



1 November 2013

The Honorable Eric Shinseki  
Secretary of Veterans Affairs  
801 Vermont Avenue, NW  
Washington, D.C. 20420

The Honorable Robert Petzel, M.D.  
Undersecretary for Health  
801 Vermont Avenue, NW  
Washington, D.C. 20420

Dear Secretary Shinseki and Dr. Petzel,

On behalf of the Association of the United States Navy (AUSN) and our members, we would like to thank you for your hard work ensuring that our nations Veterans receive the quality health care that they have so deservedly earned. We are writing today, however, to address a proposed change in the new edition of the Veterans Health Administration (VHA) Nursing Handbook which we consider a cause for concern. This particular change is in regards to the switch of all Advanced Practice Registered Nurses (APRN's) to Licensed Independent Practitioners (LIP's) and guidelines concerning the use of anesthesia to patients.

The VHA is currently proposing new regulations in the draft version of the nursing handbook, *VHA Handbook 1180.03: VHA Nursing Handbook*. While we do not necessarily disagree with the need to regularly review and update system wide policies concerning nurse duties throughout the VHA, we cannot support all of the proposed changes. In particular, the requirement that all APRN's become designated as LIP's and that all LIP's are required to, "function as independent practitioners... regardless of scope of practice defined by their licensure." We find this proposed shift from the current guidelines unnecessary and worrisome for our nation's Veteran community.

It is of deeper concern, that this policy changes how anesthesia will be administered to our Veterans. The current VHA policy, according to the *VHA Anesthesia Services Handbook*, encourages the use of 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 other patient populations, we believe it is in the best interest of our Veterans that the 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.

Lastly, these proposed changes threaten to take control away from local physician leaders to establish policies which are better suited for their hospital environment and staff. All the while requiring APRN's to obtain this independent status that may not be best for them, and is likely not best for our Veterans.

In closing, we want to thank you for your time and hope that you understand our grievances. We will continue to put our Veterans first, knowing you will do the same, but recognize that caution and care must be taken when making policy changes in order to provide our Veterans with the best quality care. If you have any questions or concerns, feel free to contact us at 703-548-5800.

Sincerely,

A handwritten signature in black ink, appearing to read "Anthony A. Wallis".

Anthony A. Wallis  
Legislative Director, AUSN