

VA APRN RULE – Summary for CNSs

Background:

- The [VA's proposed rule](#) would allow APRNs to practice to the full extent of their education and training. This policy change was initiated in 2009, long before the issues with the wait times at VA facilities were in the press.
- NACNS is advocating for the expansion of independent practice authority for APRNs at the VA. Such expansion will provide timely, cost effective access to veterans who need an immediate remedy to the nationwide problem of delays to critical healthcare services. Granting full practice authority to APRNs is based on peer reviewed empirical evidence that supports quality, cost effective patient care, and timely access.
- This has been a highly visible process, with an aggressive response from [organized medicine](#) and [significant press coverage](#).
- The 60-day public comment period on the proposed rule will end on July 25, 2016. We encourage all nurses to use the [RNAction.org website](#) to submit a supportive statement; a sample letter is provided for you to customize and send.
- We encourage nurses to send veterans to [Veterans Access to Quality Health Alliance site](#). The ANA has joined this coalition of [other groups supporting this issue](#), including the Military Officers Association of America, the Air Force Sergeants Association, other Veterans groups and stakeholders. AARP and more than 75 members of Congress have all communicated support for direct access for APRNs.
- While it is discouraging to see this issue presented as a “turf war” between doctors and nurses, we encourage nurses, particularly APRNs, and our colleagues to keep the focus on the Veterans and use this as an opportunity to educate policymakers and the public about APRNs and the care they provide.
- More detailed talking points and sample letters are available at [RNAction.org](#). We encourage nurses to consider emphasizing why supervision is unnecessary and costly, stressing that APRNs are accountable for their own practice and use their professional judgment and responsibility to assess and treat patients within the bounds of their authorized scope of practice. Collaboration is an inherent part of practice of all health care providers and team-based care need not be physician-led.
- The VA makes the following points in the *Supplementary Information* section of the proposal rule:

- ▶ *In proposed § 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.*
- ▶ The proposal is “consistent with the recommendation of the Institute of Medicine (IOM) of the National Academy of Sciences to remove scope-of-practice barriers” (see 81 FR page 33156 of the [proposed VA rule](#)).
- ▶ The proposed rule “would require a VA medical facility to verify that the APRN meets the requirements” set forth in the rule; “would require VA to confirm that the APRN has demonstrated the knowledge and skills necessary to provide the services described . . . without the clinical oversight of a physician, and is thus qualified to be privileged for such scope of practice;” and “would clarify that the VA processes for credentialing and privileging of licensed independent health care providers would apply to VA APRNs with full practice authority” (see 81 FR page 33157).
- ▶ “APRNs would not be authorized to replace or act as physicians or to provide any health care services that are beyond their clinical education, training, and national certification” (see 81 FR page 33156).