



January 6, 2017

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

RE: RIN 2900-AP44- Advanced Practice Registered Nurses (81 FR 90198)

Dear Director:

As the voice of more than 72,000 clinical nurse specialists (CNS), the National Association of Clinical Nurse Specialists (NACNS) welcomes the Department of Veterans Affairs' (VA) ruling of December 14, 2016 regarding the advanced practice registered nurses' (APRNs) clinical practice within the Veterans Health Administration's (VHA). Recognizing the full practice authority of three of the APRN roles – CNSs, Nurse Practitioners, and Certified Nurse-Midwives – advances a policy to improve veterans' timely access to the highest quality healthcare they have earned and deserve while also ensuring the long-term sustainability of the VHA.

Although we are pleased with the inclusion of CNSs in this final rule, NACNS urges the VA to include Certified Registered Nurse Anesthetists (CRNAs) among the APRN roles allowed to practice to the full extent of their training, education, and certification. The rule suggests that owing to insufficient data, the VA does not have immediate and broad access problems in the area of anesthesia care across its healthcare system that would require full practice authority (FPA) for all CRNAs. As evidence, the rule named a RAND Assessment quoting 14 comments citing "lack of anesthesia service/support as a barrier to providing care, including for urgent and non-urgent cardiovascular surgeries (three comments), as well as colon cancer/gastrointestinal services such as, endoscopy and colonoscopy (eleven comments)." Using another independent survey mentioned in the rule, VA assessed the current VHA context as having "difficulties in hiring and retaining anesthesia providers but generally believes this situation is improving".

NACNS contends that while an increase to anesthesia services presently might be unknown, demand for anesthesia and pain management services likely will rise. As the VHA seeks to provide adequate services to veterans in rural and underserved communities, CRNAs will be key to providing that care. CRNAs are the primary providers of anesthesia care in rural America, enabling healthcare facilities in these medically underserved areas to offer obstetrical, surgical, pain management, and trauma stabilization services. In some states, CRNAs are the sole providers in nearly 100% of the rural hospitals.

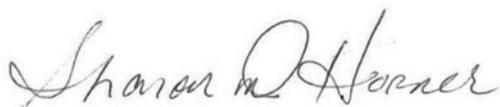
Moreover, while studies cited in the rule focused on CRNA anesthesia services/support in surgeries and in colon cancer/gastrointestinal services, NACNS holds that permitting CRNAs FPA may be critical to resolving VHA issues involving access to appropriate pain management services. The VA knows well that inadequate treatment of pain, either under-treatment or over-treatment, can lead to negative health

effects, a decreased quality of life, or adverse events for the veteran patient (e.g., opioid misuse). Chronic pain management services are provided by CRNAs in a variety of practice models based on patient, provider, and facility needs. CRNAs may be members of a multidisciplinary pain management team, receive referrals from other clinicians, or serve as the sole providers of chronic pain management services. CRNAs' holistic practice works toward the common goal of decreasing the patient's pain and improving the patient's quality of life and functionality.

As APRNs, CRNAs are uniquely skilled to deliver patient-centered, chronic pain treatments. By virtue of education and individual clinical experience and competency, a CRNA may practice chronic pain management using a variety of therapeutic, physiological, pharmacological, interventional, and psychological modalities in the management and treatment of pain. As part of their educational preparation, CRNAs are required to learn and demonstrate competence in the management of pain, a critical component in the delivery of anesthesia care.

The VA's full practice authority rulemaking should include all four APRN roles to realize fully the quality and access outcomes that the VHA is seeking with the implementation of its final rule. 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](mailto:mray@nacns.org).

Sincerely yours,

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

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