AMA
AMERICAN MEDICAL ASSOCIATION

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David J. Shulkin, MD
Under Secretary for Health
U.S. Department of Veterans Affairs
810 Vermont Avenue NW, Room 1068
Washington, DC 20420

Re: RIN 2900-AP44-Advanced Practice Registered Nurses; Final Rule (December 13, 2016)

Dear Under Secretary Shulkin:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to provide comments on the Veterans Health Administration's (VHA) Advanced Practice Registered Nurses (APRN) Final Rule request for further comments on whether Certified Registered Nurse Anesthetists (CRNA) should be given full practice authority. The AMA appreciates and thanks you for the exception in the Final Rule regarding CRNAs. We strongly encourage the Department of Veterans Affairs (VA) to continue this policy, and offer to continue working with the VA to further explore and identify ways to advance coordinated, team-based care.

Overview

The vast majority of medical specialties are moving toward a more flexible model of care delivery that deemphasizes hierarchy in favor of a more collaborative and team-based approach to medical care. Health care teams continue to require leadership, however, just as teams do in government, sports, schools, and the military. Physicians bring to the team the highest level of training and education, and provide the highest level of medical care. APRN and CRNA education and training simply do not provide the same experience, and, as such, independent practice is not appropriate. Particularly for complex and chronic medical conditions, it can be a matter of life or death to have a physician involved in the patient's care.

The team-based model works best when physicians are supported by APRNs, PAs, and other health care professionals who are empowered to practice at the top of their licensure, consistent with their education, training, and individual competency. This frees up time for physicians to focus on patient care—particularly the care of patients with chronic or complex health conditions—and to oversee and coordinate the plan of care. Moreover, for patient safety reasons, most states continue to require physician oversight of team-based models of care delivery. The AMA strongly opposes the VHA's decision to allow independent APRN practice in most medical specialties, and we believe the evidence supports maintaining the exception for CRNAs.

Request for Further Comments on CRNAs

The VA is requesting further comments on whether advanced practice authority for CRNAs would bring further access improvements to anesthesia providers. Physician anesthesiologists have 12-14 years of education following high school, including 12,000-16,000 hours of clinical training, plus a potential additional one to two years of fellowship training and experience concentrated on an anesthesia subspecialty, such as pain medicine. This intensive education and training prepares physician anesthesiologists to diagnose and treat potentially life-threatening medical issues that arise suddenly during surgery or other procedures. In comparison, CRNAs complete 2-3 years of a master's program from an accredited school of nurse anesthesia, completing approximately 2,500 hours of clinical anesthesia care for approximately 850 individual cases. With regard to pain medicine, while standards for CRNA education and training do not include any required training in pain medicine, at least one institution offers a one-year fellowship in pain medicine that consists of nine online courses and three in-person courses.

Allowing advanced practice authority for CRNAs would also undermine the laws and regulations in 45 states and the District of Columbia that require CRNAs to practice with or be supervised by physicians. Currently only five states[1] allow CRNAs to completely practice independently. The remaining states require varying levels of supervision. For example, of the states that grant CRNAs prescriptive authority, nearly a dozen require that authority to be part of a collaborative agreement, and three condition such authority on it being for the purposes of perioperative care.

Moreover, while 17 states have "opted out" of the federal requirement that physicians supervise anesthesia care for purposes of Medicare repayment, it is important to note that opting out of this Medicare payment requirement does not supersede state law on independent practice. As such, CRNAs in those states are still subject to state law on physician collaboration, supervision, or oversight. Finally, according to the VHA's own workforce data, anesthesiology is not in the top five difficult to recruit and retain physician or nurse specialties.[2] With respect to anesthesiologists specifically, the number of anesthesiologists VHA hired increased from 87 in 2011 to 149 in 2015, and the 2015 turnover rate for anesthesiologists is slightly lower than the turnover rate for physicians overall. Furthermore, the VHA has experienced recent successes in hiring or contracting for anesthesiology services.

The AMA appreciates your consideration of our comments, and we would be happy to set-up a meeting with Agency officials to discuss our concerns further. Please contact Jason Scull, Assistant Director, Federal Affairs at 202-789-4580 or jason.scull@ama-assn.org with any questions or concerns.

Sincerely,

James L. Madara, MD

[1] ID, MT, NH, OR, UT.
[2] VHA 2015 Mission Critical Occupations Report