



June 22, 2016

Director
Regulations Management (02REG)
Department of Veterans Affairs
Room 1068
810 Vermont Avenue, N.W.
Washington, D.C. 20420

RE: RIN 2900–AP44-Advanced Practice Registered Nurses

Dear Director:

As the voice of more than 72,000 clinical nurse specialists (CNS), the National Association of Clinical Nurse Specialists (NACNS) exists to enhance and promote the unique, high value contributions of the CNS to the health and well-being of individuals, families, groups, and communities, and to promote and advance the practice of nursing. We, therefore, appreciate the opportunity to comment on the proposed rule from the Department of Veterans Affairs (VA) regarding the use of advanced practice registered nurses (APRNs) at the VA (81 FR 33155).

CNSs are licensed registered nurses who have graduate preparation in nursing (master's or doctorate) as a clinical nurse specialist. They have unique and advanced level competencies that meet the increased needs of improving quality and reducing costs in our healthcare system. They are direct patient care providers utilizing skills such as advanced assessment, diagnosis, and management of patient healthcare issues.

The CNS is one of the four APRN categories recognized by the National Council of State Boards of Nursing, individual state boards of nursing, and the American Nurses Association. The CNS role is built on clinical expertise and its nationally accepted competencies articulate the scope of this clinical practice, including the diagnosis and treatment of acute or chronic illness in an identified population with emphasis on specialist care. As the VA moves forward with this important change, NACNS can make these competency documents available to the department.

The clinical nurse specialist has a unique APRN role to integrate care across the continuum and through three spheres of influence: patient, nurse, system. The three spheres overlap and interrelate, but each sphere possesses a distinctive focus. In each of the spheres of influence, the primary goal of the CNS is continuous improvement of patient outcomes and nursing care. Key elements of CNS practice are to create environments through mentoring and system changes that empower nurses to develop caring,

evidence-based practices to alleviate patient distress, facilitate ethical decision-making, and respond to diversity.

She or he may work independently or as part of a multidisciplinary healthcare team. CNSs are leaders of change in healthcare organizations, developers of scientific evidence-based programs to prevent avoidable complications – including preventing hospital acquired infections, reducing length of stays, and preventing hospital readmissions – and coaches of those with chronic diseases to prevent hospital readmissions. They serve as coordinators of specialized care, and implementers of evidence-based care within/between organizations to facilitate quality improvement, patient safety, and lower healthcare costs. CNSs prescribe medications, durable medical equipment, and medical supplies, as well as order, perform, and/or interpret diagnostic tests including lab work and x-rays. They also may instruct registered nurses and other healthcare professionals working in clinical settings.

NACNS concurs with the efforts of the VA to permit “APRNs throughout the VHA system a way to achieve full practice authority in order to provide advanced nursing services to the full extent of their professional competence.” Recognizing the full practice authority for all APRNs is the right policy at the right time to improve veterans’ timely access to the highest quality healthcare they have earned and deserve while insuring the long-term sustainability of the Veterans Health Administration (VHA). Specifically, NACNS supports:

§ 17.415(d)(1)(iii), a CNS would have full practice authority to provide diagnosis and treatment of health or illness states, disease management, health promotion, and prevention of illness and risk behaviors among individuals, families, groups, and communities within their scope of practice.

When determining full practice authority for APRNs, NACNS urges the VHA to utilize an internal mechanism to recognize CNSs who do not have a national certification exam available. In 2008, the nursing profession began a process to establish national certification for licensure. These certification exams would no longer recognize the specialty for licensure, but instead would focus on the role and population of the APRN. This model was created by the ***Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (Consensus Model)*** published July 7, 2008. This document has brought about significant education and certification change for all APRNs, but especially for the CNS.

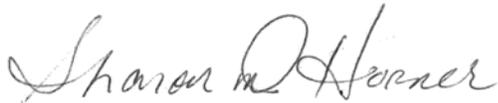
When adopted by a state, the Consensus Model requires certification by role and one of six population groups: Adult/Gerontology, Pediatrics, Neonatal, Psychiatric/Mental Health, Family/Individual Across the Lifespan and Women’s Health/Gender Specific. Currently, the only national population-based certification exams available for the clinical nurse specialist are Adult/Gerontology and Pediatrics. While these two exams allow state licensure for a large number of CNSs, many are not eligible to take these exams because of the populations with which they work.

NACNS is working with certifiers and leaders within the Consensus Model community to lay the groundwork for additional national population certification exams for the CNS. We have developed Family/Individual Across the Lifespan CNS competencies and we collaborated with the Association of Women’s Health, Obstetric and Neonatal Nurses to develop Women’s Health/Gender Specific competencies. These new competencies will provide the building blocks for future national population certification exams.

The VA proposal would standardize care across the VHA removing burdensome regulatory requirements that the available evidence shows do not lead to improved healthcare outcomes, but do present impediments to access to care. Given our veterans' need for high quality healthcare, standardization of full scope of practice across the VHA system will be beneficial.

If you have any questions or require additional information, please feel free to contact Melinda Mercer Ray, NACNS Executive Director, at 703-929-8995 or via email at mray@nacns.org.

Sincerely yours,

A handwritten signature in cursive script that reads "Sharon M. Horner".

Sharon Horner, PhD, RN, MC-CNS, FAAN
President