July 20, 2016

The Honorable Robert A. McDonald
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue NW
Washington, DC 20420

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


Dear Secretary McDonald,

On behalf of the American Association of Colleges of Nursing (AACN), we write in full support of the U.S. Department of Veterans Affairs (VA), Veterans Health Administration’s (VHA) Proposed Rule (Federal Register Document Number 2016-12338, RIN 2900-AP44) published on May 25, 2016. The ability for Advanced Practice Registered Nurses (APRNs)—which includes nurse practitioners (NPs), certified registered nurse anesthetists (CRNAs), certified nurse-midwives (CNMs), and clinical nurse specialists (CNSs)—to practice to the full extent of their education and training is instrumental as the VHA continues to improve care delivery for our nation’s Veterans. As the national voice for academic nursing, AACN represents 790 schools of nursing across the country that educate more than 477,000 students (Registered Nurses and APRNs) and employ over 18,000 full-time faculty members. Through our membership, AACN is committed to advancing the contributions of current and future nursing clinicians, faculty, and researchers, who are vital to improving health care, including that of the Veteran community.

We respectfully urge the VHA to implement this proposed rule expeditiously. We applaud the Department’s work to align APRN professional standards within the VHA to those of the national APRN Consensus Model with respect to LACE (Licensure, Accreditation, Certification, and Education components of APRN regulation), as it is considered the gold standard for all four APRN roles.¹

Let the Evidence Show: APRNs Provide Safe, High-Quality Care

As you are aware, the VHA is the largest U.S. employer of nurses with over 6,100 APRNs practicing in the VA.² Numerous studies and empirical evidence show that the care provided by APRNs is safe, of high quality, and can help alleviate provider shortages. This is echoed by the National Governors Association (NGA), which in a 2012 publication titled, The Role of Nurse
Practitioners in Meeting Increasing Demand for Primary Care, noted that,

None of the studies in the NGA’s literature review raised concerns about the quality of care offered by NPs...studies showed that NP-provided care is comparable to physician provided-care on several process and outcome measures. Moreover, the studies suggest that NPs may provide improved access to care.³

In a study conducted by Health Affairs with respect to reimbursement for CRNAs, the authors found that,

*Despite the shift to more anesthetics performed by nurse anesthetists, [there was] no increase in adverse outcomes...In fact, declining mortality was the norm. Moreover, the mortality rate for the nurse anesthetist solo group was lower than for the anesthesiology solo group.*⁴

In addition to treatment, APRNs play a critical role in patient education. A study examining the effectiveness of an evidence-based discharge program for heart failure patients found that a team of CNSs alongside nursing staff helped reduce hospital readmissions.⁵

Furthermore, current healthcare demands are not static; the VHA is no exception. The inclusion of CNMs in the proposed rule reflects the Department’s recognition of the growing number of Veterans requiring women’s health and perinatal services. CNMs can provide an integral link to these services and improve patient outcomes, such as labor and birthing outcomes for mothers and newborns.⁶

Our Veterans deserve the best care possible. The healthcare professionals designated to provide this care should be based on sound policy that aligns with the evidence.

**Eliminating Scope of Practice Barriers Can Improve Care Delivery**

APRN practice within the VHA should be dictated by policies that do not impose unnecessary and burdensome barriers. With over nine million patients utilizing VHA services across 1,700 VA care sites annually,⁷ ensuring an adequate number of qualified health professionals working in a team-based fashion will help alleviate the overwhelming demand. Current VHA policy impedes the ability of VHA sites to maximize APRN services, and as a result, the full healthcare team. The proposed rule would amend the current policy so that team-based care is bolstered, not weakened.

As stated by the Federal Trade Commission (FTC) with regards to APRN scope of practice barriers,

*By restricting APRNs’ access to the marketplace, supervision requirements may deprive health care consumers of the many benefits of competition among different types of health care providers...Expanded APRN practice is widely regarded as a key strategy to alleviate provider shortages, especially in primary care, in medically underserved areas, and for medically underserved populations.*⁸

The FTC’s assertion can be directly translated to the VHA system, where Veterans, particularly in rural and underserved areas, could greatly benefit from their local VA care site utilizing APRNs to the full extent of their education and training. Furthermore, the FTC notes that “rigid ‘collaborative practice agreement’ requirements may be inconsistent with a truly collaborative and team-based approach to health care.”⁹
In addition, the RAND Corporation Independent Assessment pursuant to the Veterans Access, Choice, and Accountability Act (P.L. 113-146) recommends that the VHA “formally grant Full Practice Authority for all advanced practice nurses across the VA.” Furthermore, the Commission on Care report’s second recommendation, “Enhance clinical operations through more effective use of providers and other health professionals, and improved data collection and management” supports granting APRNs full practice authority, stating,

A shortage of providers and clinical managers, combined with inadequate support staff and policies that fail to optimize the talents and efficiency of all health professionals, detract from the effectiveness of VHA health care...VHA is also currently failing to optimize use of advanced practice registered nurses. APRNs are clinicians with advanced degrees who provide primary, acute, and specialty health care services.

Indeed, for the VHA to remain a premier source of care, existing providers—including APRNs—must be utilized to their full capacity to promote efficiency and effectiveness of safe, timely healthcare delivery.

APRN Students: The Future Providers of Veteran Health Care
Currently, over 88,000 students within AACN member institutions are pursuing education to become APRNs. A significant number of our member schools have strong collaborations with their local VA care sites, including the VA Nursing Academic Partnerships (VANAP). One such example exists between the Nell Hodgson Woodruff School of Nursing (SON) and the Atlanta Veterans Affairs Medical Center (AVAMC), which have had a longstanding partnership for over six decades. As a VANAP collaboration, the AVAMC and the SON are leveraging resources to expand enrollment and clinical training capacity as well as enhance recruitment and retention of VA nurses. This partnership also promotes nursing education centered on Veteran care.

Additionally, AACN is a proud supporter of the Joining Forces initiative, where over 660 schools of nursing across all 50 states and the District of Columbia have pledged to enhance the preparation of the nation’s nurses to care for Veterans, Service members, and their families. Clinical placement within VA facilities provides APRN students the opportunity to understand and address the unique healthcare needs of Veteran populations.

Although APRN students are educated and trained to practice without unnecessary oversight once they graduate, the VHA’s current policies would not allow them to do so. Allowing APRNs to practice to the full extent of their education and training could mobilize a greater number of APRNs into the VHA system, thereby reducing the demand for high-quality clinicians.

We firmly believe that this proposed rule is a common sense solution in response to the ever-changing dynamics of healthcare demands. The needs identified presently and projected for the future within the VHA may change. Therefore, it is necessary that the proposed rule is implemented for all four APRN roles without delay, as it is firmly planted in evidence on the safety, efficacy, and quality of APRN care.
Sincerely,

Juliann G. Sebastian, PhD, RN, FAAN  
Chair of the Board of Directors  
American Association of Colleges of Nursing

Deborah Trautman, PhD, RN, FAAN  
President and Chief Executive Officer  
American Association of Colleges of Nursing

CC:  
The Honorable David J. Shulkin, MD  
Under Secretary for Health


