



May 18, 2020

Vice President Mike Pence  
Office of the Vice President  
1600 Pennsylvania Avenue, N.W.  
Washington, DC 20500

Robert Wilkie  
Secretary  
U.S. Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420

Richard Stone, M.D.  
Executive in Charge  
Veterans Health Administration  
810 Vermont Avenue, NW  
Washington, DC 20420

Dear Vice President Pence, Secretary Wilkie, and Executive Stone:

On behalf of the 47 undersigned organizations representing the Nursing Community Coalition, we write in support of the Department of Veterans Affairs' (VA) Directive 1899 to remove barriers to practice and allow for Certified Registered Nurse Anesthetists (CRNAs) to practice to the full extent of their education and abilities, especially as our nation combats COVID-19. We recognize that, particularly during these unprecedented times, ensuring the health care of our veterans and patients across the country is crucial. By providing anesthesia services across the entire care continuum, CRNAs not only bring much needed support and expertise during this crisis, but their full range of skills are imperative in the future as well. Therefore, we support Directive 1899 and strongly urge the VA to make CRNAs full practice authority permanent.

The members of the Nursing Community Coalition are the cross section of education, practice, research, and regulation within the nursing profession and have long supported full practice authority for all Advanced Practice Registered Nurses (APRNs)<sup>1</sup>, 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.<sup>2</sup> This is also consistent with both the bipartisan Commission on Care's recommendations for the VA to allow all APRNs full practice authority<sup>3</sup>, along with RAND's Independent Assessment of the VA, which made the same recommendation.<sup>4</sup> We recognize that the

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

<sup>2</sup> 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>

<sup>3</sup> Commission on Care. *Final Report of the Commission on Care*. Washington, DC, 2016. Retrieved from: [https://s3.amazonaws.com/sitesusa/wp-content/uploads/sites/912/2016/07/Commission-on-Care\\_Final-Report\\_063016\\_FOR-WEBSITE.pdf](https://s3.amazonaws.com/sitesusa/wp-content/uploads/sites/912/2016/07/Commission-on-Care_Final-Report_063016_FOR-WEBSITE.pdf)

<sup>4</sup> RAND Corporation. *Section 201: Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs*. Washington, DC. 2015. Retrieved from: [https://www.va.gov/opa/choiceact/documents/assessments/Assessment\\_B\\_Health\\_Care\\_Capabilities.pdf](https://www.va.gov/opa/choiceact/documents/assessments/Assessment_B_Health_Care_Capabilities.pdf)

contributions of our nurses and APRNs, are critical to the delivery of high-quality, lifesaving, preventive, and palliative health care across all care settings, geographic areas, and social determinants of health.

As our nation grapples with this pandemic, we have seen CRNAs answer the call by providing critical lifesaving care and performing some of the most dangerous procedures, such as, intubation and airway management. 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. This comes as no surprise, as various studies, recommendations, and outcomes have consistently found what we are now seeing in live time, that anesthesia care by CRNAs is equally safe with or without physician supervision.<sup>5</sup>

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.<sup>6</sup> In addition to their skill set in general anesthesia, CRNAs are also taking the lead on non-opioid or opioid sparing pain management practices, a critical skill in light of the ongoing opioid epidemic and the prevalence of chronic pain among veterans. CRNAs are engaging in advanced fellowships and utilizing enhanced recovery techniques to reduce dependence on opioids in pain management, a program supported by the Army Surgeon General.<sup>7</sup>

Granting full practice authority to the VA's CRNA workforce during and after the emergency would also align with principles outlined with the President's October 2019 Executive Order aimed at *Protecting and Improving Medicare for Our Nation's Seniors*. The Centers for Medicare and Medicaid Services have already taken action to remove physician supervision requirements from CRNAs during the public health emergency, creating additional precedent within the federal government for the VA to follow.

We commend the implementation of Directive 1899 and urge swift action by the VA to make full practice authority for CRNAs permanent. Our nation's veterans and their families deserve access to timely, cost effective, and high-quality care within the VA health system, and removing these barriers for CRNAs helps meet this aim. If our organizations can be of any assistance, or if you have any questions, please contact the Nursing Community Coalition's Executive Director, Rachel Stevenson at [rstevenson@thenursingcommunity.org](mailto:rstevenson@thenursingcommunity.org) or at 202-463-6930, ext. 271.

Sincerely,

Academy of Medical-Surgical Nurses  
American Academy of Ambulatory Care Nursing  
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 Anesthetists  
American Association of Nurse Practitioners  
American College of Nurse-Midwives  
American Nephrology Nurses Association

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<sup>5</sup> Dulisse, B., & Cromwell, J. (2010). No harm found when nurse anesthetists work without supervision by physicians. *Health Affairs*, 29,1469-1475. Retrieved from: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2008.0966>

<sup>6</sup> 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>

<sup>7</sup> Blair, Jenny. *Fellowship Program Trains Nurse Anesthetists to Treat Chronic Pain*. TCU Magazine. 2019. Retrieved from: <https://magazine.tcu.edu/winter-2019/fellowship-program-trains-nurse-anesthetists-to-treat-chronic-pain/>

American Nurses Association  
American Nursing Informatics Association  
American Organization for Nursing Leadership  
American Pediatric Surgical Nurses Association, Inc.  
American Public Health Association, Public Health Nursing Section  
American Psychiatric Nurses Association  
American Society for Pain Management Nursing  
Association for Radiologic and Imaging Nursing  
Association of Community Health Nursing Educators  
Association of Nurses in AIDS Care  
Association of periOperative Registered Nurses  
Association of Public Health Nurses  
Association of Veterans Affairs Nurse Anesthetists  
Association of Women's Health, Obstetric and Neonatal Nurses  
Chi Eta Phi Sorority, Incorporated  
Commissioned Officers Association of the U.S. Public Health Service  
Dermatology Nurses' Association  
Friends of the National Institute of Nursing Research  
Gerontological Advanced Practice Nurses Association  
Infusion Nurses Society  
International Association of Forensic Nurses  
International Society of Psychiatric-Mental Health Nurses  
National Association of Clinical Nurse Specialists  
National Association of Hispanic Nurses  
National Association of Nurse Practitioners in Women's Health  
National Association of Pediatric Nurse Practitioners  
National Association of School Nurses  
National Council of State Boards of Nursing  
National League for Nursing  
National Nurse-Led Care Consortium  
National Organization of Nurse Practitioner Faculties  
Nurses Organization of Veterans Affairs  
Oncology Nursing Society  
Organization for Associate Degree Nursing  
Society of Pediatric Nurses  
Society of Urologic Nurses and Associates

CC:

VHA Chief Nursing Officer Beth Taylor, DHA RN, NEA-BC  
Chairman, Ranking Member, and Members, Senate Committee on Veterans Affairs  
Chairman, Ranking Member, and Members, House Committee on Veterans Affairs