



DEPARTMENT OF VETERANS AFFAIRS  
Under Secretary for Health  
Washington DC 20420

JAN 27 2014

Jane C.K. Fitch M.D.  
President  
American Society of Anesthesiologists  
1501 M Street NW Suite 300  
Washington DC 20005

Dear Dr. Fitch:

Thank you for your letter regarding the proposed changes to the Veterans Health Administration (VHA) policy that would eliminate the requirement for Certified Registered Nurse Anesthetists (CRNAs) to be supervised by anesthesiologists. The Secretary has asked me to respond on his behalf, and I am happy to do so.

The Office of Nursing Services began the development of a VHA nursing handbook in 2009 to establish policy for the process of care delivery and the elements of practice for nursing. Within the nursing handbook, VHA is proposing the authorization of full practice authority (FPA) for Advanced Practice Registered Nurses (APRN) without regard to their individual State Practice Acts, except for the dispensing, prescribing and administering of controlled substances. This proposed change to nursing policy would increase access to care, decrease variability throughout the Department of Veterans Affairs (VA) system, and ensure continuity of the highest quality of care for our Nation's Veterans.

Under the Controlled Substances Act, 21 U.S.C. 801 et seq., and implementing regulations in 21 C.F.R. Part 1300, health care practitioners may dispense a controlled substance, including by prescribing and administering, if they are authorized by their state license to do so and comply with the limitations and restrictions on that authority. As noted, a CRNA may dispense, prescribe and administer a controlled substance within VA if he or she is authorized by their state licensure and complies with the limitations and restriction on such authority.

The 2010 Institute of Medicine (IOM) landmark report, "The Future of Nursing: Leading Change, Advancing Health," recommended removal of scope-of-practice barriers for APRNs, which would authorize APRNs to practice to the full extent of their education, training and certification. The IOM's recommendation prompted VHA to propose this policy. Thus, VHA's proposed nursing handbook is consistent with the IOM recommendation to remove scope-of-practice barriers, including the variation in APRN practice that exists across VHA as a result of disparate state regulations. As an integrated Federal health care system, the proposed policy parallels current policies in the Department of Defense and the Indian Health Service. A CRNA is an APRN who

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specializes in anesthesia and is required to obtain and maintain national certification. A significant number of states have approved FPA for CRNAs, with many VA medical centers successfully utilizing CRNAs to the full extent of their education and training.

As full practice providers, CRNAs would deliver care under a set of privileges. VHA CRNAs and Anesthesiologists would continue to practice under the direction of the Chief of Anesthesia or the Chief of Surgery, depending on the administrative structure of the anesthesia program at a VA facility, under the Anesthesia Service Care Team model as stated in Anesthesia Service VHA Handbook 1123. The VHA nursing handbook would establish full practice for CRNAs, but would not in any way require CRNAs to become aligned with Nursing Services.

At present, the policy for APRN FPA is under review. VHA is seeking input from external stakeholders through a variety of venues. The proposed policy will be published in the Federal Register for notice and comment.

If you need additional information, please contact Larry W. Rivers Jr., Office of Nursing Services, at (202) 461-6964, or by e-mail at [Larry.Rivers@va.gov](mailto:Larry.Rivers@va.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Robert A. Petzel". The signature is fluid and cursive, with the first name being the most prominent.

Robert A. Petzel, M.D.