

Statement of the Advanced Practice Registered Nursing (APRN) Workgroup

American Academy of Nursing, AAN
American Association of Colleges of Nursing, AACN
American Association of Nurse Anesthetists, AANA
American Association of Nurse Practitioners, AANP
American College of Nurse-Midwives, ACNM
American Nurses Association, ANA
American Organization of Nurse Executives, AONE
Gerontological Advanced Practice Nurses Association, GAPNA
National Association of Clinical Nurse Specialists, NACNS
National Association of Nurse Practitioners in Women's Health, NPWH
National Association of Pediatric Nurse Practitioners, NAPNAP
National League for Nursing, NLN

On the Hearing of the House Veterans Affairs Committee “From Tumult to Transformation: The Commission on Care and the Future of the VA Healthcare System” Sept. 7, 2016, 10:30 am, Washington, DC

Chairman Miller, Ranking Member Takano, and members of the Committee, thank you for the opportunity to present the views of the APRN Workgroup. We are made up of more than 340,000 Advanced Practice Registered Nurse members of our undersigned organizations, including more than 6,000 APRNs serving in Veterans Health Administration (VHA) facilities. Together, we are united in our goal to best serve our nation's Veterans and stand ready to be part of the solution to improve Veterans' access to timely, quality healthcare.

Our organizations represent nurse practitioners (NPs) who deliver primary, specialized, and community healthcare; certified registered nurse anesthetists (CRNAs) who provide the full range of anesthesia services as well as chronic pain management; certified nurse-midwives (CNMs) who are experts in primary care, maternal, and women's health; and clinical nurse specialists (CNSs) offering acute, chronic, specialty, and community healthcare services; as well as APRN students and the faculty and institutions that educate them. We are grateful for the

opportunity to express our views on the report of the Commission on Care, mandated by the Choice Act (P.L. 113-146) and transmitted to the Congress by the President on Sept. 1, 2016.

We express our strong support for expanding Veterans access to quality healthcare by implementing the second of the Commission’s 18 recommendations: “Enhance clinical operations through more effective use of providers and other health professionals, and improved data collection and management.” The Commission found a combination of shortage of providers and “ineffective use of providers and other health professionals contributes to suboptimal productivity. Highly trained clinical personnel are often unable to perform at the top of their license.” Specifically, the Commission highlighted that VHA is “failing to optimize use of advanced practice registered nurses (APRNs)” and recommended that “VHA increase the efficiency and effectiveness of providers and other health professionals and support staff ... and develop policy to allow full practice authority for APRNs.”

This important recommendation of the Commission on Care is consistent with:

- **A proposed rulemaking published by the U.S. Department of Veterans Affairs for public comment May 25, 2016, expanding Veterans access to care provided by APRNs.** This rulemaking drew a record 223,000 comments, most favoring the point of view expressed in the proposed rule. Among the organizations expressing support for the rule were the **AARP and its 3.5 million Veteran members, the Iraq and Afghanistan Veterans of America, the Air Force Sergeants Association, the American Hospital Association,** the professional staff of the **Federal Trade Commission,** numerous **members of Congress from both sides of the aisle,** and **our organizations.**
- **The evidence-based recommendations of the Independent Assessment of the VA, as required by Congress through the Choice Act (P.L. 113-146).** Recommendation 6.4.2.1. states, “Formalize Full Nursing Practice Authority throughout VA.” The report goes on to say, “Formalizing full practice authority for APNs would likely be a cost-effective approach to increasing the productivity of VA’s existing workforce.” Its appendices report at length on delays in cardiovascular surgery, lack of availability of outpatient surgery and colonoscopy services, and other surgical services, on account of lack of anesthesia support.
- **The evidence-based recommendations of the National Academy of Medicine (formerly the Institute of Medicine).** Its report *The Future of Nursing: Leading Change, Advancing Health* lists as its first recommendation, “Remove scope-of-practice barriers. Advanced practice registered nurses should be able to practice to the full extent of their education and training.”
- **The views of nearly 90 members of the House and Senate from both parties** who have written the VA in support of Veterans access to APRNs, submitted comments to the May 25 notice-and-comment rulemaking process, and cosponsored bipartisan legislation

pending in the House and Senate (HR 1247, S 2279) supporting Full Practice Authority for NPs, CRNAs, CNSs and CNMs.

- **APRN full practice authority has been tried and tested to be safe and effective in other federal healthcare systems**, including the military hospitals and the healthcare delivery system for Indian Health Service. As servicemembers transition to Veteran status and utilize the VA healthcare system, there should be parity and consistency across our federal healthcare systems.
- **Extensive peer-reviewed research findings that point to the high quality of care delivered cost-effectively by APRNs.**ⁱ Time and again, research continues to add to the knowledge base on the safe and effective use of APRN care, serving to justify this policy used in the healthcare delivery systems for the military and Indian Health Service to our Veterans healthcare system.
- **Writing in Forbes on Aug. 11, Veteran, former Senate majority leader and Republican presidential candidate Bob Dole stated: “My commitment to veterans is just one of many reasons I support the proposed rule** by the U.S. Department of Veterans Affairs to grant full practice authority to advanced practice registered nurses in VA facilities – helping to ensure access to timely, quality healthcare for military veterans like myself.”

Thank you again for the opportunity to share our views. If you have any questions, please contact Frank Purcell, AANA Senior Director Federal Government Affairs, fpurcell@aanadc.com, 202-484-8400.

#

ⁱ For example:

Conover CJ, Roberts R. (2015). Economic Benefits of Less Restrictive Regulation of Advanced Practice Registered Nurses in North Carolina: An Analysis of Local and Statewide Effects on Business Activity. Duke University, Center for Health Policy and Inequalities Research. <http://chpir.org/homepage-content/completed-projects/economic-benefits-of-less-restrictive-regulation-of-advanced-practice-registered-nurses-in-north-carolina/>;

Dulisse B, Cromwell J. (2010). No Harm Found When Nurse Anesthetists Work Without Supervision By Physicians. Health Affairs. <http://content.healthaffairs.org/content/29/8/1469.full.pdf>;

Hatem M, et al. (2009). Midwife-led versus other models of care for childbearing women (Review). The Cochrane Collaboration.

Johantgen M., et al. (2012) “Comparison of Labor and Delivery Care Provided by Certified Nurse-Midwives and Physicians: A Systematic Review, 1990 to 2008,” in Women’s Health Issues, 22-1, e73-381;

Lewis SR, et al. (2014). Physician anaesthetists versus non-physician providers of anaesthesia for surgical patients. The Cochrane Database of Systematic Reviews. <http://www.ncbi.nlm.nih.gov/pubmed/25019298>;

Negrusa B, et al. (2016) Scope of Practice Laws and Anesthesia Complications: No Measurable Impact of Certified Registered Nurse Anesthetist Expanded Scope of Practice on Anesthesia-related Complications. Medical Care doi: 10.1097/MLR.0000000000000554. http://journals.lww.com/lww-medicalcare/Abstract/publishahead/Scope_of_Practice_Laws_and_Anesthesia.98905.aspx.

Newhouse R, et al (2011). Advanced practice nurse outcomes 1999-2008: A systematic review. Nursing Economics, 29(5), 1-22.

Prescott PA, Driscoll L. (1980). Evaluating nurse practitioner performance. Nurse Practitioner, 5(4), 28-32.

Safriet BJ (1992). Health care dollars and regulatory sense: The role of advanced practice nursing. Yale Journal on Regulation, 9(2);

Sandall J, et al. (2013). Midwife-led continuity models versus other models of care for childbearing women. The Cochrane Collaboration;

Stanik-Hutt J, Newhouse R, (2013). The quality and effectiveness of care provided by Nurse Practitioners. The Journal for Nurse Practitioners, 9(8). doi:10.1016/j.nurpra.2013.07.004.