

Written Statement for the Record by:

Advanced Practice Registered Nursing Workgroup

American Association of Colleges of Nursing, AACN

American Association of Nurse Anesthetists, AANA

American Association of Nurse Practitioners, AANP

American College of Nurse-Midwives, ACNM

American Nurses Association, ANA

National Association of Clinical Nurse Specialists, NACNS

National Association of Nurse Practitioners in Women's Health, NPWH

National Association of Pediatric Nurse Practitioners, NAPNAP

National Council of State Boards of Nursing, NCSBN

National League for Nursing, NLN

National Organization of Nurse Practitioner Faculties, NONPF

Nurses Organization of Veterans Affairs, NOVA

Regarding the "Frontlines to Lifelines Act," S 297

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Senate Veterans' Affairs Committee

418 Russell Senate Office Building
Washington, DC 20510

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Chairman Isakson, Ranking Member Blumenthal and members of the Committee, thank you for allowing us the opportunity to provide testimony on behalf of our member organizations making up the Advanced Practice Registered Nursing Workgroup, or APRN Workgroup, regarding the "Frontlines to Lifelines Act" (S 297). Our testimony will describe the role and value of APRNs especially in the Veterans Health Administration, and provide our recommendations to S 297 as introduced, and offer recommendations for strengthening our Veterans access to high quality, cost-effective healthcare.

About the APRN Workgroup

The APRN Workgroup is made up of more than 340,000 Advanced Practice Registered Nurse (APRN) members of our undersigned organizations, including more than 6,000 APRNs serving in Veterans Health Administration (VHA) facilities. Our organizations represent nurse practitioners (NPs) who deliver primary, specialized, and community healthcare; certified registered nurse anesthetists (CRNAs) who provide the full range of anesthesia services as well as chronic pain management; certified nurse-midwives (CNMs) who are experts in primary care, maternal, and women’s health; and clinical nurse specialists (CNSs) offering acute, chronic, specialty, and community healthcare services; as well as APRN students and the faculty and institutions that educate them.

In the Interest of Our Veterans, We Support the VHA Granting APRNs Full Practice Authority Consistent with the Recommendations of the Institute of Medicine; Supported By Veterans, Nurse Organizations, Members of Congress and the AARP

In the interest of expanding Veteran access to quality healthcare, our organizations express strong support for the VHA recognizing APRNs to their Full Practice Authority. For more than two years, the VHA has been developing a proposal to expand Veteran access to quality care as recommended by the Institute of Medicine¹.

We strongly support this proposal for several reasons. Making full use of the VHA’s available workforce promotes Veterans access to quality care – particularly critical as the Congress has underscored the agency’s challenges meeting Veterans healthcare needs. By standardizing care delivery models across the country via Full Practice Authority for APRNs, Veterans can be assured consistently high quality care delivery in any VHA healthcare facility. Recognizing APRNs to their Full Practice Authority corresponds with the first policy recommendation from the Institute of Medicine report titled “The Future of Nursing: Leading Change, Advancing Health,” which outlines several paths by which patient access to care may be expanded, quality preserved or improved, and costs controlled through greater use of APRNs.² The Institute of Medicine report specifically recommends that, “advanced practice registered nurses should be able to practice to the full extent of their education and training.”³

Noting that the VHA often parallels the military health system, this proposal parallels healthcare service delivery in the U.S. Armed Forces forward surgical teams, service branches and military hospitals, as well as care delivery models in the U.S. Indian Health Service. It only makes sense

¹ Institute of Medicine. (2011). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press. <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>. The report’s first recommendation states, “Advanced Practice Registered Nurses should be able to practice to the full extent of their education and training.”

² Institute of Medicine. (2011). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press. <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>

³ IOM op cit., p. 9.

that our military APRNs who use their full scope of practice to provide care for severely injured military personnel in the most austere environments should also be able to provide that full scope of practice when they muster out of the service, join the VHA team, and provide care to those same personnel in the VHA setting.

Already our Veterans can and do access the care of APRNs acting as Full Practice Providers when they use their benefits authorized by the Veterans Access, Choice and Accountability Act of 2014⁴ for care in the U.S. Military, Indian Health Service, or many private health systems. The use of APRNs to their Full Practice Authority is consistent with patient safety – and with cost-efficient healthcare delivery.

Finally, the proposal has drawn broad support from both chambers of Congress on both sides of the aisle, and from outside organizations representing Veterans, nurses, and seniors. For example:

- “As founder of the Illinois Secretary of State’s Veterans’ Advisory Council, and as a Veteran myself, I am well aware that high quality, affordable health care coverage for our Veterans is a critical investment worth protecting. With over 1,700 facilities nationwide where 8.76 million veterans receive care annually, the scale of care is enormous. That is why I respectfully request that you consider changes to the VHA’s Nursing Handbook regarding Advanced Practice Registered Nurses. By allowing APRNs to practice to the full extent of their education and training within the VHA system, our veterans and their families can count on the VHA for maintaining the highest clinical care standards.” – *Jesse White, Secretary of State, State of Illinois. Letter to VA Secretary Robert McDonald, Nov. 3, 2014.*
- “As a veteran, I have seen the inefficiencies of the veterans healthcare system up close and personal over the years. However, like many Americans, I was shocked and outraged when news reports made clear that these inefficiencies were not small one-offs but were instead widespread and some would argue systemic. While this one initiative alone will not fix the entire system, I believe it is a positive step in the right direction and I urge you to move forward with this proposal. As many of these APRNs are already in place, it only makes sense that we would want to utilize these highly educated, experienced APRNs in a manner that parallels their skills and training.” - *Tony Braswell, Chairman, North Carolina Veterans Affairs Commission. Letter to Sec. McDonald, Nov. 12, 2014.*
- “On behalf of our 37 million members, we are writing to voice AARP’s strong support for the leadership shown by the Department of Veterans Affairs by updating the Veterans Health Administration’s (VHA) Nursing Handbook 1180.03 to provide for national uniform full practice authority for Advanced Practice Registered Nurses (APRNs). This important advance will improve access to and choice of health care available to our nation’s veterans and we urge you to move forward on it without delay.” – *Joyce Rogers, Senior Vice President Government Affairs, AARP. Letter to Sec. Shinseki, Dec. 11, 2013.*

⁴ P.L. 113-146. <http://www.gpo.gov/fdsys/pkg/BILLS-113hr3230enr/pdf/BILLS-113hr3230enr.pdf>.

S 297 Should be Amended to Recognize All APRN Specialties, and to Replace Outdated and Misunderstood “Independent Practice” Term with “Full Practice Authority”

Should the Committee choose to move S 297, we request that the bill’s Section 4, titled “Independent Practice of Certain Advanced Practice Registered Nurses of Department of Veterans Affairs,” be amended to include CRNAs to the list of APRNs, to allow Full Practice Authority to all VHA CNSs and not just mental health CNSs, and to replace the term “Independent Practice” which has fallen out of common use with a more timely term, “Full Practice Authority.”

In the interest of ensuring our Veterans access to quality care, S 297 should recognize all four APRN specialties to the full scope of their education and clinical training. As it stands, the language currently contained in S 297 is inconsistent with the recommendations of the National Council of State Boards of Nursing (NCSBN). As that body stated in a letter to the Chairman and Ranking Member dated March 5, 2015:

Excluding CRNAs from the legislation also deviates from broad agreement among nursing groups. On July 7, 2008, NCSBN completed work on the Consensus Model for APRN Regulation, Licensure, Accreditation, Certification, and Education (Consensus Model). NCSBN collaborated with and received endorsements from 48 other nursing organizations on the development of the Consensus Model. The goal of the Consensus Model is to create uniformity among the states, provide greater access to care and increase public protection by establishing standards for licensure, education, accreditation, certification and practice of four distinct APRN roles. Those roles are the certified nurse practitioner, the certified registered nurse anesthetist, the certified nurse midwife, and the clinical nurse specialist. All four roles are referred to under the umbrella title of APRN.

Finally, the “independent practice” described in S 297 reflects an outdated term subject to misinterpretation and should be replaced. In the VHA and in every environment, APRNs are a critical component of the team of healthcare professionals devoted to the care and safety of each individual patient. In the patient-centered care environment, no healthcare professional in the VHA or anywhere else provides care without there being critical relationships with other healthcare professionals or providers. Rather, what is recommended by the VHA consistent with recommendations of the Institute of Medicine is that APRNs be recognized to their Full Practice Authority. We would be happy to provide the Committee technical assistance in this regard. One option has been included in legislation introduced in the House, which we support. The bipartisan “Veterans Access to Quality Care Act of 2015” (HR 1247), Sec. 4, provides alternative language for consideration.⁵

⁵ HR 1247, “Veterans Access to Quality Care Act of 2015,” Rep. Sam Graves R-MO and Rep. Jan Schakowsky D-IL and more than 20 bipartisan cosponsors. <https://www.congress.gov/bill/114th-congress/house-bill/1247> .

Conclusion

On behalf of our members and the Veterans for whom our members provide care, the APRN Workgroup applauds the Committee's attention to the care provided to our Nation's Veterans. We are confident that recognizing APRNs to their Full Practice Authority will help achieve this goal. We believe this is the right policy at the right time to improve Veterans access to timely, high quality healthcare, and we continue to support it. Consistent with the evidence-based recommendations advanced by the Institute of Medicine and the National Council of State Boards of Nursing *APRN Consensus Model*⁶, Full Practice Authority for APRNs will provide for greater care delivery in the VHA. We request that before the Committee moves the bill, S 297 be amended to add CRNAs to the list of APRNs, to allow Full Practice Authority to all VHA CNSs and not just mental health CNSs, and to replace "independent practice" with language supporting "Full Practice Authority."

Thank you for the opportunity to provide testimony. Please contact us at info@aanadc.com and we would be happy to answer your questions.

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⁶ National Council of State Boards of Nursing. APRN Consensus Model: the Consensus Model for APRN Regulation, Licensure, Accreditation, Certification and Education. <https://www.ncsbn.org/736.htm>