



July 25, 2016

Director, Regulations Management  
Department of Veterans Affairs  
810 Vermont Avenue, NW  
Room 1068  
Washington, DC 20420

**RE: RIN 2900-AP-44-Advanced Practice Registered Nurses**

The Oncology Nursing Society (ONS) appreciates the opportunity to provide input on the Department of Veterans Affairs (VA) proposed rule regarding advanced practice registered nurses (APRNs). Specifically, the VA is proposing to change medical regulations to allow APRNs the ability to provide care to the full extent of their medical authority while employed at VA hospitals and clinics.

APRNs provide high-quality, expert care for their patients, and ONS applauds the VA for recognizing the impact and value of the nursing profession, regardless of setting. This proposal would effectively increase the number of qualified primary health providers, allowing greater access for the nearly 8.7 million veterans currently seeking care. By removing the barriers restricting APRNs from practicing to the full extent of their education and training, this policy will reduce wait times for care, ensure patient safety, and give Veterans access to the timely, high-quality care they deserve.

Our comments below reflect key issues of interest to oncology nurses and the patients we serve. We encourage the VA to take these comments into consideration when developing policies and proposals for future rulemaking.

**Support for the Promotion and Preservation of Scope of Practice**

To provide the most comprehensive, cost-effective care, oncology nurses must be able to practice to their full licensure and training. APRNs in oncology provide leadership to improve outcomes for patients with cancer and their families by increasing health care access, promoting clinical excellence, improving patients' quality of life, documenting patient outcomes, and increasing the cost effectiveness of care.

In the Consensus Model for APRN Regulation, APRNs are defined as nurses who have completed an accredited graduate-level education program preparing them in one of four defined roles: clinical nurse specialist (CNS), certified RN anesthetist (CRNA), certified midwife (CNM), or certified nurse practitioner (CNP). APRNs have acquired advanced clinical knowledge and skills preparing them to provide direct and indirect care to patients. Their practice builds on the competencies of RNs, demonstrating a greater depth of knowledge. APRNs have greater autonomy in their practice and are able to assume responsibility and accountability for health promotion and maintenance, as well as the assessment, diagnosis, and management of patient problems. Of note, ONS and Oncology Nursing Certification Corporation (ONCC) are listed as endorsing organizations for the Consensus Model for APRN Regulation. ONS delineates the scope and standards of advanced practice nursing in oncology, and ONCC offers advanced practice certification in oncology nursing.

It is the position of ONS that APRN practice in oncology includes CNSs, CNPs, and dually prepared (CNS and CNP) nurses who are prepared at the graduate level (i.e., master's or doctorate) with a specialty focus in oncology practice. APRNs collaborate in care delivery and project design initiatives across the trajectory of care. AOCNS® (advanced oncology certified CNS), AOCNP® (advanced oncology certified NP), and AOCN® (advanced oncology certified nurse) credentials are validation by the professional nursing community that the bearers of the credentials have advanced and specialized knowledge in providing and coordinating quality

cancer care for adults from diverse populations and settings.

ONS believes that patients should have a full choice of health care providers, including APRNs, and that oncology APRNs should be integrated fully into all aspects of cancer care. Research substantiates the positive impact of APRNs on patient care and outcomes. Permitting APRNs full scope of practice authority has been shown to increase access to care and patient education; improve patient satisfaction, cost effectiveness, and patient compliance; reduce hospital admissions; and decrease lengths of stay, readmission rates, emergency care visits, and health care costs.

### **Impact on Rural Areas**

The proposed rule is a great step toward providing better and more accessible care for our veterans, especially those who live in rural and underserved areas of the country. If finalized, APRNs throughout the VA health system would be permitted to practice to the full extent of their education, training and certification, without the clinical supervision of or mandatory collaboration with physicians. This will allow for veterans in rural and underserved areas to more easily access health care, which could result in cost savings and improved health outcomes.

### **State Licensure for CNSs**

The proposed rule would subdivide APRNs into four separate categories that include certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), clinical nurse specialist (CNS), and certified nurse midwife (CNM). The VA would require an APRN to possess and maintain state licensure in their particular APRN role. However, not all states have separate licensure for CNSs. This would severely limit the ability of CNSs to provide care to the full extent of their medical authority within the VA health care system. ONS recommends that the VA revise the language in the final rule to clarify that APRNs must possess and maintain state licensure in their particular APRN role, when separate licensure is available.

### **Prescriptive Authority**

The proposed rule would subject the full practice authority of an APRN to individual State restrictions on the ability to prescribe and administer controlled substances. It has been a longstanding position of ONS that APRNs practice to the full extent of medical authority, which would include the ability to prescribe and administer controlled substances in accordance with State law. Consistent with this position, we support prescriptive authority for APRNs, following specific education and experience, to best meet the needs of patients throughout their cancer experience.

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ONS appreciates the opportunity to comment on this proposed rule, and thanks the VA for its recognition of APRNs as critical members of the health care workforce across the entire care continuum. If you have any questions about our comments, please contact Alec Stone, MA, MPA, ONS Director of Health Policy, at [astone@ons.org](mailto:astone@ons.org). We look forward to engaging in an ongoing dialogue to address issues of importance to ONS and cancer patients.

Sincerely,

The Oncology Nursing Society

*ONS is a professional organization of over 39,000 registered nurses and other health care providers dedicated to excellence in patient care, education, research, and administration in oncology nursing. ONS members are a diverse group of professionals who represent a variety of roles, practice settings, and subspecialties. Our nurses are leaders in the health care arena, committed to continuous learning and leading the transformation of cancer treatment by advocating for high-quality care for people with cancer.*