds with the Department's efforts to build robust interdisciplinary teams that can support a more effective and efficient health care system for veterans.

Including CRNAs in the group of APRNs granted full practice authority ensures complete standardization of practice authority that will allow for more effective use of APRN staff in the VHA. This will indeed offer more timely, safe, efficient and effective delivery of care and service to our veterans.

ANA welcomes an opportunity to further discuss regulations granting full practice authority to all APRNs, and steps to extend full practice authority to CRNAs working within the VHA. If you have questions, please contact, Mary Beth Bresch White, Director, Health Policy at (marybreschwhite@ana.org).

Sincerely,



Debbie D. Hatmaker, PhD, RN, FAAN
Executive Director / Executive Vice President

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
Marla Weston, PhD, RN, FAAN, ANA Chief Executive Officer

¹The Consensus Model for APRN Regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

²Lindsay Daugherty, Raquel Fonseca Benito, Krishan B. Kumar, Pierre-Carl Michaud, (2010). An Analysis of the Labor Markets for Anesthesiology, Santa Monica, Calif.: RAND Corporation, TR-688-EES, 2010. Accessed January 4, 2017 from http://www.rand.org/pubs/technical_reports/TR688

³Dulisse, B., & Cromwell, J. (2010). No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians. *Health Affairs*, 29(8), 1469–1475. Accessed January 4, 2017 from <http://content.healthaffairs.org/content/29/8/1469.full>