The American Association of Nurse Anesthetists represents over 48,000 Certified Registered Nurse Anesthetists (CRNAs) and student nurse anesthetists, including approximately 900 members serving in the Veterans Health Administration (VHA). Nationwide, CRNAs deliver over 38 million anesthetics each year. CRNAs have provided the majority of anesthesia to our active duty military in combat arenas since World War I and predominate in Veterans hospitals and the U.S. Armed Services.

To ensure our Veterans have access to high quality healthcare, the VHA is updating its Nursing Handbook to authorize Full Practice Authority (FPA) to CRNAs and other Advanced Practice Registered Nurses (APRNs) to practice to their full scope and to be recognized as Full Practice Providers (FPPs). This designation follows the recommendation of the Institute of Medicine (IOM) that APRNs should be permitted to practice to the full scope of their skill and training,¹ and is consistent with current practice models in the Army, Navy, Air Force, Indian Health Services, and Combat Support Hospitals.

The AANA supports the VHA’s modernization of the Nursing Handbook so that the healthcare needs of our Veterans can be met, while maintaining and ensuring high quality healthcare delivery:

- For more than 150 years, nurse anesthetists have been administering anesthesia in all types of surgical cases, using all anesthetic techniques and practice in every setting in which anesthesia is administered with every patient type. Within the VHA and in the civilian sector alike, CRNAs provide anesthesia services across the entire care continuum.

- Peer-reviewed scientific literature shows CRNA services ensure patient safety and access to high-quality care, and promote healthcare cost savings. A landmark study published in August 2010 in Health Affairs showed no differences in patient outcomes when anesthesia services are provided by CRNAs, physicians, or CRNAs supervised by physicians.²

- The safety of CRNA services is underscored in that the VHA does not require anesthesiologist or physician supervision of CRNAs, and in a number of VHA facilities CRNAs are the sole anesthesia providers. The Nursing handbook will not end this current team based approach to anesthesia delivery. The proposed policy supports the team based model of care that will fully utilize the knowledge, skills, and abilities of CRNAs.

Grantee APRNs, including CRNAs, the ability to practice to the full extent of their scope of practice and expertise as FPPs will give the VHA the flexibility to provide our Veterans with timely access to the high quality care they have earned. This policy is also consistent with the “Veterans Access, Choice, and Accountability Act” (P.L. 113-146) passed by an overwhelming majority in Congress in 2014 (House: 420-5; Senate: 91-3). This law enables Veterans to seek care outside the VHA in facilities where APRNs, including CRNAs, are able to practice to the full scope of their education and training as FPPs.

Action for Congress: Contact the VHA to support improving Veterans access to quality healthcare via updating a Nursing Handbook that recognizes CRNAs and other APRNs to their full practice authority. Please support HR 1247, the “Improving Veterans Access to Quality Care Act” introduced by Representative Sam Graves (R-MO-6) and Representative Jan Schakowsky (D-IL-9) which recognizes all VHA APRNs as FPP and refrain from supporting S 297 as currently written.