

October 7, 2021

The Honorable Denis McDonough
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW, Room 1063B
Washington, DC 20402

Dear Secretary McDonough:

On behalf of the undersigned organizations representing healthcare and mental health providers and health profession education associations, we are writing to you today in strong support of the Department of Veterans Affairs (VA) extensive work to develop National Standards of Practice for the VA's healthcare workforce and encourage the continuation of this thorough process and unveiling of these standards to allow providers to practice to the full scope of their education, training, and certification through the VA.

As outlined in the Interim Final Rule published by the Department last year, the VA acknowledged that it is "crucial for VA to be able to determine the location and practice of its VA health care professionals to carry out its mission without any unduly burdensome restrictions imposed by State licensure, registration, certification, or other requirement."¹ The need for uniformed standards to ensure continuity of care is necessary at the VA, especially as nearly one-third of all VA medical facilities have one or more sites of care in another state, and 14 percent of licensed health care professionals employed by VA have a state license, registration, or certification in another state than their main VA medical facility.² The VA further recognizes the need for these uniform standards given the difficulty in recruiting providers across state lines, sending providers across state lines where there are shortages, and utilizing providers in rural and smaller facilities or in mobile care units that may cross state lines.³ The VA has made a concerted effort to develop these standards in a thoughtful and evidence based manner to help ensure veterans have access to the care they need and deserve.

National Standards of Practice: Established Precedent and Data Driven Approach as we Prioritize Veteran's Health

Development of these National Standards of Practice are well within the Department's legal authority to set qualifications for VA providers. In fact, to meet the core mission of the Veterans Health Administration (VHA) the VA is able to set the qualifications and other requirements of VA professionals.⁴ Further, the Secretary is authorized to control, direct, and otherwise administer the VA, including matters related to personnel and management.⁵

The VA has exercised this authority before, most recently in the two previous Administrations. Under President Obama, the VA finalized regulations to grant full practice authority to nurse practitioners, clinical nurse specialists, and certified-nurse midwives throughout the VA,

¹ 85 FR 71838

² Ibid.

³ Ibid.

⁴ 38 U.S.C.7301(b)

⁵ 38 U.S.C. 303

regardless of state law.⁶ Second, the Federal Motor Carrier Safety Administration enacted a final rule in 2018, which allowed all eligible providers within the VA to become certified VA medical examiners and perform medical examinations of, and issue Medical Examiner's Certificates to, veterans within the VA, even in states where they were not licensed, provided they had a state licensure.⁷ These past examples, coupled with current statute, clearly outline the VA's legal authority to develop National Standards of Practice.

While the legal authority for the VA to create these national standards is clear, ultimately, creating these uniform standards is about increasing veteran access to timely, high quality health care. Data demonstrates the high-quality care provided by non-MD/DO practitioners compared to their medical doctor counterparts. A study in Health Affairs on patients with diabetes using VA data found that “when we controlled for important patient- and facility-level factors, we found greater rates of hospitalizations and ED visits and higher health care expenditures among primary care patients of physicians compared to those of NPs or PAs. These findings are notable particularly because we studied NPs and PAs in relatively expansive primary care provider roles analogous to those of physicians in the same system and because we analyzed the total cost of care over a one-year period.”⁸

Veterans Service Organizations (VSOs) have also recognized the importance of developing uniformed standards. As outlined in testimony, AMVETs (American Veterans) state that “basing these practice standards on the most restrictive state scope of practice for its health care professionals is not a viable option, as it would lead to decreased access to needed care and reduced health outcomes for our nation’s Veterans. [We urge] VA to continue working toward utilizing its health care professionals to the full scope of their license, registration, or certification... these new national practice standards must be inclusive of all health care services that its health care professionals are authorized to provide in any state. Anything short of fully comprehensive practice standards will unnecessarily limit Veteran access to care and negatively impact Veteran access and health outcomes.”⁹

We strongly support the VA's ongoing efforts to develop and unveil National Practice Standards. The undersigned organizations are committed to continuing to be constructive partners in this effort. Should you have any questions or wish to discuss how we can be helpful please reach out to Matthew Thackston at mthackston@aana.com or (202) 741-9081.

Sincerely,

American Academy of Nursing
American Academy of PAs
American Association of Colleges of Nursing
American Association of Neuroscience Nurses

⁶ 81 FR 90198

⁷ 83 FR 26846

⁸ Berkowirz, T., Edelman, D., Everett, C., Henxrix, C., Jackson, G., Morgan, P., Smith, V., Van Houtven, C., White, B., Woolson, S. (2019) Impact of Physician, Nurse Practitioners, and Physician Assistants on Utilization and Costs for Complex Patients. Health Affairs. No.6 p1028-1036.

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00014>

⁹ <https://amvets.org/wp-content/uploads/2021/06/06082021AMVETSTESTIMONYFINAL-1.pdf>

American Association of Nurse Anesthesiology
American Association of Nurse Practitioners
American Chiropractic Association
American College of Nurse-Midwives
American Nephrology Nurses Association
American Nurses Association
American Optometric Association
American Organization for Nursing Leadership
American Public Health Association, Public Health Nursing Section
Association of Community Health Nursing Educators
Association of Rehabilitation Nurses
Association of Veterans Affairs Nurse Anesthetists
Commissioned Officers Association of the USPHS
Dermatology Nurses Association
Friends of the National Institute of Nursing Research
Gerontological Advanced Practice Nurses Association
Hospice and Palliative Nurses Association
Infusion Nurses Society
International Association of Forensic Nurses
International Society for Psychiatric Mental Health Nurses
National Association of Pediatric Nurse Practitioners
National Association of Nurse Practitioners in Women's Health
National Association of Social Workers
National Hartford Center of Gerontological Nursing Excellence
National League for Nursing
National Nurse-Led Care Consortium
Nurses Organization of Veterans Affairs
Oncology Nursing Society
Veterans Affairs Physician Assistant Association

Cc: Deputy Secretary Steven Lieberman, MD, MBA, FACHE, FACP
Assistant Undersecretary Beth Taylor, DHA, RN, NEA-BC