

July 22, 2016

Mr. Michael Shores
Acting Director
Office of Regulation Policy and Management, Office of Secretary
Department of Veterans Affairs
810 Vermont Ave, NW
Room 1068
Washington DC, 20420

RE: RIN 2900-AP44 – Advanced Practice Registered Nurses Proposed Rule, (81 Fed. Reg. 33155, May 25, 2016)

Dear Mr. Shores:

On behalf of the Advanced Practice Registered Nursing (APRN) organizations below representing over 350,000 APRNs, including more than 6,000 who serve our Veterans in Veterans Health Administration (VHA) facilities, we are pleased to provide comments in response to the Advanced Practice Registered Nurses Proposed Rule. Our comments include information on the background of the APRN Workgroup and show our strong support for recognizing all APRNs to the full extent of their education, skill and professional scope to ensure increased access to safe and high-quality care for Veterans.

I. Background on the APRN Workgroup: Nurse Practitioners (NPs), Certified Registered Nurse Anesthetists (CRNAs), Certified Nurse-Midwives (CNMs), Clinical Nurse Specialists (CNSs)

The APRN community is comprised of organizations representing Nurse Practitioners (NPs) delivering primary, acute and specialty care; Certified Registered Nurse Anesthetists (CRNAs) who provide the full range of anesthesia services as well as chronic pain management; Certified Nurse-Midwives (CNMs) expert in infant and maternal health and women's health primary care; and Clinical Nurse Specialists (CNSs) offering acute, chronic, specialty and community healthcare services. The primary interest of APRNs is to put patients first. America's growing numbers of highly educated APRNs helps to advance healthcare access and quality improvement in the United States, and promote cost-effective healthcare delivery.

II. APRNs Support Recognizing all APRNs to the Full Extent of their Education, Skill and Professional Scope Because it Ensures Increased Access to Safe and High-Quality Care for Veterans

The APRN community applauds the agency for proposing this regulatory change to nursing policy that would permit APRNs to practice to the full extent of their education, training and certification, without the clinical supervision or mandatory collaboration of physicians when they are employed within the VHA system. We express strong support for the VA's efforts to expand access and ensure Veterans receive the high-quality care from APRNs they rightfully deserve. Thus, we urge the VA to finalize and begin implementation of this proposal to continue improving healthcare for our Veterans throughout the country.

We strongly support this proposal for several reasons. An Independent Assessment of the healthcare delivery system and management processes of the Department of Veterans Affairs required by the Veterans Choice Access and Accountability Act of 2014¹ recommended recognizing all APRNs to the full extent of their education, skill and professional scope throughout the VHA. In addition, in June 2016 following a 10-month assessment of the VHA, the independent federal Commission on Care submitted 18 recommendations to the Obama Administration concerning the future direction of the VHA, including support for the current proposed rule by the Veterans Administration (VA) to allow for APRNs to practice to the full scope of their education, training and abilities in VHA facilities.² This policy would not only help address the increasing healthcare demands of our nation's Veterans, but would also improve healthcare efficiency in the VHA system by reducing wait times and increasing cost-effective care. Because more Veterans are requesting care in VHA facilities, they are waiting longer for the care that they deserve and have earned. Allowing Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists and Certified Nurse-Midwives to practice to the

¹ U.S. Department of Veterans Affairs Assessment B - Health Care Capabilities (September 1, 2015), http://www.va.gov/opa/choiceact/documents/assessments/Assessment_B_Health_Care_Capabilities.pdf

² The Commission on Care, Final Report on the Commission on Care (June 30, 2016), https://commissiononcare.sites.usa.gov/files/2016/07/Commission-on-Care_Final-Report_063016_FOR-WEB.pdf

full extent of their scope of practice will help reduce or eliminate that waiting and ensure high quality care delivery.

Furthermore, making full use of the VHA's available workforce promotes Veterans access to quality care. By standardizing care delivery models across the country with direct access to APRN delivered healthcare, Veterans can be assured consistently high quality care delivery in any VHA healthcare facility. Over 6,000 APRNs provide services for our Veterans in the VHA. Recognizing direct access to APRN delivered healthcare corresponds with the first policy recommendation of the National Academy of Medicine (formerly called 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.³ The National Academy of Medicine report specifically recommends that, "advanced practice registered nurses should be able to practice to the full extent of their education and training."⁴

The rule also makes the VHA consistent with the delivery markets in the U.S. Military service branches, the Indian Health Service and increasingly with commercial healthcare delivery, which currently allow APRNs to practice to the full scope of their education and abilities. It only makes sense that our military APRNs who use their full scope of practice to provide care for severely injured military personnel should also be able to provide that full scope of practice when they leave the service, join the VHA team, and provide care to those same personnel in the VHA setting. The use of APRNs to the full extent of their education, skill and professional scope is consistent with patient safety and with cost-efficient healthcare delivery.

Present and anticipated challenges to access to healthcare services by limiting APRN practice in the VHA will further impede Veterans' access to care by lengthening delays in healthcare delivery, will increase healthcare costs, and will fail to promote patient safety or to put our Veterans first. Given that our Veterans deserve high quality healthcare, this proposal is

³ 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>

⁴ IOM op cit., p. 9.

instrumental as the VA seeks to transform and improve care delivery for our nation's Veterans. With over nine million patients utilizing VHA services across 1,700 VA care sites each year, ensuring an adequate number of qualified health professionals will increase access to safe and high quality care and also help alleviate the significant demand. Consistent with policy in our military health systems and with the recommendations of the National Academy of Medicine and the VA Independent Assessment, strengthening our Veterans' access to care through APRNs practicing to the full extent of their education, skill and professional scope is a common-sense solution whose time has come.

We thank you for the opportunity to comment on this proposed rule. Should you have any questions regarding these matters, please feel free to contact the AANA Senior Director of Federal Government Affairs, Frank Purcell, at 202.484.8400, fpurcell@aanadc.com.

Sincerely,

American Academy of Nursing (AAN)
American Association of Colleges of Nursing (AACN)
American Association of Nurse Anesthetists (AANA)
American College of Nurse-Midwives (ACNM)
American Association of Nurse Practitioners (AANP)
American Nurses Association (ANA)
American Organization of Nurse Executives (AONE)
Gerontological Advanced Practice Nurses Association (GAPNA)
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 League for Nursing (NLN)
National Organization of Nurse Practitioner Faculties (NONPF)