June 14, 2016

The Honorable Robert McDonald
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, D.C. 20420

Dear Secretary McDonald,

We write to express our strong opposition to proposed changes to the U.S. Department of Veterans Affairs (VA) anesthesia delivery policies. The changes proposed by the Veterans Health Administration (VHA) would fundamentally rewrite time-tested, team-based anesthesia care protocols, thereby, affecting the quality and safety of anesthesia care administered to our Veterans. We urge the preservation of VA's current policies included in the VHA Anesthesia Service Handbook.

The Anesthesia Service Handbook contains VHA's current anesthesia patient safety policies. Due to the inherent dangers associated with administering anesthesia, these policies direct that anesthesia be administered by a "team" - consisting of a physician and nurse anesthetists - and in recognition of state licensure laws, virtually all of which require the involvement of a physician in anesthesia care. Millions of Veterans have been well-served by these consensus policies, policies that have been embraced by independent anesthesia studies.

Under changes proposed by VHA, the current Anesthesia Service Handbook will be superseded by a new full nurse practice authority policy. This new policy would eliminate the requirement for physician involvement in anesthesia, specifically striking the physician-nurse "team" requirement and abandoning VHA's recognition of state licensure laws. These changes are ill conceived and would fundamentally alter anesthesia care within VA – changes that could compromise the care of the sicker VA patient population.

We believe the interests of Veterans are best served by the preservation of VA's team-based policies, as currently written. This approach is supported by a range of Veterans health stakeholders including the Association of the U.S. Navy, AMVETs and the National Guard Association of the United States, all of which have expressed support for maintaining VA's current anesthesia care policies. Similarly, VA's internal anesthesia experts, over 60 VA Chiefs of Anesthesiology, have urged retention of the current policies. Congress, on a bipartisan and bicameral basis, has for two years included report language as part of the VA appropriations bills asking that the VA not advance policies that would "conflict" with VA's current anesthesia policies. And VA's own internal researchers in the Quality Enhancement Research Initiative

(QUERI), examined the issue and concluded that there was "insufficient" evidence to support the safety of eliminating physician involvement in VA anesthesia care.

On May 29, VA clarified that it "is not seeking any change to VHA policy on the role of CRNAs." VA has further said that it is planning to exempt CRNAs from the rule with policy guidance after the fact. We believe that this approach will cause confusion and uncertainty for all anesthesia care providers and could result in haphazard implementation that would negatively impact our veterans. If the VA does not seek to change VHA policy on CRNAs it should specifically state that in the rule.

The safety and health of American Veterans is paramount, and we request that VA retain physician involvement in anesthesia care as contained in the Anesthesia Service Handbook.

Sincerely,

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Jeff Duncan	Ann Wagner
Daniel Webster	Mark Meadows
Rob Bishop	Ralph Abraham, M.D.
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