Congress of the United States Washington, DC 20515

February 12, 2016

The Honorable Robert A. McDonald Secretary U.S. Department of Veterans Affairs 810 Vermont Ave. NW Washington, D.C. 20420

Dear Secretary McDonald,

We are writing on behalf of the Congressional Doctors' Caucus to provide our comments regarding the U.S. Department of Veterans Affairs (VA) proposal to supersede the VHA Handbook 1123, Anesthesia Service, commonly referred to as the Anesthesia Service Handbook, with the proposed VHA Nursing Handbook. This issue was discussed during our meeting on December 1, 2015.

As health care providers, we recognize the high risk nature of anesthesia. As such, we support the preservation of the Anesthesia Service Handbook, in its current form, as the policy guiding anesthesia delivery care in VA. The policies contained in the current Anesthesia Service Handbook represent sound, time-tested requirements that help assure excellent anesthesia outcomes in VA facilities. Specifically, for patient safety purposes, this current policy provides for anesthesia delivered in a physician-nurse "team-fashion" and recognizes state scope of practice laws as the maximum breadth of practice for health care providers.

In contrast, the Nursing Handbook proposes to supersede these key patient safety provisions. The Nursing Handbook would explicitly eliminate the requirements for physician involvement in anesthesia. In lieu of this requirement, the proposed handbook would apply an expansive, so-called "full practice authority" or "independent" nurse practice model to VA for anesthesia services. To effectuate this change, VA would invoke federal supremacy with the intention of preempting the state laws that include patient safety requirements for physician involvement and team-based models of anesthesia care. We do not believe this policy change is in the best interest of Veterans.

We believe that preservation of the current policy is the most prudent course of action for the well-being of patients in the VHA. There is no evidence that superseding the Anesthesia Service Handbook with the Nursing Handbook will benefit Veterans. Indeed, the evidence is to the contrary. Access will not be enhanced as there is no evidence of a shortage of physician anesthesiologists in VA. VA's own recent assessment – The Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs - failed to identify physician anesthesiologists as a provider category in shortage. Alternatively, quality may be compromised as there are no independent studies to support the idea that "full practice authority" in anesthesia is safe for Veterans. Existing independent studies suggest better anesthesia outcomes with physician involvement.

VA's own internal stakeholders have argued that the application of the Nursing Handbook represents a risk to veterans. Over 200 of VA's own anesthesia experts, including Chiefs of Anesthesiology and VA anesthesiologists – have argued that this policy will "directly compromise patient safety and limit our ability to provide quality care to Veterans."

We join other Veteran heath care stakeholders, including AMVETs, the Association of the U.S. Navy and the National Guard Association of the United States, in urging preservation of the current Anesthesia Service Handbook, as currently written, and the exclusion of anesthesia and pain management from the Nursing Handbook.

Sincerely,

Andy Harris, M.D. Member of Congress

David P. Roe, M.D. Member of Congress

Joe Heck, D.O. Member of Congress

Dan Benishek, M.D. Member of Congress

Ralph Abraham, M.D. Member of Congress

Charles Boustany, Jr., M.D.

Member of Congress

Tom Price, M.D. Member of Congress

Brian Babin, D.D.S. Member of Congress

Larry Bucshon, M.D. Member of Congress

John Fleming, M.D. Member of Congress

Paul Gosar, D.D.S. Member of Congress

Scott DesJarlais, M.D. Member of Congress Michael C. Burgess, M.D. Member of Congress