AANA
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

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Safe and effective anesthesia
CARE
for every patient.

When we were children, our parents taught us to always tell the truth. In the military, we were taught to value integrity. As Certified Registered Nurse Anesthetists (CRNAs), we learned the necessity of science and evidence. As parents, we have learned that "because I say so" is not an argument that carries any weight. Yet, that is precisely what the American Society of Anesthesiologists (ASA) consistently relies on to scare the public into believing that CRNAs are not safe. Unfortunately for them, this justification doesn't work with children and certainly has no place in policymaking. Yet, this evidence-free argument is all they have, since all credible evidence shows that CRNAs provide the highest quality care regardless of practice setting or patients' health status. It's why CRNAs are the sole anesthesia providers on forward surgical teams and the predominant anesthesia providers in rural areas. It is why CRNAs are stepping up on the front lines during the current COVID-19 crisis, as serious policymakers seek to remove barriers to our practice at the state and national levels.

Recently the ASA put out a highly misleading release that makes multiple inflammatory claims, inaccurate assertions, and false smears to scare the public into believing that CRNAs will put our veterans' health at risk. But look closely, and you'll notice these over-the-top claims are missing something important: any credible evidence to back them up. Once again, we ask you to consider facts over this baseless "because I say so" argument. As veterans who care a great deal about our fellow brothers and sisters who have served this country, we feel a responsibility, to tell the truth and to set the record straight.

Let's walk through the most recent statement from the ASA claim by claim, to show just how weak and faulty these tired claims are:

Claim #1: "The VA decision, which was recently outlined in an April 21, 2020, memo by VA Under Secretary for Health Richard Stone, MD, puts the health and lives of our Veterans at risk."
Fact: False. This isn't a fact, but a worn-out ASA scare tactic that has no basis in

reality. The scientific evidence shows that CRNAs who work without physician supervision are just as safe. A 2010 study in *Health Affairs*, a peer-reviewed scientific journal, showed that the safety of anesthesia delivery in states that had opted out of the Medicare supervision requirement improved on par with those that hadn't, showing that supervision provides no added safety benefit.[1]

Claim #2: "…also ignores two record-setting public rule-making processes in 2017 that reaffirmed the importance of safe, physician-led anesthesia care for VA patients."

Fact: Misleading and inaccurate. The rulemaking process did **not** reaffirm the importance of physician-led care at all, quite the opposite. The VA final rule explicitly stated that CRNA safety is not a concern saying, "VA's position to not include the CRNAs in this final rule does not stem from the CRNAs' inability to practice to the full extent of their professional competence."[2] The rulemaking actually went even further, calling ASA's efforts on the rule "not substantive in nature and were akin to votes in a ballot box." This is typical of the ASA and their fact-free, "because I said so" arguments.

Claim #3: "VA patients who have complex medical conditions that put them at greater risk for complications," said ASA President Mary Dale Peterson, MD, MSHCA, FACHE, FASA. "When those complications occur, a physician anesthesiologist's education and training can mean the difference between life and death."

Fact: Another empty claim. As we've already noted, multiple actual, science-based studies have shown that CRNAs practicing independently are just as a safe. With CRNAs providing anesthesia care on the front lines for our armed forces since before the ASA even existed, there is no doubt that CRNAs are able to handle the toughest cases in the most critical and difficult settings. We also wonder, why is the ASA not advocating for supervision of CRNAs in the combat zone? That seems oddly convenient.

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[1] Dulisse, B., & Cromwell, J. (2010). No harm found when nurse anesthetists work without supervision by physicians. Health Affairs, 29,1469-1475.Retrieved from: https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2008.0966v

[2] Department of Veterans Affairs (2016). 81 FR 90198 https://www.federalregister.gov/documents/2016/12/14/2016-29950/advanced-practice-registered-nurses

Claim #4: "Throughout the pandemic, ASA has closely tracked anesthesia services. There is no shortage of anesthesia providers that necessitates this change."
Fact: Another convenient falsehood. This epitomizes that ASA's "because we say so" attitude. They say they're monitoring anesthesia and they don't see a problem, so everyone should simply accept that, even though they provide exactly zero evidence. That's likely because the actual, publicly available evidence completely contradicts ASA's baseless claim. We saw that VA facilities such as the Denver facility were canceling procedures specifically due to a lack of access to anesthesia.[3] The VA Inspector General's own data on provider shortfalls showed that out of the 141 facilities surveyed for this report, 31 facilities reported staffing shortages in the area of anesthesiology and the most frequently cited shortages were in the Medical Officer and Nurse occupations.[4]

Claim #5: "Research supports maintaining physician-led anesthesia care."
Fact: Baseless. Typically, when you claim that research supports something, you would cite the research study in question, but the ASA doesn't. We are simply supposed to take them at their word that this research exists, and we should all abide by it because they say so.

Claim #6: Physician anesthesiologists receive 12 to 14 years of education, including medical school, and 12,000 to 16,000 hours of clinical training to specialize in anesthesia care and pain control, with the necessary knowledge to understand and treat the entire human body. By comparison, nurse anesthetists have about half the education and almost 2,500 hours of clinical training.
Fact: Again, this is just not true. This is a false comparison the ASA has been making for years and that we have addressed before as being dishonest. The ASA has cherry picked data to create a completely false impression. Given the totality of CRNA education, the average CRNA completes approximately 8,636 clinical hours., All

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[3] Low, Rob. 2017. *VA Surgeries postponed because there aren't enough anesthesiologists.* KDVR Fox 31 Denver. Retreived: https://kdvr.com/news/problem-solvers/serving-those-who-serve/va-surgeries-postponed-because-there-arent-enough-anesthesiologists/

[4] Department of Veterans Affairs Office of Inspector General. 2018. *OIG Determination of Veterans Health Administration's Occupational Staffing Shortages.* Office of Health Inspections. Retrieved: https://www.va.gov/oig/pubs/VAOIG-18-01693-196.pdf

CRNAs have training and expertise in anesthesia. Additionally, all CRNAs have experience as critical care nurses, with CRNAs averaging 3 years of critical care experience before becoming starting their anesthesiology training. CRNAs have, on average, 8.5 years of education and training before becoming CRNAs. By 2025, all anesthesia program graduates will earn doctoral degrees.

Claim #7: "Every patient wants and deserves a physician anesthesiologist in charge of their care," said Dr. Peterson. "Our nation's Veterans earned and deserve nothing less."

Fact: ASA now speaks for every patient and they ALL want physician anesthesiologists, apparently? This claim is so ridiculous, so outlandish, it doesn't even begin to have any basis in reality, and the ASA knows it. If our nation's veterans are clamoring for physician anesthesiologist care, why do so many Veterans Service Organizations support CRNA full practice? Why did AARP, the Air Force Sergeants Association, Iraq and Afghanistan Veterans of America, AMVETS, the Military Offices Association of America, the Paralyzed Veterans of America, VoteVets and the Reserve Officers Association all disagree with ASA? Why did both the bipartisan Commission on Care[5] and the VA's own Independent Assessment[6] both support implementing full practice authority for CRNAs in the VA? Why are nurses consistently the most trusted occupation?[7] Could it be because nurses work in science and evidence? That nurses put our patients first based not on some irrational "because I told you so" mentality, but based on what science shows to be good for our patients and the healthcare system? It's time for the ASA to stop with these baseless lies, smears, and attacks on nurses and return to facts and a system that actually puts our patients first, not themselves.

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[5] Commission on Care. *Final Report of the Commission on Care.* Washington, DC, 2016. Retrieved from: https://s3.amazonaws.com/sitesusa/wp-content/uploads/sites/912/2016/07/Commission-on-Care_Final-Report_063016_FOR-WEB.pdf

[6] RAND Corporation. *Section 201: Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs.* Washington, DC. 2015. Retrieved from: https://www.va.gov/opa/choiceact/documents/assessments/Assessment_B_Health_Care_Capabilities.pdf

[7] Reinhart, RJ. 2020. *Nurses Continue to Rate Highest in Honesty, Ethics.* Washington, DC. Retrieved from: https://news.gallup.com/poll/274673/nurses-continue-rate-highest-honesty-ethics.aspx

As veterans who have served this country and who care a great deal about our fellow veterans, we urge you to contact your lawmakers to support a long overdue policy change that will improve veterans' access to the highest quality anesthesia care. Join us today.

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