



July 1, 2015

The Honorable Robert McDonald  
Secretary  
Department of Veterans Affairs  
810 Vermont Avenue NW  
Washington, DC 20420

On behalf of the Association of the United States Navy (AUSN) and our members, we are writing today to strongly oppose a proposed policy change to anesthesia care in the Veterans Health Administration (VHA) Nursing Handbook, which we consider a serious cause for concern. This particular change is in regards to the switch of all Advance Practice Registered Nurses (APRNs) to Licensed Independent Practitioners (LIPs) and related guidelines concerning the use of anesthesia for Veteran patients.

The VHA is currently proposing new regulations in the draft Handbook 1180.03: VHA Nursing Handbook. As we wrote to previous leadership in VA, we do not disagree with the need to regularly review and update system wide policies concerning nurse duties throughout VHA, but we cannot support the changes to anesthesia care in a surgical setting. In particular, we are concerned by the requirement that all APRNs become designated as LIPs, who are mandated to “function as independent practitioners...regardless of scope of practice defined by their licensure.” We find the proposed policy change to be unnecessary and most importantly, could put the health and lives of Veterans at risk.

The current VHA policy, according to the VHA Anesthesia Service Handbook, encourages the use of a physician-led anesthesia team. Due to the health risks associated with the administration of anesthesia, and the fact that Veterans already have poorer health than some patient populations, we believe it is in the best interest of Veterans that VHA continue to administer anesthesia under the current guidelines. Additionally, conditions such as hypertension, diabetes, and chronic lung disease can complicate complex surgical procedures, and, as noted in the journal *Anesthesiology*, patients have better outcomes when a physician anesthesiologist is involved in surgical anesthesia care. The physician-led team based approach to providing anesthesia care in a surgical setting is practiced by the majority of top health providers in our country and Veterans deserve that same level of high quality care.

The current health policy, the VHA Anesthesia Service Handbook, encourages the utilization of a physician-led anesthesia team. Congress has already weighed in on this proposed policy change, and requested that surgical anesthesia provisions be excluded from the draft Handbook 1180.03: VHA Nursing Handbook when it is published. This concern has also been expressed by other VSOs and even VA’s own Chiefs of Anesthesiology when they invoked the “Stop the Line” policy writing a letter urging VA leadership to reconsider this drastic policy change. As always, thank you for taking the time to consider our opposition to this proposed anesthesia policy change in the VHA Nursing Handbook. AUSN feel very strongly that this proposed

change to anesthesia care in a surgical setting, where seconds count, could put the health and lives of Veterans at risk.

AUSN would like to thank you for your service and your ongoing work to improve the quality of care for our Nation's Veterans. We welcome inclusion on this or any other health policy within the VA, and look forward to working with you to improve care for all Veterans. Please feel free to contact me with any questions or concerns at 703-548-5800 or at [michael.little@ausn.org](mailto:michael.little@ausn.org).

Sincerely,

Handwritten signature of Michael J. Little in blue ink. To the right of the signature, the text "ABH (AUSN)" and "USNR" is written in blue ink.

Michael J. Little  
Director of Legislative Affairs

Handwritten signature of CDR Bill Manofsky, USN (ret) in blue ink.

CDR Bill Manofsky, USN (ret)  
V.P. of Legislative Affairs