

April 4, 2022

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

The Honorable Michael Turner
United States House of Representatives
2082 Rayburn House Office Building
Washington, DC 20515

The Honorable Andrew Garbarino
United States House of Representatives
1516 Longworth House Office Building
Washington, DC 20515

Dear Representatives Scott, Turner, and Garbarino:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to share our support for the “Protect Lifesaving Anesthesia Care for Veterans Act of 2022” (H.R. 7048). This important bipartisan legislation would prohibit the Secretary of the Department of Veterans Affairs from replacing physician anesthesiologists with certified registered nurse anesthetists (CRNA) under the health care system of the Department of Veterans Affairs (VA).

The AMA strongly supports the team approach to patient care, with each member of the team playing a clearly defined role as determined by his or her education and training. While we greatly value the contribution of CRNAs to the physician-led care team, their training is not equivalent to the four years of medical school, three years of residency training, and 10,000-16,000 hours of clinical training that is required of physician anesthesiologists. But it is more than just the vast incompatibility in terms of hours of education and training, it is also the difference in rigor and standardization between medical school and residency and CRNA programs. In order to be recognized as a physician with an unlimited medical license, medical students’ education must prepare them to enter any field of graduate medical education and include content and clinical experiences related to each phase of the human life cycle.¹ Conversely, CRNAs must complete only a master’s degree and possess one year of full-time work experience. CRNAs are integral members of the care team, but the skills and acumen obtained by physicians throughout their extensive education and training make them uniquely qualified to oversee and supervise patients’ care.

Physician-led team-based care has a proven track record of success in improving the quality of patient care, reducing costs, and allowing all health care professionals to spend more time with their patients. Additionally, with multiple Government Accountability Office audits reporting that the VA has been deficient in its supervision and oversight of health care providers, and the VA Office of the Inspector General reporting multiple cases of quality and safety concerns regarding VA providers, it has become imperative that an appropriately licensed and credentialed physician anesthesiologist oversees CRNAs.²

¹ https://medicine.vtc.vt.edu/content/dam/medicine_vtc_vt_edu/about/accreditation/2018-19_Functions-and-Structure.pdf.

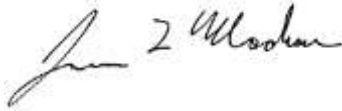
² <https://www.gao.gov/assets/gao-20-152t.pdf>.

The Honorable David Scott
The Honorable Michael Turner
The Honorable Andrew Garbarino
April 4, 2022
Page 2

Our nation's veterans should be provided with the highest quality of care—physician-led health care teams that consider important scope of practice limitations and make the most of the respective education and training of physicians and CRNAs.

Thank you for your leadership on this issue. We look forward to working with you to achieve passage of the Protect Lifesaving Anesthesia Care for Veterans Act of 2022 to ensure that our Veterans are provided with the best care possible.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large initial "J" and "M".

James L. Madara, MD