

July 22, 2016

David J. Shulkin, MD
Under Secretary for Health
Department of Veterans Affairs
810 Vermont Ave. NW, Room 1068
Washington, DC 20420

Re: RIN 2900–AP44–Advanced Practice Registered Nurses; Proposed Rule (May 25, 2016)

The undersigned physician organizations representing national specialty and state medical societies are writing to provide comments on the Veterans Health Administration’s (VHA) Advanced Practice Registered Nurses (APRNs) Proposed Rule which, if finalized, would permit all VHA-employed APRNs to practice without the clinical supervision of physicians and without regard to state law.

Nurses are an integral part of physician-led health care teams that deliver high quality care to patients. They are often the first and last person to interact with a patient during an episode of care, and, in the case of APRNs, they are well equipped to play advanced roles in the health care team. However, APRNs are no substitute for physicians in diagnosing complex medical conditions, developing treatment plans that take into account patients’ wishes and limited health care resources, and ensuring that the treatment plan is followed by all members of the health care team. Nowhere is this more important than in the VHA, which delivers highly complex medical care to disabled veterans, including those with traumatic brain injuries and other serious medical and mental health issues. Our nation’s veterans deserve high quality health care that is overseen by physicians. For the reasons below, **the undersigned organizations strongly oppose the Proposed Rule and urge the VHA to consider policy alternatives that prioritize team-based care rather than independent nursing practice.**

Education and Training Matter

The key difference between medical and nursing education and training is the fact that medical students spend four years focusing on the entire human body and all of its systems—organ, endocrine, biomedical, and more—before undertaking three to seven years of residency training to further develop and refine their ability to safely evaluate, diagnose, treat, and manage a patient’s full range of medical conditions and needs. And, by gradually allowing residents to practice those skills with greater independence, residency training prepares physicians for the independent practice of medicine. Combined, medical school and residency training total more than 10,000 hours of clinical education and training.

In contrast, a nurse generally must complete either a two- or three-year masters or doctoral degree program to become an APRN. While all baccalaureate nursing programs require a minimum 800 hours of patient care, advanced nursing degree programs have different patient care hour requirements with no common minimum standard. It has been estimated, for example, that nurse practitioners’ training includes 500-720 patient care hours, and that nurse anesthetists complete approximately 2,500 hours of patient care. APRN education and training simply does not provide the same experience, and as such, independent practice is not appropriate.