



January 13, 2017

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

RE: RIN 2900-AP44- Advanced Practice Registered Nurses (81 Fed. Reg. December 14, 2016)

Dear Secretary McDonald,

On behalf of the 52 undersigned national professional nursing organizations representing the Nursing Community coalition, we write to share our appreciation and urge continued action for the final rule published by the U.S. Department of Veterans Affairs (VA) on December 14, 2016 (Federal Register Document Number 2016-12338, RIN 2900-AP44)<sup>i</sup> regarding Advanced Practice Registered Nurses' (APRNs) clinical practice within the Veterans Health Administration's (VHA). As a coalition, our associations have advocated for APRNs (including Nurse Practitioners (NPs), Certified Registered Nurse Anesthetists (CRNAs), Certified Nurse-Midwives (CNMs), and Clinical Nurse Specialists (CNSs)) in the VHA to practice to the full extent of their education and training since 2013. We applaud the ruling that rightfully grants veterans direct access to three of the four roles (NPs, CNMs, and CNSs), but **urge the department to include CRNAs as part of its full implementation.**

Collectively, the Nursing Community represents over one million registered nurses, APRNs, nursing faculty, students, researchers, and nurse executives. Our associations advocate on a wide variety of issues to advance health and healthcare through the nursing profession. This rule supports our principal mission to promote America's health through nursing care and will directly impact the practice of over 6,000 APRNs who have dedicated their lives work to treating veterans and their families.

Health care in our country continues to progress toward patient-centered models of care where providers and appropriate coordinated services develop an individualized care plan to meet patients' needs. This rule helps achieve this endeavor by allowing the VHA to manage its resources more prudently and fully employ the skills of healthcare providers to the full extent of their education, training, and certification. Removing additional burdensome requirements of "*clinical supervision from physicians,*"<sup>ii</sup> (p. 90199) as the rule states, ensures the focus on the

primary mission of the VHA which is “provide a complete medical and hospital service for the medical care and treatment of veterans”<sup>i</sup>(p.90199 ). We firmly believe that this goal cannot be achieved if CRNAs are not included in the final rule.

### ***CRNAs Support Veterans’ Access to Care***

The rule details that VHA sites will have the opportunity to expand access to care by removing barriers to APRN practice. We concur that this will be of utmost importance in sites that struggle with provider recruitment and retention in medically-underserved communities. Yet, the rationale the VA cited in the final rule for not including CRNAs was “lack of access issues in the area of anesthesiology”<sup>ii</sup> (p. 90199). The rule acknowledged that there are “difficulties in hiring and retaining anesthesia providers but generally believes this situation is improving” (p. 90200). We find three grave inconsistencies with this approach.

First, a *Health Affairs* article highlighted the fact that “37,000 certified registered nurse anesthetists provide thirty million anesthetics annually in the United States and represent two-thirds of anesthetists in rural hospitals”<sup>iii</sup>(p.1469). As the VHA looks to ensure services reach its nation’s veterans in rural and underserved communities, CRNAs are a critical link to providing that care.

Second, the rationale that the hiring and retention of anesthesia providers is “generally improving” is a shortsighted approach to crafting national policy. Healthcare trends and the needs of our nation’s veterans are not static. To base a rule on the present, without regard for the future, will only harm the population this rule was intended to support— America’s veterans.

Third, according to a recent article, the VA has stated that about half of older veterans and about 60 percent of veterans returning from deployment suffer from chronic pain.<sup>iii</sup> Moreover, the number of veterans with opioid use disorders has increased 55 percent from 2010 to 2015. CRNAs are doing their part to address the national opioid crisis with a holistic approach to pain management. CRNAs are trained and qualified to provide a holistic multimodal approach to chronic pain management, including interventional pain management, to help meet veterans’ need for this service.

Finally, the VA’s rulemaking utilized the Federal preemption clause on state nursing licensure which enables standardization of APRN practice to the full extent of their education and training. This streamlined approach should be inclusive of all four APRN roles to fully realize the standardization and consistency that the VHA is expecting with the implementation of this final rule. The standardization will allow for more efficient use of APRN staff in the VHA by increasing capacity for timelier, safe, efficient, and effective delivery of care services.

The successful execution of this rule should require that all providers in the VHA—including CRNAs— are utilized to the full extent of their education and training. Again, we respectfully urge the VHA to include CRNAs in future implementation of this rule. If you have any questions, please contact the Convener of the Nursing Community, Dr. Suzanne Miyamoto, at [Smiyamoto@aacn.nche.edu](mailto:Smiyamoto@aacn.nche.edu).

Sincerely,

Academy of Medical-Surgical Nurses  
American Academy of Ambulatory Care Nursing  
American Academy of Nursing  
American Assembly for Men in Nursing  
American Association of Colleges of Nursing  
American Association of Critical-Care Nurses  
American Association of Heart Failure Nurses  
American Association of Nurse Anesthetists  
American Association of Nurse Assessment Coordination  
American Association of Nurse Practitioners  
American Association of Occupational Health Nurses  
American College of Nurse-Midwives  
American Nephrology Nurses Association  
American Nurses Association  
American Nursing Informatics Association  
American Organization of Nurse Executives  
American Public Health Association, Public Health Nursing Section  
American Psychiatric Nurses Association  
American Society for Pain Management Nursing  
American Society of PeriAnesthesia Nurses  
Association of Community Health Nursing Educators  
Association of Nurses in AIDS Care  
Association of periOperative Registered Nurses  
Association of Public Health Nurses  
Association of Rehabilitative Nurses  
Association of Veterans Affairs Nurse Anesthetists  
Commissioned Officers Association of the U.S. Public Health  
Dermatology Nurses' Association  
Developmental Disabilities Nurses Association  
Gerontological Advanced Practice Nurses Association  
Hospice and Palliative Nurses Association  
Infusion Nurses Society  
International Society of Psychiatric-Mental Health Nurses  
National Association of Clinical Nurse Specialists  
National Association of Nurse Practitioners in Women's Health  
National Association of Pediatric Nurse Practitioners  
National Black Nurses Association  
National Council of State Boards of Nursing  
National Forum of State Nursing Workforce Centers  
National Gerontological Nursing Association  
National League for Nursing  
National Nurse-Led Care Consortium  
National Organization of Nurse Practitioner Faculties  
Nurses Organization of Veterans Affairs  
Oncology Nursing Society  
Organization for Associate Degree Nursing

Pediatric Endocrinology Nursing Society  
Preventative Cardiovascular Nurses Association  
Society of Pediatric Nurses  
Society of Urologic Nurses and Associates  
The Quad Council of Public Health Nursing Organizations  
Wound, Ostomy and Continence Nurses Society

Cc:

David J. Shulkin, MD  
Under Secretary for Health, VA

Linda M. McConnell, MSN, RN, NEA-BC, FACHE  
Chief Nursing Officer  
Office of Nursing Services, VA

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<sup>i</sup>Federal Register. (2016, December 14). Advanced practice registered nurses. Retrieved December 15, 2016, from <https://www.federalregister.gov/documents/2016/12/14/2016-29950/advanced-practice-registered-nurses>

<sup>ii</sup>Dulisse, B., & Cromwell, J. (2010). No harm found when nurse anesthetists work without supervision by physicians. *Health Affairs*, 29,1469-1475. Retrieved from: <http://content.healthaffairs.org/content/29/8/1469.full.pdf+html?ijkey=ezh7UYKltCyLY&keytype=ref&siteid=healthaff>.

<sup>iii</sup>Reporter, S. D., & Group, F. E. J. (2016, March 28). Veterans face greater risks amid Opioid crisis. Retrieved January 6, 2017, from <http://www.pbs.org/wgbh/frontline/article/veterans-face-greater-risks-amid-opioid-crisis/>