



Written Statement of
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On behalf of the
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS (AANA)
to the
SENATE APPROPRIATIONS COMMITTEE
SUBCOMMITTEE ON DEFENSE
June 23, 2010
WASHINGTON, DC

Chairman Inouye, Ranking Member Cochran, and Members of the Subcommittee:

The American Association of Nurse Anesthetists (AANA) is the professional association that represents over 40,000 Certified Registered Nurse Anesthetists (CRNAs) across the United States, including more than 500 active duty and over 750 reservists in the military reported in 2009. The AANA appreciates the opportunity to provide testimony regarding CRNAs in the military. We would also like to thank this committee for the help it has given us in assisting the Department of Defense (DoD) and each of the services to recruit and retain CRNAs.

CRNAs AND THE ARMED FORCES: A TRADITION OF SERVICE

Let us begin by describing the profession of nurse anesthesia, and its history and role with the Armed Forces of the United States.

In the administration of anesthesia, CRNAs perform the same functions as anesthesiologists and work in every setting in which anesthesia is delivered including hospital surgical suites and obstetrical delivery rooms, ambulatory surgical centers, health maintenance organizations, and the offices of dentists,

podiatrists, ophthalmologists, and plastic surgeons. Today, CRNAs administer some 30 million anesthetics given to patients each year in the United States. Nurse anesthetists are also the sole anesthesia providers in the vast majority of rural hospitals, assuring access to surgical, obstetrical and other healthcare services for millions of rural Americans.

Our tradition of service to the military and our Veterans is buttressed by our personal, professional commitment to patient safety, made evident through research into our practice. In our professional association, we state emphatically “our members’ only business is patient safety.” Safety is assured through education, high standards of professional practice, and commitment to continuing education. Having first practiced as registered nurses, CRNAs are educated to the master’s degree level, and some to the doctoral level, and meet the most stringent continuing education and recertification standards in the field. Thanks to this tradition of advanced education and clinical practice excellence, we are humbled and honored to note that anesthesia is 50 times safer now than in the early 1980s (National Academy of Sciences, 2000). Research further demonstrates that the care delivered by CRNAs, physician anesthesiologists, or by both working together yields similar patient safety outcomes. In addition to studies performed by the National Academy of Sciences in 1977, Forrest in 1980, Bechtoldt in 1981, the Minnesota Department of Health in 1994, and others, Dr. Michael Pine, MD, MBA, recently concluded once again that among CRNAs and physician anesthesiologists, “the type of anesthesia provider does not affect inpatient surgical mortality ” (Pine, 2003). Thus, the practice of anesthesia is a recognized specialty in nursing and medicine. Most recently, a study published in *Nursing Research* confirmed obstetrical anesthesia services are extremely safe, and that there is no difference in safety between hospitals that use only CRNAs compared with those that use only anesthesiologists (Simonson et al, 2007). Both CRNAs and anesthesiologists administer anesthesia for all types of surgical procedures from the simplest to the most complex, either as single providers or together.

NURSE ANESTHETISTS IN THE MILITARY

Since the mid-19th Century, our profession of nurse anesthesia has been proud and honored to provide anesthesia care for our past and present military personnel and their families. From the Civil War to the present day, nurse anesthetists have been the principal anesthesia providers in combat areas of every war in which the United States has been engaged.

Military nurse anesthetists have been honored and decorated by the U.S. and foreign governments for outstanding achievements, resulting from their dedication and commitment to duty and competence in managing seriously wounded casualties. In World War II, there were 17 nurse anesthetists to every one anesthesiologist. In Vietnam, the ratio of CRNAs to physician anesthetists was approximately 3:1. Two nurse anesthetists were killed in Vietnam and their names have been engraved on the Vietnam Memorial Wall. During the Panama strike, only CRNAs were sent with the fighting forces. Nurse anesthetists served with honor during Desert Shield and Desert Storm.

Military CRNAs also provide critical anesthesia support to humanitarian missions around the globe in such places as Bosnia and Somalia. In May 2003, approximately 364 nurse anesthetists had been deployed to the Middle East for the military mission for “Operation Iraqi Freedom” and “Operation Enduring Freedom.” When President George W. Bush initiated “Operation Enduring Freedom,” CRNAs were immediately deployed. With the new special operations environment new training was needed to prepare our CRNAs to ensure military medical mobilization and readiness. Brigadier General Barbara C. Brannon, Assistant Surgeon General, Air Force Nursing Services, testified before this Senate Committee on May 8, 2002, to provide an account of CRNAs on the job overseas. She stated, “Lt. Col Beisser, a certified registered nurse anesthetist (CRNA) leading a Mobile Forward Surgical Team (MFST), recently

commended the seamless interoperability he witnessed during treatment of trauma victims in Special Forces mass casualty incident.”

Data gathered from the US Armed Forces anesthesia communities reveal that CRNAs have often been the sole anesthesia providers at certain facilities, both at home and while forward deployed. For decades CRNAs have staffed ships, isolated US Bases, and forward surgical teams without physician anesthesia support. The US Army Joint Special Operations Command Medical Team and all Army Forward Surgical Teams are staffed solely by CRNAs. Military CRNAs have a long proud history of providing independent support and quality anesthesia care to military men and women, their families and to people from many nations who have found themselves in harms way.

In the current mission, CRNAs are deployed all over the world, on land and at sea. This committee must ensure that we retain and recruit CRNAs for now and in the future to serve in these military deployments overseas. **This committee must ensure that we retain and recruit CRNAs now and in the future to serve in these military overseas deployments and humanitarian efforts, and to ensure the maximum readiness of America’s armed services.**

NURSE ANESTHESIA PROVIDER SUPPLY AND DEMAND: SOLUTIONS FOR RECRUITMENT AND RETENTION

In all of the Services, maintaining adequate numbers of active duty CRNAs is of utmost concern. For several years, the number of CRNAs serving in active duty fell short of the number authorized by the Department of Defense (DOD). This is further complicated by strong demand for CRNAs in both the public and private sectors.

It is essential to understand that while there is strong demand for CRNA services in the public and private healthcare sectors, the profession of nurse anesthesia is working effectively to meet this workforce challenge. The AANA anticipates growing demand for CRNAs. Our evidence suggests that while vacancies exist, the demand for anesthesia professionals can be met if appropriate actions are taken. As of January 2010, there are 108 accredited nurse anesthesia schools to support the profession, and the number of qualified registered nurses applying to these schools continues to climb. The growth in the number of schools, number of applicants, and production capacity has yielded significant growth in the number of student nurse anesthetists graduating and being certified into the profession. The Council on Certification of Nurse Anesthetists reports that in 2009 our schools produced 2,228 graduates, a 66% increase since 2003, and 2,386 nurse anesthetists became certified. This growth is expected to continue. The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) projects that the 108 CRNA schools will produce 2,430 graduates in 2010.

This Committee can greatly assist in the effort to attract and maintain essential numbers of nurse anesthetists in the military by their support to increase special pays.

INCENTIVE SPECIAL PAY FOR NURSES

According to a March 1994 study requested by the Health Policy Directorate of Health Affairs and conducted by DOD, a large pay gap existed between annual civilian and military pay in 1992. This study concluded, “this earnings gap is a major reason why the military has difficulty retaining CRNAs.” In order to address this pay gap, in the FY95 Defense Authorization bill Congress authorized the implementation of an increase in the annual Incentive Special Pay (ISP) for nurse anesthetists from

\$6,000 to \$15,000 for those CRNAs no longer under service obligation to pay back their anesthesia education. Those CRNAs who remained obligated receive the \$6,000 ISP.

Both the House and Senate passed the FY03 Defense Authorization Act Conference report, H.Rept. 107-772, which included an ISP increase to \$50,000. The report included an increase in ISP for nurse anesthetists from \$15,000 to \$50,000. The AANA is requesting that this committee fund the ISP at \$50,000 for all the branches of the armed services to retain and recruit CRNAs now and into the future. Per the testimony provided in 2006 from the three services' Nurse Corps leaders, the AANA is aware that there is an active effort with the Surgeons General to closely evaluate and adjust ISP rates and policies needed to support the recruitment and retention of CRNAs. In 2006, Major General Gale Pollock, MBA, MHA, MS, CRNA, FACHE, Deputy Surgeon General, Army Nurse Corps of the U.S. Army stated in testimony before this Subcommittee,

“I am particularly concerned about the retention of our certified registered nurse anesthetists (CRNAs). Our inventory of CRNAs is currently at 73%. The restructuring of the incentive special pay program for CRNAs last year, as well as the 180 (day)-deployment rotation policy were good first steps in stemming the loss of these highly trained providers. We are working closely with the Surgeon General's staff to closely evaluate and adjust rates and policies where needed.”

There have been positive results from the Nurse Corps and Surgeons General initiatives to increase incentive special pays for CRNAs. In testimony before the House Armed Services Committee in 2007, Gen. Pollock stated, “We have ... increased the Incentive Special Pay (ISP) Certified Registered Nurse Anesthetist, and expanded use of the Health Professions Loan Repayment Program (HPLRP). The ... Nurse Anesthetist bonuses have been very successful in retaining these providers who are critically important to our mission on the battlefield.” She also stated in that same statement, “In 2004, we increased the multi-year bonuses we offer to Certified Registered Nurse Anesthetists with emphasis on incentives for multi-year agreements. A year's worth of experience indicates that this increased bonus, 180-day deployments, and a revamped Professional Filler system to improve deployment equity is helping to retain CRNAs.”

There still continues to be high demand for CRNAs in the healthcare community leading to higher incomes widening the gap in pay for CRNAs in the civilian sector compared to the military. However, the ISP and other incentives the services are providing CRNAs has helped close that gap the past three years, according to the most recent AANA membership survey data. In civilian practice, all additional skills, experience, duties and responsibilities, and hours of work are compensated for monetarily. Additionally, training (tuition and continuing education), healthcare, retirement, recruitment and retention bonuses, and other benefits often equal or exceed those offered in the military. Therefore, it is vitally important that the Incentive Special Pay (ISP) be supported to ensure retention of CRNAs in the military.

AANA thanks this Committee for its support of the annual ISP for nurse anesthetists. AANA strongly recommends the continuation in the annual funding for ISP at \$50,000 or more for FY 2011, which recognizes the special skills and advanced education that CRNAs bring to the DOD healthcare system, and supports the mission of our U.S. Armed Forces.

BOARD CERTIFICATION PAY FOR NURSES

Included in the FY 1996 Defense Authorization bill was language authorizing the implementation of a board certification pay for certain clinicians who are not physicians, including advanced practice nurses.

AANA is highly supportive of board certification pay for all advanced practice nurses. The establishment of this type of pay for nurses recognizes that there are levels of excellence in the profession of nursing that should be recognized, just as in the medical profession. In addition, this pay may assist in closing the earnings gap, which may help with retention of CRNAs.

While many CRNAs have received board certification pay, some remain ineligible. Since certification to practice as a CRNA does not require a *specific* master's degree, many nurse anesthetists have chosen to diversify their education by pursuing an advanced degree in other related fields. But CRNAs with master's degrees in education, administration, or management are not eligible for board certification pay since their graduate degree is not in a clinical specialty. Many CRNAs who have non-clinical master's degrees either chose or were guided by their respective services to pursue a degree other than in a clinical specialty. The AANA encourages DOD and the respective services to reexamine the issue of restricting board certification pay only to CRNAs who have specific clinical master's degrees.

DOD/VA RESOURCE SHARING:
US ARMY – VA JOINT PROGRAM IN NURSE ANESTHESIA
FT. SAM HOUSTON, SAN ANTONIO, TX.

The establishment of the joint US Army-VA program in nurse anesthesia education at the U.S. Army Graduate Program in Anesthesia Nursing, Ft. Sam Houston, in San Antonio, TX holds the promise of making significant improvements in the VA CRNA workforce, as well as improving retention of DOD registered nurses in a cost effective manner. The current program utilizes existing resources from both the Department of Veterans Affairs Employee Incentive Scholarship Program (EISP) and VA hospitals to fund tuition, books, and salary reimbursement for student registered nurse anesthetists (SRNAs). This joint program also serves the interests of the Army.

This VA nurse anesthesia program started in June 2004 with three openings for VA registered nurses to apply to and earn a Master of Science in Nursing (MSN) in anesthesia granted through the University of Texas Houston Health Science Center. In the future, the program is granting degrees through the Northeastern University Bouve College of Health Sciences nurse anesthesia educational program in Boston, Mass. At a time of increased deployments in medical military personnel, this type of VA-DOD partnership is a cost-effective model to fill these gaps in the military healthcare system. At Ft. Sam Houston, the VA faculty director has covered her Army colleagues' didactic classes when they are deployed at a moments notice. This benefits both the VA and the DOD to ensure the nurse anesthesia students are trained and certified in a timely manner to meet their workforce obligation to the Federal government as anesthesia providers. We are pleased to note that the Department of Veterans' Affairs Acting Deputy Under Secretary for Health and the U.S. Army Surgeon General approved funding to start this VA nurse anesthesia school in 2004. In addition, the VA director has been pleased to work under the direction of the Army program director LTC Joseph O'Sullivan, CRNA, PhD, to further the continued success of this US Army-VA partnership. With modest levels of additional funding in the VA EISP, this joint US Army-VA nurse anesthesia education initiative can grow and thrive, and serve as a model for meeting other VA workforce needs, particularly in nursing.

CONCLUSION

In conclusion, the AANA believes that the recruitment and retention of CRNAs in the armed services is of critical concern. By Congress supporting these efforts to recruit and retain CRNAS, the military is able to meet the mission to provide benefit care and deployment care - a mission that is unique to the military.

The AANA would also like to thank the Surgeons General and Nurse Corp leadership for their support in meeting the needs of the profession within the military workforce. Last, we commend and thank this committee for their continued support for CRNAs in the military.

Thank you. If you have further questions, please contact the AANA Federal Government Affairs Office at 202-484-8400.

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