



The Association of VA Anesthesiologists

January 11th, 2017

The Honorable Robert A. McDonald
Secretary of Veterans Affairs
810 Vermont Avenue
Washington, DC 20420

Dear Secretary McDonald:

During the last two years the Association of VA Anesthesiologists (AVAA) and over 200 VA physician anesthesiologists have written several letters regarding our serious concerns with the proposal to establish full practice authority for nurse anesthetists. The majority of VA Chiefs of Anesthesiology have also expressed these same concerns. The physician anesthesiologists that AVAA represents would like to express their gratitude for publishing a final rule that does not include full practice authority for nurse anesthetists. We believe that continuing with the **team care model in Anesthesiology** will provide the **safest and best care for Veterans** that need anesthesia services.

We salute you and Undersecretary for Health Dr. Shulkin for your leadership in ensuring that our Veterans will stay safe and will be treated as we would like to be cared for ourselves.

We salute you for clarifying in the final rule that nurse anesthetists will not be granted full practice authority and will continue to practice in the proven team-based model and for not overriding the existing Anesthesia Handbook.

We salute you for not implementing a rule that would result in conflicts between and within facilities, and would ultimately be detrimental to safe and streamlined anesthesia care for Veterans.

We salute you for not implementing a rule that would break up anesthesia care teams throughout the VA and lower the standard of care for Veterans without a clear rationale.

We salute you for not implementing a rule that would force physician anesthesiologists to rescue patients under nurse anesthesia-only care and taking on responsibility and liability for medical decisions they did not make.

We salute you for not implementing a rule that proposed very significant system changes in Anesthesiology, which would have led to many unforeseen consequences that would have compromised patient care directly and indirectly.

We salute you for not implementing a rule that would have created a shortage of anesthesia providers in the VA as both nurse anesthetists and physician anesthesiologists may have been driven out of the system or would have been reluctant to consider the VA for potential employment.

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We would like to point out that full practice authority would not increase access to care, **since there is no shortage of anesthesiologists** in the VA system according to VA's own data. Even, if surveys currently underway suggest recruitment difficulties for anesthesia providers in some areas, it would be most important not to reconsider the APRN rule, but to work with the National Anesthesia Service to implement a safe and feasible solution based on the current Anesthesia Handbook. **We should never compromise the quality of care** for access reasons. Access problems need to be address, not by lowering the standard of care, but by finding solutions that maintain or improve the same quality of anesthesia care.

Finally, we continue to encourage you to consult with the President of the Association of VA Surgeons, Dr. Seth Spector, to obtain a comprehensive understanding of the positive impact that the final rule will have for surgical care. As a clinically practicing surgeon and Chief of Surgery at the Miami VA, Dr. Spector best represents the views of VA surgeons who work daily with the anesthesia care team to provide optimal surgical care for Veterans.

We would like to thank you for your service and leadership and most importantly, for your strong commitment to our Veterans. Again, we salute you for maintaining the team care model for VA Anesthesiology, which truly was the common sense decision.

Respectfully,

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cc: David J. Shulkin, M.D.

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