



AANA

American Association of
NURSE ANESTHESIOLOGY

Full Practice Authority and National Standards for CRNAs in the VA

ISSUE BRIEF

“Formalizing full practice authority for APNs would likely be a cost effective approach to increasing the productivity of the VA’s existing workforce.”

VA’s Independent Assessment

“Develop policy to allow full practice authority for APRNs.”

Commission on Care Recommendation

CRNA Background

Today, more than 1,100 Certified Registered Nurse Anesthetists (CRNAs) serve in the Veterans Health Administration (VHA), providing the highest quality care to our nation’s veterans and serving on the frontlines of the ongoing pandemic. CRNAs have historically provided much of the anesthesia to our active-duty military in combat arenas since World War I and predominate in veterans’ hospitals and the U.S. Armed Services, where they enjoy full practice authority in every branch of the military. In 2016, the VA issued a final rule granting three of the four advanced practice registered nursing (APRN) specialties full practice authority (FPA), excluding only CRNAs. It’s imperative that the VA follow multiple independent recommendations and implement full practice authority for CRNAs.

Why CRNA Full Practice Authority is Important

CRNA full practice authority within the VA will increase veteran access to care, lower wait times and decrease costs. Multiple independent arbiters have supported the move, including the bipartisan commission on care, the VA’s own independent assessment, the Federal Trade Commission, AARP, and others. Studies show that a CRNA practicing independently is just as safe as their physician colleagues and is the most cost-effective model of anesthesia delivery. Without FPA for CRNAs, VHA facilities will continue to utilize inefficient models of anesthesia delivery, including 1:1 and 1:2 supervision ratios, wasting valuable resources that could help deliver additional services to veterans, including housing and mental health care.



American Association of
NURSE ANESTHESIOLOGY

May 2016

VA releases APRN full practice rule, including CRNAs, opens comments

July 2016

AANA, AVANA, and APRN coalition send letter of support

Fall 2016

Commission on care and VA's independent assessment, support full practice authority for all APRNs, including CRNAs

Fall 2016

Outside groups, including VSOs, AARP, FTC weigh in supporting full practice authority for all APRNs

Dec 2016

VA releases final rule, cuts out only CRNAs from APRN FPA, says there's no issues with anesthesia access

Jan 2017

25 members of congress send letter, questioning decision to remove CRNAs

Oct 2017

Reports call out Denver VA for canceling surgeries due to lack of access to anesthesia

Full Practice Authority: Putting Veterans First

Following the VA's successful implementation of FPA for Nurse Practitioners, Nurse-Midwives and Clinical Nurse Specialists, the time has come to put veterans' needs first and add implement CRNA FPA as well. Veterans deserve access to care within the VA in a timely manner, and without FPA, VA facilities will continue to utilize supervision models that are extremely inefficient, delaying care and increase costs.

Full Practice Authority Cost Savings Helps Veterans

CRNA FPA will reduce costs, allowing vital resources to be reallocated to other veterans' services, including housing, job training and mental health care.

ANESTHESIA PAYMENT MODEL	FTES / CASE	CLINICIAN COSTS PER YEAR / FTE
(a) CRNA Non-Medically Directed	1.00	\$201,996
(b) Medical Direction 1:4	1.25	\$313,379
(c) Medical Direction 1:2	1.50	\$424,763
(d) Anesthesiologist Only	1.00	\$445,533
Anesthesiologist Mean Annual Pay	\$ 445,533	MGMA, 2020
CRNA Mean Annual Pay	\$201,996	AANA, 2020

Nov 2017

AANA reaches out to VA on Denver anesthesia issue, pushes for a review of CRNA FPA

2018

AANA meets with VA leadership to discuss anesthesia services and FPA

2019

OIG reports continue to show lack of anesthesia staff throughout VA

July 2019

AANA sends letter on OIG report asks for meeting with VA to discuss need for CRNA FPA

April 2020

VA release directive 1899 calling for VA facilities to allow providers to work to the full extent of their education and training

Full Practice Authority Maintains the Highest Safety for Veterans

In addition to being the most cost-effective delivery method for anesthesia, CRNAs practicing independently are also one of the safest models of anesthesia delivery. Multiple studies have compared the safety of anesthesia delivery for various models, including a CRNA practicing independently and supervised.

- A study published in Medical Care found no difference in safety outcomes based between different delivery models
- A study published in Health Services Research showed no difference in outcomes between CRNA-only and Anesthesiologist-only facilities in maternal care
- A study published in Health Affairs found that there was no difference in anesthesia care safety between states that had removed supervision and allowed full practice, versus those that maintained supervision
- A study published in the Journal of Healthcare Quality showed that CRNAs providing fluoroscopic guided injections had similar complication rates to physicians.

AANA

American Association of
NURSE ANESTHESIOLOGY



“Basing these practice standards on the most restrictive state scope of practice for its health care professionals is not a viable option, as it would lead to decreased access to needed care and reduced health outcomes for our nation’s Veterans. [We urge] VA to continue working toward utilizing its health care professionals to the full scope of their license, registration, or certification... these new national practice standards must be inclusive of all health care services that its health care professionals are authorized to provide in any state. Anything short of fully comprehensive practice standards will unnecessarily limit Veteran access to care and negatively impact Veteran access and health outcomes.”

AMVETS

AANA
American Association of
NURSE ANESTHESIOLOGY

National Standards of Practice

In November 2020, the VA published an interim final rule reiterating their federal supremacy and notifying of their intent to develop National Standards of Practice for healthcare providers working within the VA. The VA stated this development was “crucial for VA to be able to determine the location and practice of its VA health care professionals to carry out its mission without any unduly burdensome restrictions imposed by State licensure, registration, certification, or other requirement.” These standards will help address issuing including:

- Nearly one third of all VA medical facilities have one or more sites of care in another state
- 14 percent of licensed health care professionals employed by VA have a state license, registration, or certification in another state than their main VA medical facility
- Sending providers across state lines where there are shortages
- Utilizing providers in rural and smaller facilities or in mobile care units that may cross state lines

Developing Evidence Based Standards that Don’t Restrict Access

The AANA and 32 other healthcare organizations weighed in with the VA in support of development of national standards that allow all providers to work to the top of their scope. It’s critical that providers not be limited to the most restrictive scope possible, which would be detrimental to veterans by decreasing access, limiting choice, and increases costs. Imposing supervision requirements on CRNAs within the VA, when only

During the 2016 VA rule-making period, multiple Veterans Service Organizations (VSOs) weighed in supporting full practice authority for CRNAs in the VA:

- *Air Force Sergeants Association (AFSA)*
- *Iraq and Afghanistan Veterans of America (IAVA)*
- *AMVETS*
- *Military Officers Association of America (MOAA)*
- *Paralyzed Veterans of America (PVA)*
- *Reserve Officers Association (ROA)*

seven states require supervision, would be a waste of all providers times and taxpayer money. National Standards should put the interest of our veterans first, not be based on political decisions that aren't backed by facts.

We have seen throughout the pandemic that when restrictions to practice are removed, patients benefit. As federal agencies and state governments continue to remove restrictions on CRNA practice, it's important for the VA to follow suit and eliminate unnecessary barriers to care.

Now is the time to enact full practice authority for all CRNAs throughout the VA. As the VA develops National Standards of Practice, those standards should allow all providers, including CRNAs, to practice to the top of their education and training.

We encourage you to visit www.anesthesiafacts.com/the-research for the latest research on CRNA cost savings, safety, and access issues.

You can also visit www.anesthesiafacts.com/informational-resources/ for informational resources on CRNA education, quality of care, leadership during COVID-19, critical care abilities and more.

CONTACT US

AANA Federal Government Affairs Office
25 Massachusetts Avenue NW, Suite 320
Washington, D.C. 20001-1408

Phone: 202-484-8400

Fax: 202-484-8408

Email: info@aanadc.com

AANA

American Association of
NURSE ANESTHESIOLOGY