



January 25, 2024

The Honorable David Scott
468 Cannon House Office Building
United States House of Representatives
Washington, DC 20515

The Honorable Maria Cantwell
511 Hart Senate Office Building
United States House of Representatives
Washington, DC 20510

Dear Congressman Scott and Senator Cantwell:

On behalf of the 41 undersigned organizations representing the Nursing Community Coalition (NCC), we express our opposition to H.R.3347/S.2070, the Protect Lifesaving Anesthesia Care for Veterans Act of 2023. The NCC is a cross section of education, practice, research, and regulation within the nursing profession, representing Registered Nurses (RNs), Advanced Practice Registered Nurses (APRNs)¹ nurse leaders, boards of nursing, students, faculty, and researchers. Together we recognize how vital removing barriers to practice and increasing access to the high-quality care our nation's nurses and APRNs, including our Certified Registered Nurse Anesthetists (CRNAs), are for the patient and the entire health care system. H.R.3347/S.2070 would unnecessarily, and unjustifiably, restrict access for our CRNAs within the U.S. Department of Veterans Affairs (VA), adversely impacting the health care of our nation's veterans. That is why we strongly oppose H.R.3347/S.2070, the Protect Lifesaving Anesthesia Care for Veterans Act of 2023.

By providing anesthesia services across the entire care continuum, CRNAs bring much needed support and expertise to their patients, especially within the VA. As outlined in the recommendations of the Institute of Medicine, now the National Academy of Medicine, report *The Future of Nursing: Leading Change, Advancing Health*, APRNs should be able to practice to the full extent of their education and training.² Independent groups, such as the Brookings Institute³, as well as multiple peer-reviewed studies published in the *Journal of Medical Care*⁴,

¹ APRNs include certified nurse-midwives (CNMs), certified registered nurse anesthetists (CRNAs), clinical nurse specialists (CNSs) and nurse practitioners (NPs).

² Institute of Medicine (IOM), National Academy of Medicine (NAM). *The future of nursing: leading change, advancing health*. Washington, DC: The National Academies Press, 2011. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/24983041>

³ Adams, E. Kathleen; Markowitz, Sara. (June 2018). *Improving Efficiency in the Health-Care System: Removing Anticompetitive Barriers for Advance Practice Registered Nurses and Physician Assistants*. The Brookings Institute. https://www.brookings.edu/wp-content/uploads/2018/06/am_web_0620.pdf

⁴ Negrusa, Brighita PhD; Hogan, Paul F. MS; Warner, John T. PhD; Schroeder, Caryl H. BA; Pang, Bo MS. Scope of Practice Laws and Anesthesia Complications: No Measurable Impact of Certified Registered Nurse Anesthetist Expanded Scope of Practice on Anesthesia-related Complications. *Medical Care* 54(10):p 913-920, October 2016. | DOI: 10.1097/MLR.0000000000000554

Health Affairs⁵, and Health Services Research⁶ have supported and shown the safety and quality of CRNA provided care.

It should come as no surprise that during the global pandemic, we witnessed in live time what these various studies, recommendations, and outcomes have consistently found; anesthesia care by CRNAs is equally safe with or without physician supervision.⁷ Allowing CRNAs to practice independently during these difficult times illustrates CRNAs extensive education and training, as well as their expertise in providing high-quality care for their patients and our nation's veterans.

Full practice authority of CRNAs is not new or just in times of emergencies. In fact, other federal health care systems, the Army, Navy, and Air Force, have been utilizing full practice authority for CRNAs.⁸ Even the VA, in their testimony before the House Veterans Affairs Health Subcommittee on September 19, 2023, stated that CRNAs are able to safely provide anesthesia care while working autonomously.⁹

Unfortunately, H.R.3347/S.2070 ignores this substantial evidence by severely limiting the VA's ability to use CRNAs to the full extent of their education and training and making it impossible for the VA to implement Full Practice Authority (FPA), or anything remotely similar to FPA, for CRNAs. Placing this undue, and unsubstantiated, burden on the VA impacts the health of our veterans and undermines the importance continuity of care has on the health of these patients. Therefore, the NCC urges Congress to oppose the Protect Lifesaving Anesthesia Care for Veterans Act of 2023. If the Nursing Community Coalition can be of any assistance to you or your staff, please do not hesitate to contact the coalition's Executive Director, Rachel Stevenson, at rstevenson@thenursingcommunity.org.

Sincerely,

American Academy of Ambulatory Care Nursing
American Academy of Emergency Nurse Practitioners
American Academy of Nursing
American Association of Colleges of Nursing
American Association of Critical-Care Nurses
American Association of Heart Failure Nurses
American Association of Neuroscience Nurses
American Association of Nurse Anesthesiology
American Association of Nurse Practitioners
American College of Nurse-Midwives
American Nephrology Nurses Association
American Nurses Association
American Organization for Nursing Leadership

⁵ Dulisse, Brian; Cromwell, Jerry. No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians. (August 2010). Health Affairs. Vol. 29. No. 8. DOI: 10.1377/hlthaff.2008.0966 Retrieved from: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2008.0966>

⁶ Needleman, J., & Minnick, A. F. (2009). Anesthesia provider model, hospital resources, and maternal outcomes. Health services research, 44(2 Pt 1), 464–482. <https://doi.org/10.1111/j.1475-6773.2008.00919.x>

⁷ Dulisse, Brian; Cromwell, Jerry. No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians. (August 2010). Health Affairs. Vol. 29. No. 8. DOI: 10.1377/hlthaff.2008.0966 Retrieved from: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2008.0966>

⁸ Department of the Army, Army Regulation, Medical Services: Clinical Quality Management, 2009 p.26 Retrieved from: <https://www.gmo.amedd.army.mil/credentialing/FY%2004/Regulations/AR%2040-68.pdf>

⁹ VA's Federal Supremacy Initiative: Putting Veterans First? 118th Congress. 2023. Statement of Erica Scavella, M.D. FACP, FACHE, Assistant Under Secretary for Health for Clinical Services, Chief Medical Officers, Veterans Health Administration. <https://docs.house.gov/meetings/VR/VR03/20230919/116306/HHRG-118-VR03-Wstate-ScavellaMDFACPFACHEE-20230919.pdf>

American Psychiatric Nurses Association
American Society for Pain Management Nursing
Association of Community Health Nursing Educators
Association of Pediatric Hematology/Oncology Nurses
Association of periOperative Registered Nurses
Association of Public Health Nurses
Dermatology Nurses' Association
Gerontological Advanced Practice Nurses Association
Hospice and Palliative Nurses Association
International Society of Psychiatric-Mental Health Nurses
National Association of Clinical Nurse Specialists
National Association of Hispanic Nurses
National Association of Neonatal Nurse Practitioners
National Association of Neonatal Nurses
National Association of Nurse Practitioners in Women's Health
National Association of Pediatric Nurse Practitioners
National Black Nurses Association
National Council of State Boards of Nursing
National Forum of State Nursing Workforce Centers
National Hartford Center of Gerontological Nursing Excellence
National League for Nursing
National Nurse-Led Care Consortium
National Organization of Nurse Practitioner Faculties
Nurses Organization of Veterans Affairs
Organization for Associate Degree Nursing
Preventive Cardiovascular Nurses Association
Society of Urologic Nurses and Associates
Wound, Ostomy, and Continence Nurses Society