

We are writing as the nation's leading national medical organizations to express our deep concerns regarding the proposed Department of Veterans Affairs (VA) rule to expand the role of Advanced Practice Registered Nurses (APRNs) and its impact on surgical care. As proposed, this rule would allow APRNs to practice "without the clinical oversight of a physician, regardless of state or local law restrictions on that authority". We are concerned that implementation of this policy, as written, would disrupt surgical care throughout the VA system and, as such, ask for appropriate revisions to the rule to address potential surgical patient care issues.

Our organizations support the use of physician-led, team-based models of care. A team-based approach to patient care includes physicians and other health care providers such as APRNs, other nurses, and physician assistants working together to provide safe, high quality surgical care to patients. The proposed rule would abandon commonly-used team-based models throughout the VA system and replace them with "independent" or nurse-only models of care. This change would have a particularly profound impact on the surgical setting where the anesthesia care team – physician anesthesiologists working with nurse anesthetists – would effectively be eliminated.

We find no reason to depart from team-based anesthesia care, as there is no conceivable benefit to excluding physician anesthesiologists from the perioperative team. We value the role of each member of the perioperative team, but as there is no shortage of physician anesthesiologists in the VA system, any policy excluding the expertise of physician anesthesiologists would conflict with the VA's core strategy of providing the highest quality of Veteran-centered care. After reviewing all relevant literature, the Department's own internal valuation by the Quality Research Enhancement Initiative found insufficient evidence to support the safety of independent practice of CRNAs, especially in small or isolated facilities. In considering a policy change of this significance, the most important consideration should be providing safe, high quality care to our nation's Veterans.

We strongly oppose any policy that would place Veterans at risk by lowering the standard of care. As such, we urge the Department of Veterans Affairs to preserve physician-led models of care in the final rule.

Sincerely,

American Society of Plastic Surgeons

American Academy of Orthopedic Surgeons

The American College of Surgeons

American Academy of Otolaryngology—Head and Neck Surgery

The American Association of Neurological Surgeons

Congress of Neurological Surgeons

The American Urological Association

American Academy of Ophthalmology

The American Society of Breast Surgeons

American College of Osteopathic Surgeons

American College of Radiology

American Osteopathic Association

American Association of Child and

Adolescent Psychiatry

American Academy of Dermatology

National Association of Spine Specialists

American Psychiatric Association

Louisiana Academy of Otolaryngology—Head and Neck Surgery