



NCSBN

National Council of State Boards of Nursing

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January 13, 2017

Secretary Robert A. McDonald
Department of Veterans Affairs
810 Vermont Avenue NW
Room 1068
Washington, DC 20420

Re: 38 CFR Part 17; RIN 2900-AP44; Advanced Practice Registered Nurses (81 Fed. Reg. December 14, 2016)

Secretary McDonald:

Thank you for the opportunity to provide comments on the Department of Veterans Affairs (VA) *Advanced Practice Registered Nurses (APRNs)* final rule with comment period.

NCSBN is an independent, non-profit association comprising 59 boards of nursing (BONs) from across the U.S., the District of Columbia and four U.S. territories. BONs are responsible for protecting the public through regulation of licensure, nursing practice, and discipline of the 4.7 million registered nurses (RNs), licensed practical/vocational (LPN/VNs) and advanced practice registered nurses in the U.S. with active licenses. NCSBN was created by these BONs to act and counsel with one another and to lessen the burden of government. The mission of NCSBN is to provide education, service, and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection. Through NCSBN, BONs work together on policy matters that will affect patient safety, the future of nursing and health care.

NCSBN Supports Granting Full Practice Authority to All APRNs in the VA

As stated in our comment letter on the proposed rule, NCSBN supports the Department's decision to grant full practice authority to certified nurse practitioners (CNPs), clinical nurse specialists (CNSs), and certified nurse-midwives (CNMs) in the VA system. We were disappointed, however, that certified registered nurse anesthetists (CRNAs) were excluded. NCSBN supports the Consensus Model for APRN Regulation, which, as set out below, is congruent with robust evidence on securing quality services and improving access with optimum use of resources.¹

¹ National Council of State Boards of Nursing. (2008). *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, & Education*.
https://www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf

Standardizing APRN Practice Nationwide – the Consensus Model for Regulation

NCSBN has voiced support for APRN full practice authority as proposed by the VA through The Consensus Model for APRN Regulation. NCSBN, along with numerous other nursing associations that represent APRNs, created the APRN Consensus Model over 8 years ago to achieve the goal of standardizing advanced practice nursing and implementing best available evidence to secure quality service provision.

The major elements of The Consensus Model for APRN are:

- State recognition of each of the four described roles
- Title of APRN in one of the four described roles
- Licensure as an RN and as an APRN in one of the four described roles
- Graduate or post graduate education from an accredited program
- Certification at advanced level from an accredited program that is maintained
- Independent practice
- Independent prescribing

In their report *The Future of Nursing: Leading Change, Advancing Health*, the Institute of Medicine Committee endorsed allowing all nurses to practice to the full extent of their education and training.² The education, accreditation, certification and licensure of all APRNs, including CRNAs, needs to be consistent from jurisdiction to jurisdiction in order to continue to assure patient safety while expanding access to care.

Excluding CRNAs Limits Use of an Available Resource

Removing practice restrictions on three of the four APRN roles allows the VA to maximize existing capability in providing access to care for veterans. Collectively, these elements increase access, quality, efficiency and sustainability. However, by excluding CRNAs from full practice authority, the VA is limiting use of another valuable resource.

In the final rule, the VA notes that its “position to not include the CRNAs in this final rule does not stem from the CRNAs’ inability to practice to the full extent of their professional competence, but rather from VA’s lack of access problems in the area of anesthesiology.” Yet, we understand that agency anesthesiologists are sometimes contracted at a premium cost. CRNAs with full practice authority can be available to address demand, particularly in rural areas, but also in any area where demand indicates need of their services. By allowing full practice authority for CRNAs, veterans will have greater access to the APRN workforce in the VA and the care they deliver regardless of where they are located.

CRNAs Increase Veterans’ Access to Care

Challenges facing veterans with increased wait times and access to care have been well documented over the past few years. This is partially due to unnecessary workforce shortages

² Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*. Retrieved from: http://books.nap.edu/openbook.php?record_id=12956&page=R1

that often result from restrictive state practice laws impacting APRNs^{3,4} According to the 2015 congressionally-mandated Independent Assessment by the Rand Corporation, veterans are experiencing delays in receiving anesthesia care.⁵ The Independent Assessment asserts that the current VA workforce, particularly in a number of specialties like anesthesia, may not be sufficient to meet the future demand of a growing veteran population. Additional data from a VA-commissioned Rand Corporation study suggests that lack of access to anesthesia services has contributed to delays for those needing cardiovascular surgery and colonoscopy services.⁶ Per that study's recommendation, these delays could begin to be addressed by granting full practice authority to the existing CRNA workforce in the VA.

CRNAs Can Help Address Opioid Abuse and Addiction Issues

According to recent news articles, veterans have increasingly become vulnerable to opioid abuse and addiction.⁷ APRNs, including CRNAs, can play an important role in improving access to safe pain management alternatives and medication assisted treatment for veterans that can ultimately help address the risks of addiction and abuse.

VA Policy Can Simplify Regulatory and Administrative Burden

Since the publication of the Consensus Model in 2008, states have been working diligently to make the changes necessary to align with the Consensus Model. The APRN Consensus Model was designed to create clarity and consistency in the regulation of these four advanced nursing roles. Continued limitations on one of the four roles within the VA create confusion and impose unnecessary regulatory and administrative burdens. Within the same state, a veteran or their family may encounter a fully unrestricted CRNA in one setting and a restricted one in another.

By granting full practice authority to three APRN roles, the VA has helped standardize nursing practice across the country, increased access to safe, effective care for veterans, and helped achieve the goals laid out in the APRN Consensus Model, however, leaving CRNAs out of this rule creates an uncertain, complex regulatory environment that will ultimately put an additional burden on CRNAs and Boards of Nursing while fostering an environment where patients are unsure what CRNA services can be provided to them from state to state and facility to facility.

³ Yee T, Boukus E, Cross D, & Samuel D. (2013). Primary care workforce shortages: Nurse practitioner scope-of-practice laws and payment policies. *National Institute for Health Care Reform Research Brief*, 13

⁴ Traczynski J & Udalova V (2013) Nurse practitioner independence, health care utilization, and health outcomes. Paper Presented at the Fourth Annual Midwest Health Economics Conference, April 4-5, 2013, Madison, WI.

⁵ RAND Health. "Resources and Capabilities of the Department of Veterans Affairs to Provide Timely and Accessible Care to Veterans," (2015).

http://www.rand.org/content/dam/rand/pubs/research_reports/RR1100/RR1165z2/RAND_RR1165z2.pdf

⁶ VA Independent Assessment, Appendices E – I,

<http://www.va.gov/opa/choiceact/documents/assessments/Assessment B Health Care Capabilities Appendices E-I.pdf>

⁷ The Wall Street Journal. *The VA Hooked Veterans on Opioids, Then Failed Them Again*, (2017), Valerie Bauerlein and Arian Campo-Flores, <http://www.wsj.com/articles/the-va-hooked-veterans-on-opioids-then-failed-them-again-1483030270>.

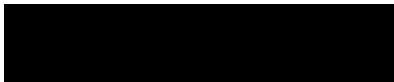
Best use of all available personnel moves the VA in the right direction in terms of modernizing its regulatory approaches⁸.

Conclusion

While the VA made great strides in standardizing APRN nursing practice and improving access to care by granting full practice authority to CNPs, CNSs, and CNMs, veterans deserve the same access to care delivered by CRNAs. It is vital that all four APRN roles are included in this effort. NCSBN believes the evidence demonstrates that there is a need for increased access to CRNA delivered care in the VA. Failure to address this need would be a disservice to those that have served this country. NCSBN respectfully requests that the VA give veterans improved access to the CRNA care they need and continue efforts to standardize advanced practice nursing across the VA system by granting full practice authority to CRNAs. Veterans deserve direct access to the safe, effective anesthesia care that CRNAs are able to deliver.

NCSBN appreciates the opportunity to comment on this final rule. If you have any questions or would like any additional information, please do not hesitate to contact us. Elliot Vice, NCSBN's Director of Government Affairs, can be reached at evice@ncsbn.org and 202-530-4830. We look forward to continuing the dialogue on this very important matter.

Sincerely,

A solid black rectangular box redacting the signature of David C. Benton.

David C. Benton, RGN, PhD, FRCN, FAAN
Chief Executive Officer

⁸ Gavil, Andrew I. and Koslov, Tara Isa, A Flexible Health Care Workforce Requires a Flexible Regulatory Environment: Promoting Health Care Competition through Regulatory Reform (March 21, 2016). Washington Law Review, Vol. 91, No. 1, 2016; Howard Law Research Paper No. 16-8. Available at SSRN: <http://ssrn.com/abstract=2779718>.