



June 14, 2016

Director, Regulations Management (02REG)  
Department of Veterans Affairs  
810 Vermont Ave, NW Room 1068  
Washington, DC 20420

RE: RIN 2900-AP44-Advanced Practice Registered Nurses

Dear Sir/Madam:

On behalf of the American Association of Oral and Maxillofacial Surgeons (AAOMS), the professional association that represents the more than 9,000 oral and maxillofacial surgeons in the United States, I am writing to express our concern regarding the proposed rule, which irrespective of state law, would grant full practice authority to all certified registered nurse anesthetists (CRNAs) in the Veterans Health Administration (VHA).

While oral and maxillofacial surgeons are dentists by licensure, some also carry a medical license. During their hospital-based surgical residency, oral and maxillofacial surgeons undergo significant anesthesia training. They must complete a rotation on the medical anesthesiology service during which they become competent in evaluating patients for anesthesia, delivering the anesthetic, and monitoring post-anesthetic patients. In addition, oral and maxillofacial surgery residents routinely perform surgical procedures, utilizing appropriate anesthetic techniques, including intravenous moderate and deep sedation, on a daily basis. In some instances it is necessary for an oral and maxillofacial surgeon to oversee the administration of anesthesia by a CRNA either in the office based surgery setting or an ambulatory care setting.

At present, the VHA follows the dictates of state law to determine the extent to which a CRNA may practice, and nearly all states have laws which require physician involvement in anesthesia care. The AAOMS is concerned that the proposed rule would eliminate the successful anesthesiologist-nurse anesthetist team approach that is currently required by the VHA Anesthesia Handbook<sup>i</sup> which also recognizes state laws guiding patient safety. A national policy should not restrict the ability of local facilities to make care decisions based on the individual patient and practitioner circumstances at hand.

Furthermore, the changes in the proposed rule will subject our nation's veterans to a different standard of anesthesia care than that received by most Americans. Many state laws, as well as Medicare Conditions of Participation (CoP) (unless the state is exempt from CoP), require some physician or dentist involvement in the delivery of anesthesia care due to the numerous risks involved – particularly for patients with multiple health care conditions. The veteran population, which includes many patients with high risk medical conditions such as diabetes and heart disease, deserves access to the same level of physician or dentist involvement in the administration and monitoring of anesthesia as their fellow Americans.

The AAOMS requests that you continue to provide our veterans with the excellent healthcare they deserve by maintaining the current standards for delivering anesthesia services in the VHA system as provided for in the VHA Anesthesia Handbook. If you have any questions, please contact Jeanne Tuerk, manager, AAOMS Governmental Affairs Department at 800/822-6637, ext. 4321 or [jtuerk@aaoms.org](mailto:jtuerk@aaoms.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Rafetto', written in a cursive style.

Louis K. Rafetto, DMD  
President