



January 13, 2017

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**

Dear Director:

The American Osteopathic Association and the undersigned organizations representing the osteopathic medical profession, including over 123,000 osteopathic physicians and osteopathic medical students nationwide, appreciate the opportunity to provide additional comments on the Department of Veterans Affairs (VA) final rule concerning Advanced Practice Registered Nurses (APRNs).

We appreciate the VA's duty to reduce wait times and address access to care for VA patients. However, we question how this rule will address this issue while maintaining the same quality of care delivery. In the final rule, the VA recognizes that there is no shortage of physician anesthesiologists in the VA system, therefore removing Certified Registered Nurse Anesthetists (CRNAs) from the list of APRNs who are receiving expanded practice rights. We appreciate this change but request that physician involvement in patient care be maintained throughout the VA system. We remain deeply concerned with several provisions within the final rule and would like to take this opportunity to address these issues:

**1. Eliminating physician involvement from patient care undermines high-quality and efficient care provided under the team-based setting.**

The undersigned organizations believe that the removal of physician involvement from the comprehensive health care services being delivered within the VA system is inappropriate and will place the health and well-being of our nation's veterans at risk. Additionally, expanding the practice authority of certain APRNs in all VA facilities undermines the patient-centered, team-based approach to care. We strongly believe that physicians are the only health care providers that possess the complete medical knowledge needed to evaluate and direct care for veterans, a patient population that often has complex and unique mental and physical health care needs.

**2. VA acknowledges that APRNs are not equipped to replace physicians, but the final rule does just that.**

The final rule states that the VA "is not planning on replacing physicians with APRNs in any health care setting." Allowing APRNs to deliver health care services previously under the purview of physicians, and removing their involvement from patient care is, by definition, replacing physicians. Further, the VA states that "an APRN will refer patients to a physician for care that goes beyond that of the APRN's training;" however, APRN's limited training may not equip them with the knowledge and expertise necessary to recognize the cases that exceed their scope.

**3. VA's approach marginalizes state medical boards and disregards states' rights under our federalist system of democracy.**

The final rule references the need to consult with states prior to preemption, listing a series of activities that fail to meet what is generally accepted as adequate consultation. The VA states that they are only required to consult with elected officials and that since medical boards are not elected positions, the VA is not obligated to consult with those agencies. The VA then goes on to justify meeting this requirement by stating that it consulted with state boards of nursing, as it believes they are the most affected since they are the agencies that typically regulate nurses. It is difficult to understand how consulting with the state nursing boards meets the test outlined by the VA. Further, the VA's approach of cherry-picking boards with which to consult provides one-sided support for the VA's proposal, rather than balanced input that can inform the healthcare of our nation's veterans.

We would argue that if any state board was to be consulted, it should have been the medical boards. The VA failed to consult with a single state medical board (whether osteopathic or allopathic). Further, the rule expands the scope of practice of APRNs into what many states consider to be the practice of medicine. State medical boards are charged with overseeing independent medical practice and assuring patient safety. They also represent those who may be the most negatively impacted by nurses entering into the practice of medicine: patients. Consulting with state medical boards could have provided a balanced perspective regarding the education and training physicians receive that uniquely equips them to perform the tasks at issue.

**4. VA did not engage in robust outreach to elected officials or consider public policies developed by state legislatures.**

We disagree with the VA's statement that they consulted with a number of elected officials, citing "numerous calls" from a handful of states. Receiving calls and correspondence from a handful of state elected officials, whose opinions on the proposed rule may not represent the policies of their state, hardly represents true consultation. On this point, we note that of the states listed in the final rule, only two currently allow full practice authority for APRNs. While individual elected officials from the list of states may have voiced support for the proposed rule, policy decisions adopted through their legislative processes conflict with this support and should outweigh these statements made by individual elected officials.

As a country, we have an obligation to the men and women who have served in the military. Part of this responsibility is ensuring access to high-quality care that is responsive to the unique health needs of the veteran patient population. We believe that the physician-led, team-based model offers the best possible care. The final rule fails to ensure that our veterans receive the care they deserve.

Sincerely,

American Osteopathic Association  
American College of Osteopathic Family Physicians  
American Academy of Osteopathy  
American College of Osteopathic Internists  
American College of Dermatologists  
American College of Osteopathic Obstetricians & Gynecologists  
American Osteopathic Academy of Orthopedics

Arkansas Osteopathic Medical Association  
Osteopathic Physicians and Surgeons of California  
Connecticut Osteopathic Medical Society  
Florida Osteopathic Medical Association  
Idaho Osteopathic Medical Association  
Illinois Osteopathic Medical Society  
Indiana Osteopathic Association  
Iowa Osteopathic Medical Association  
Kansas Association of Osteopathic Medicine  
Louisiana Osteopathic Medical Association  
Maine Osteopathic Association  
Massachusetts Osteopathic Society  
Michigan Osteopathic Association  
Missouri Association of Osteopathic Physicians & Surgeons  
New Jersey Association of Osteopathic Physicians & Surgeons  
New York State Osteopathic Medical Society  
Ohio Osteopathic Association  
Oklahoma Osteopathic Association  
Rhode Island Society of Osteopathic Physicians and Surgeons  
Texas Osteopathic Medical Association  
Virginia Osteopathic Medical Association  
Washington Osteopathic Medical Association  
West Virginia Osteopathic Medical Association