



October 23, 2020 Meeting with the Office of Management and Budget (OMB)

U.S. Department of Veterans Affairs RIN: 2900-AQ94
“Authority of VA Providers to Practice in VA Facilities”

- The April 21 “Stone Memo” is unnecessary and needlessly puts the lives of Veterans at risk based on the judgment of VA’s own top experts on anesthesia care.
- The memo, issued by VHA Executive-in-Charge, Dr. Richard Stone, “strongly” encourages VA facilities to change their bylaws to move to an independent or nurse-only model of anesthesia care. The change effectively removes the physician from the current physician-nurse team-based model of anesthesia care – a model that has served VA safety for decades.
- The process by which the “Stone Memo” was crafted and promulgated was fundamentally flawed and inconsistent with traditional VA policymaking. There was no collection of data to determine the need for the policy change and no involvement in the research, crafting, review, or implementation of the memo by VA’s physician anesthesiologists, including VA National Anesthesia Services (NAS). NAS is the VA program with sole responsibility for VA’s anesthesiologist and nurse anesthesia policies, procedures and clinical practice. To date, VA leadership continues to exclude NAS. As part of today’s meeting, NAS was not included among nearly a dozen VA and Administration participants in a call with the Office of Management and Budget on an anesthesia topic.
- The “Stone Memo” reverses the team-based anesthesia policy recently affirmed as of 6 years of VA and stakeholder deliberation and study. The process, which started in 2013, included two (2) formal rule making periods, which generated over 200,000 comments, many from Veterans and their families and concluded with the implementation of Directive 1123, issued in October of 2019 that effectuates a final rule retaining the physician-led, team-based model of anesthesia care.
- Patients in VA facilities have more pre-existing health conditions (heart disease, lung disease, high blood pressure) than the non-VA patient population. These conditions increase the risks associated with surgery and anesthesia. Furthermore, Veterans with COVID are a particularly high-risk patient population, so, tragically, the Stone approach would needlessly put at risk the very Veterans the memo was supposedly designed to help: Veterans with COVID. It is more important now than ever for VA anesthesiologists to be leading the anesthesia care teams taking care of Veterans with COVID. To remove anesthesiologists from VA anesthesia care teams would be a tragic mistake, at the worst possible time.
- The change in VA policy in the midst of a pandemic has disrupted care in VA. Workflow has been disturbed and clinical responsibilities have been confused.

- There is no shortage of anesthesia professionals within VA necessitating a change in policy.
- VA-funded studies raise questions about the safety of moving to the nurse-only model of anesthesia in VA.
- The model of care advanced by the “Stone Memo” is a lower standard of care than that maintained in the nation’s top health care systems.
- Veterans have earned and deserve the highest quality of care available. The “Stone Memo” and any associated rulemaking to formalize the memo should be halted.

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