



NCSBN

National Council of State Boards of Nursing

111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277

312.525.3600
www.ncsbn.org

July 25, 2016

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

Secretary McDonald:

Thank you for the opportunity to provide comments on the Department of Veterans Affairs (VA) *Advanced Practice Registered Nurses (APRNs)* proposed rule. The National Council of State Boards of Nursing (NCSBN) commends the VA for addressing the important health care challenges facing our nation's veterans.

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

NCSBN supports the VA's proposed rule to grant full practice authority to all four APRN roles in the VA system, including certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), clinical nurse specialist (CNS), and certified nurse-midwife (CNM). The proposal is in line with NCSBN's Consensus Model for APRN Regulation and, as set out below, is congruent with robust evidence on securing quality services and improving access with optimum use of resources.

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 nearly 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.¹ The education, accreditation, certification and licensure of APRNs needs to be consistent from jurisdiction to jurisdiction in order to continue to assure patient safety while expanding access to care. By expanding full practice authority to APRNs, the VA will be helping achieve these goals whilst simultaneously addressing the needs of veterans and providing the means to optimize care delivery for the VA. Furthermore, these changes are fully in step with the need to modernize regulatory approaches².

By having the VA adopt the regulatory requirements for licensure, accreditation, certification and education for APRNs, as outlined in the Consensus Model, the benefits will be far-reaching. Veterans will be able to clearly understand the role of APRNs, know that there is an appropriately educated and competent individual managing their care and that the practice of APRN is regulated consistently for public protection. The VA and other health care workers working in the VA will clearly understand the preparation, training and scope of practice of APRNs they are working with. APRNs will have confidence in knowing that they meet licensure requirements to practice and that the role and scope of practice will not change if they need to relocate to another facility. The VA and boards of nursing will be able to work together to fulfill their public protection role and have confidence that licensed APRNs entering their state are competent, having met uniform requirements for licensure.

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. By granting full practice

¹ 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

² 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>.

authority to APRNs, the VA will be helping standardize nursing practice across the country, increasing access to safe, effective care for veterans, helping achieve the goals laid out in the APRN Consensus Model. The VA's proposed rule on APRNs aligns with the goals of the Consensus Model, and will allow veterans to have greater access to care that is safe and effective.

APRNs Are Proven to Deliver Safe Care to Patients

The ability of APRNs to provide safe, high-quality care is well documented in many studies over the past 30 years. Analyses of the overlapping scopes of practice between physicians and APRNs, particularly in the area of primary care delivery, have been described by many and over a prolonged observation period.³ Evidence suggests that outcomes are comparable and in some cases better than existing models of provision as further described below.

Our nation's veterans deserve improved access to safe, effective care delivered by APRNs.

Studies Show No Difference Between APRN and Physician Patient Outcomes

A study published in the Journal of the American Medical Association (JAMA) in 2000 provided definitive results demonstrating the quality of care provided by CNPs. In this study researchers evaluated the health status of patients receiving care from physicians or CNPs. The CNPs being studied practiced independently without a mandatory relationship with a physician. The patients were assigned to a physician or CNP for primary care following an urgent care or emergency room visit. The results indicated that the status of the patients treated by a CNP and those treated by a physician were comparable at the initial, six and 12 month visits. In a follow-up study two years later by some of the same researchers, the outcome was the same. The researchers determined that CNP care was comparable to that of a physician in all areas, including health status, satisfaction and use of specialists.⁴

In another study, patients experienced a greater level of satisfaction with APRN care than care delivered by physicians.⁵ By allowing APRNs to practice to the full extent of their education and training, the VA will be allowing veterans across the nation to have access to effective, safe care from APRNs across the country.

International evidence also supports these findings including the work of Browne et al⁶ who in their systematic review of the evidence demonstrated that of the 27 high quality reviews, 13 reviews indicated that nursing interventions were more effective and less costly than usual care;

³ Safriet, Barbara J., "Health Care Dollars and Regulatory Sense: The Role of Advanced Practice Nursing," *Yale Journal on Regulation*, Summer 1992, pp. 426-440.

⁴ Mundinger MO, Kane RL, Lenz ER, et al. Primary Care Outcomes in Patients Treated by Nurse Practitioners or Physicians: A Randomized Trial. *JAMA*. 2000;283(1):59-68. doi:10.1001/jama.283.1.59.

⁵ Stanik-Hutt J, Newhouse RP, White KM, Johantgen M, Bass EB, Zangaro G, Wilson R, Fountain L, Steinwachs DM, Heindel L, & Weiner JP. (2013). The quality and effectiveness of care provided by nurse practitioners. *Journal for Nurse Practitioners*, 9(8), 492-500.

⁶ Browne, G., Birch, S., & Thabane, L. (2012) Better Care: An analysis of nursing and healthcare system outcomes. Ottawa, Canadian Health Services Research Foundation.

6 showed care as being more effective and the same cost as the existing models; and 3 studies showed that the care was equally effective as the existing service but less costly.

APRNs 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 that often result from restrictive state practice laws impacting APRNs^{7,8}. By allowing full practice authority for APRNs, veterans will have greater access to the APRN workforce in the VA and the care they deliver regardless of where they are located.

Conclusion

Standardization of APRN nursing practice is vital to giving patients greater access to the provider of their choosing, particularly in rural areas. NCSBN contends that the time has come to make these changes. The evidence is clear on quality, effectiveness, efficiency and on economic grounds. Failure to make the proposed changes would be a disservice to those that have served this country. The NCSBN respectfully request that The VA should continue to pursue the goals of health care advocates to standardize advanced practice nursing by finalizing this proposed rule. Veterans deserve direct access to the safe, effective care that APRNs are able to deliver.

NCSBN appreciates the opportunity to comment on this important proposed 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 issue.

Sincerely,



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

⁷ 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

⁸ 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.