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Dear SALUTATION:

Considering your leadership role in the Veterans Health Administration (VHA) helping to carry out Secretary McDonald's directive to host town halls and hear from our Veterans, we wanted to provide you with some background information on an issue that may arise – a VHA proposal to recognize the full practice authority (FPA), of Advanced Practice Registered Nurses (APRNs), including Certified Registered Nurse Anesthetists (CRNAs), Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), and Certified Nurse-Midwives (CNMs) as full practice providers (FPP).

As the VHA seeks to improve Veterans' access to high quality health care, a common-sense part of the solution is for the agency to allow APRNs to practice to the top of their education and preparation as FPPs, as recommended by the Institute of Medicine (IOM). On behalf of the 6,000 APRNs serving Veterans nationwide and the communities you serve, we want to be sure you have the attached information in-hand to answer any questions.

We are at your service. Please direct any questions to Frank Purcell, AANA Senior Director Federal Government Affairs, at [info@aanadc.com](mailto:info@aanadc.com), and thank you.

Sincerely,

American Association of Colleges of Nursing  
American Association of Nurse Anesthetists  
American Association of Nurse Practitioners  
American College of Nurse-Midwives  
National Association of Clinical Nurse Specialists

Attachments:

- VHA Nursing Handbook FAQs for Certified Registered Nurse Anesthetists
- VHA Nursing Handbook Fact Sheet for Nurse Practitioners
- VHA Nursing Handbook FAQs for Certified Nurse-Midwives
- VHA Nursing Handbook Fact Sheet for Clinical Nurse Specialists
- VHA Nursing Handbook FAQ on the Higher Education of Advanced Practice Registered Nurses

## **Veterans Health Administration (VHA) Nursing Handbook FAQ Certified Registered Nurse Anesthetists**

**What is the VHA Nursing Handbook?** The Nursing Handbook is a proposed document the VHA has been working on for the past several years to centralize, modernize, and improve the regulations guiding the practice of nursing, including advanced practice nursing, throughout the VHA.

**Does the Nursing Handbook include provisions specifically relating to CRNA Practice?** Yes. The proposal would recognize the Full Practice Authority of all advanced practice registered nurses (APRNs), including CRNAs, working in the Department of Veterans Affairs (VA) healthcare system. This policy change would enable all CRNAs to practice to the full scope of their academic preparation and training, and help to standardize the scope of practice for CRNAs across the VA healthcare system.

**What is current VA policy for CRNA practice?** The practice of CRNAs and the delivery of anesthesia are subject to the existing VA Anesthesia Handbook 1123, at [http://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1548](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1548).

**Does the VA Anesthesia Handbook require physician supervision of CRNAs?** No. While the Anesthesia Handbook emphasizes a team-based approach to anesthesia delivery, it does not require physician supervision or anesthesiologist supervision of CRNAs. There are currently several facilities operating today with CRNAs as the sole providers of anesthesia.

**Does the Nursing Handbook supersede the current Anesthesia Handbook or change current anesthesia practice in the VHA?** No. CRNAs will be recognized as Full Practice Providers (FPP) and continue to work under the guidelines of the existing Anesthesia Handbook.

**If adopted, will the Nursing Handbook affect team based delivery of anesthesia or force CRNAs to work independently?** No. The Nursing handbook will not end the team based approach to anesthesia delivery. The proposed policy supports the team based model of care that will fully utilize the knowledge, skills, and abilities of CRNAs. As a member of the anesthesia team, CRNAs will be able to lead anesthesia teams, consult with their physician colleagues, and will receive the same professional practice review, evaluation, and monitoring as all other anesthesia providers.

**Why did the VHA decide to adopt this policy?** Motivated by the recommendations of the Institute of Medicine report *The Future of Nursing: Leading Change, Advancing Health* that support the policy of APRNs practicing to their full scope, the VA seeks to continue innovating in efficient and effective healthcare delivery. This action is the right policy at the right time to improve Veterans access to timely, high quality healthcare.

**Can CRNAs practice without supervision in other federal settings?** Yes. The Army, Navy, Air Force, Indian Health Services, and Combat Support Hospitals all allow for CRNAs to practice without physician supervision.

**Who is currently supporting this issue?** The American Association of Nurse Anesthetists (AANA), the Association of Veterans Affairs Nurse Anesthetists (AVANA), 53 Nursing organizations, the AARP, and at least 28 members of the House of Representatives have all communicated support for full practice authority for APRNs.

## **Veterans Health Administration (VHA) Nursing Handbook Fact Sheet Nurse Practitioners**

- Nurse practitioners (NPs) are the health care providers of choice for millions of patients. To date, there are over 192,000 Nurse Practitioners practicing in the US. In fact, they conducted over 900 million patient visits in 2013.
- Nurse practitioners have been providing primary, acute, and specialty health care to patients for nearly half a century. Currently there are thousands of NPs working in the VA system.
- All nurse practitioners must complete a master's or doctoral degree program and have advanced clinical training beyond their initial professional registered nurse preparation. Didactic and clinical courses prepare nurses with specialized knowledge and clinical competency to practice in primary care, acute care, and long-term health care settings.
- Nurse practitioners practice in all 50 states, and have prescriptive authority in all 50 states and the District of Columbia. NPs are the health care providers of choice for millions of patients including those covered by Medicare, Medicaid, private insurance as well as private pay.
- The vast majority of nurse practitioners are primary care providers. Eighty-eight percent are prepared to be primary care clinicians and over seventy-five percent currently practice in primary care settings.
- NPs diagnose and treat acute and chronic illnesses of patients and emphasize health promotion and disease prevention in all their undertakings. Daily practice includes assessments, ordering, performing, supervising and interpreting diagnostic and laboratory tests, making diagnoses, initiating and managing treatment, prescribing medications as well as non-pharmacologic treatments, ordering durable medical equipment, coordinating care, and counseling and educating patients, their families and communities.
- Decades of empirical evidence demonstrate that nurse practitioners increase access, reduce costs, and improve the quality of health care. The Institute of Medicine, AARP, the Robert Wood Johnson Foundation, the Josiah Macey Foundation, the National Governor's Association and the Federal Trade Commission have all endorsed recognizing APRNs to their full scope of practice.
- Nurse Practitioners are experts in providing care to vulnerable population with multiple chronic conditions. In fact, 84.9 percent of nurse practitioners currently see patients covered by Medicare and 83.9 percent by Medicaid. The effective utilization of nurse practitioners will help our veterans manage disease, receive effective treatment and care coordination, and stay healthy.
- Currently thousands of Nurse Practitioners provide care to our nation's veterans inside VHA facilities. It is critical that we allow Nurse Practitioners to practice to the full scope of their education and preparation in order to allow veterans to have unencumbered access to these practitioners. This would align VHA APRN policy with that found in the Department of Defense and the Indian Health Service.

## Veterans Health Administration (VHA) Nursing Handbook FAQ Certified Nurse-Midwives

- Certified nurse-midwives are educated in two disciplines: midwifery and nursing. They earn graduate degrees, complete a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME), and pass a national certification examination administered by the American Midwifery Certification Board (AMCB) to receive the professional designation of CNM. Certified midwives are educated in the discipline of midwifery. They earn graduate degrees, meet health and science education requirements, complete a midwifery education program accredited by ACME, and pass the same national certification examination as CNMs to receive the professional designation of CM.
- CNMs are authorized to practice in all 50 states and the District of Columbia. CMs are authorized to practice in 5 states.
- As of this writing, only six states require physician supervision of CNMs. One of those states, North Carolina, is actively considering revising its supervisory requirement to allow CNMs full practice authority.
- AMCB data indicates that as of the beginning of 2014, there were approximately 11,000 CNMs/CMs with active certification in the US.
- According to CDC data, CNMs/CMs attend nearly 8% of all births occurring in this country and nearly 12% of vaginal births.<sup>1</sup> Because state practice environments vary, the percent of births attended by CNMs/CMs among the states also ranges, going as high as 27% in New Mexico. CNMs/CMs are significant providers of maternity and newborn care across the U.S., and in many locations provide greatly needed access to these services.
- ACNMs “Definition of Midwifery and Scope of Practice of Certified Nurse-Midwives and Certified Midwives,” a professional standard setting document referenced by many states in scope of practice laws or regulations, defines midwifery scope of practice to include “the independent provision of primary care, gynecologic and family planning services.”<sup>2</sup> While midwives are well-known for attending births, in surveys of ACNM’s membership, 53.3% of CNMs/CMs identify reproductive care and 33.1% identify primary care as main responsibilities in their full-time positions. Examples include annual exams, writing prescriptions, basic nutrition counseling, parenting education, patient education, and reproductive health visits.<sup>3</sup>
- Since 1996, the VA health care benefits package has included maternity benefits. These benefits begin with the confirmation of pregnancy and continue through the postpartum visit or when the Veteran is medically released from obstetric care. On October 5, 2012, the VHA issued the Maternity Health Care and Coordination Handbook 1330.03 which establishes procedures for providing and coordinating maternity care for pregnant Veterans enrolled in the VA health care system. According to the VHA Handbook 1330.03, CNMs are qualified to provide routine obstetric care. Given the relatively small numbers of women Veterans receiving maternity benefits through VA, maternity care is typically provided through sharing agreements, contract care or Non-VA purchased care. However, as the number of women Veterans increases, it may be feasible for the VA to hire CNMs directly to provide both maternity and primary care services.

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<sup>1</sup> CDC Vital Stats, Births - Available at: [http://www.cdc.gov/nchs/data\\_access/vitalstats/vitalstats\\_births.htm](http://www.cdc.gov/nchs/data_access/vitalstats/vitalstats_births.htm)

<sup>2</sup> This document is available at:

<http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/00000000266/Definition%20of%20Midwifery%20and%20Scope%20of%20Practice%20of%20CNMs%20and%20CMs%20Feb%202012.pdf>

<sup>3</sup> Kerri Durnell Schuiling CNM, WHNP-BC, PhD, Theresa Ann Sipe CNM, MPH, PhD and Judith Fullerton CNM, PhD, “Findings from the Analysis of the American College of Nurse-Midwives’ Membership Surveys: 2006–2008.” *Journal of Midwifery & Women’s Health*, Volume 55, Issue 4, pp. 299-307, July/August 2010.

## **Veterans Health Administration (VHA) Nursing Handbook Fact Sheet Clinical Nurse Specialists**

- Clinical Nurse Specialists (CNS) are advanced practice nurses who are:
  - ✓ Licensed registered professional nurses with graduate degrees at the master's and/or doctoral level.
  - ✓ Clinical experts in the diagnosis and treatment of illness in specialties across the continuum of care from neonatology to gerontology, including pediatrics, women's health, oncology, mental health, cardiology, wellness and prevention.
  - ✓ Practitioners providing evidence-based care in many settings including hospitals, rehabilitation facilities, outpatient offices and private clinics, and nursing homes.
  - ✓ Direct providers of Medicare services.
  - ✓ Prescribers of medications and medical supplies for their patients in 38 states.
  - ✓ Coordinators of care across settings.
  - ✓ Leaders and facilitators of change among large groups and organizations to facilitate quality improvement, patient safety and lower health care costs.
  - ✓ Researchers in identifying effective interventions with proven outcomes.
  
- The CNS must be a graduate of an accredited graduate-level education program that specifically prepares the individual for the CNS role, i.e., advanced clinical knowledge and skills to provide direct as well as indirect care to patients. Advanced CNS competencies associated with certified academic programs demonstrate a greater depth and breadth of knowledge, greater synthesis of data, increased complexity of skills and of interventions, and greater role autonomy than for the RN.
  
- In most states (and potentially all states in the near future), the CNS must pass a national certification examination that measures APRN, Clinical Nurse Specialist, and population-focused competencies. These CNSs also must maintain continued competence through recertification by a national certification program.
  
- Numerous studies have documented the impact the CNS has in preventing hospital-acquired conditions in acute care settings. CNSs also have distinguished themselves as effective coaches of those with chronic illness by promoting self-care and reducing the costs of the illness and readmissions, and by providing behavioral health care to individuals in private practice and to communities through specialized programs.
  
- A body of scientific research and several demonstration projects have shown that CNSs are uniquely suited to lead health care institutions' efforts to implement programs, practices and interventions that will improve care quality and reduce cost in such practice areas as prenatal care; preventive and wellness care; care to reduce depression; chronic conditions; preventing hospital-acquired conditions; reducing lengths of stays in acute and community care centers; and preventing readmissions.
  
- The Federal Trade Commission, the Institute of Medicine, the National Governors Association and other policy bodies have validated the quality of care CNSs and APRNs in general provide as well as the impact they make on not only healthcare competition, but on access to services in great demand.

## **Veterans Health Administration (VHA) Nursing Handbook FAQ Higher Education of Advanced Practice Registered Nurses**

**How many APRN students are currently enrolled in schools of nursing?** According to the American Association of Colleges of Nursing's *2013-2014 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing* survey, **71,791** nursing students are studying to become graduate-prepared APRNs, including **63,756** Nurse Practitioners, **1,456** Certified Nurse-Midwives, **4,230** Certified Registered Nurse Anesthetists, and **2,349** Clinical Nurse Specialists.

**What steps are schools of nursing taking to better educate their students concerning the unique needs of Veterans and their families?** The Joining Forces campaign, an initiative dedicated to ensuring that our military members and their families are equipped with the services and resources they need, is engaged with schools of nursing across the country. Currently, 660 schools of nursing are Joining Forces partners, striving to educate nursing students on best practices to care for Veterans and their families. This includes content on such areas as post-traumatic stress disorder, traumatic brain injury, and depression as well as sharing teaching resources and applying best practices in the care of service members, veterans, and their families.

**Where Do APRN Students Receive Clinical Training Experience?** APRN students receive clinical training in a multitude of interprofessional care delivery settings, including in-patient hospitals, ambulatory care settings, community health clinics, and VHA facilities. APRN students who train in VHA facilities become innately familiar with the unique aspects of caring for Veterans and the VHA delivery system.

**How will this change make the VA a premiere employment site for APRNs?** APRN students are educated in schools of nursing to practice to their full scope. Should this change move forward, APRN graduates will consider the degree to which potential employment environments uphold their professional standards as full practice providers. Therefore, the VHA's proposal would rank the VHA health system as a premier option for these clinicians to serve, and could help recruit and retain these highly-qualified practitioners.