American Academy of Dermatology Association  
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July 25, 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  

Dear Dr. Shulkin:  

On behalf of the American Academy of Dermatology Association (AADA), the American Society of Dermatopathology (ASDP), the American College of Mohs Surgery (ACMS), the American Society for Dermatologic Surgery Association (ASDSA), and the American Society for Mohs Surgery (ASMS), we are writing to provide our comments on the Department of Veterans Affairs (VA) proposed rule concerning Advanced Practice Registered Nurses (APRNs). Our organizations oppose the VA’s proposal to allow full practice authority for all VA APRNs because it contradicts the physician-led, team-based care model and unnecessarily preempts state collaborative agreement requirements.  

As the proposed rule states, the Veterans Health Administration (VHA) “has an obligation to ensure that patient care is appropriate and safe and its health care practitioners meet or exceed generally-accepted professional standards for patient care.”1 As members of the health care delivery system, it should be a common goal of both physicians and APRNs to ensure that patients receive the highest quality care. We believe this is achieved when health care is delivered by a physician-led team. Under the direction of a board-certified dermatologist, the practice of dermatology benefits from a collaborative care team approach and may include other providers practicing in a dermatologic setting, including but not limited to: non-physician clinicians, such as licensed physician assistants and nurse practitioners.2  

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While the role that APRNs play in a physician-led coordinated care environment is critical to the overall care provided to a patient, the education and training programs of APRNs simply cannot match the clinical judgment and training of physicians, which is developed over numerous years through medical school and subsequent residencies. The VHA patient population has medical conditions and symptoms that may be more complicated than the general population. Because developing and implementing a treatment plan in this setting is challenging, we do not recommend eliminating physicians from the equation. Physicians have additional training and their expertise allows them to substantively reduce the incidence of complications and to recognize and treat them appropriately when they do occur.

The physician-led team-based model is also supported by the public. According to three nationwide surveys, 84% of respondents prefer a physician to have primary responsibility for their diagnosis and management of their health care and 91% of respondents said that a physician’s years of medical education and training are vital to optimal patient care, especially in the event of a complication or medical emergency. This proposed rule moves away from the goal of delivering health care in a coordinated, cost-effective manner toward a fragmented system that does not strategically utilize all members of a physician-led care team for the benefit of patients.

APRNs are valuable members of the health care team. However, APRNs independent practice, which would sever the tie between physicians and nurses, would lead to fragmented care and is antithetical to the team-based approach. All members of the health care team are important, but the roles are not interchangeable in a physician-led health care team. Physician and APRNs have long worked together to meet patient needs because the physician-led team approach to care works. The VA should focus on strengthening the team-based model, such as by creating guidelines that are setting and specialty specific, as well as focus on case management with appropriate appointment times and referrals.

State legislatures and agencies have considered and decided whether to require APRNs to enter into collaborative agreements with physicians. While we understand the concept of federal preemption, it is important for the VA to understand and respect the decisions made by states to require collaboration between these team-based members. APRNs having full practice authority in the VHA in a state where collaborative agreements are required in other practice settings will inevitably create unnecessary confusion between the two settings.

3 Surveys of nearly 1,000 adults on behalf of the AMA Scope of Practice Partnership were conducted in 2008, 2010, and 2012.
Our organizations appreciate the opportunity to provide comments to the VA on its proposed rule on APRNs. We look forward to additional opportunities to discuss these issues and to provide feedback that may help guide policy development. Please contact Natasha Pattanshetti at npattanshetti@aad.org or (202) 712-2618 if you require clarification on any of the comments in this letter or would like more information.

Sincerely,

American Academy of Dermatology Association
American College of Mohs Surgery
American Society for Dermatologic Surgery Association
American Society of Dermatopathology
American Society for Mohs Surgery

CC: Elaine Weiss, JD, Executive Director, AADA
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