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June 17, 2016

The Honorable Robert McDonald  
Secretary  
Department of Veterans Affairs  
810 Vermont Avenue NW  
Washington, DC 20420

Re: RIN 2900-AP44-Advanced Practice Registered Nurses

Dear Secretary McDonald,

On behalf of 10 state medical societies representing more than 180,000 physicians and medical students – including thousands of men and women who have served and do serve proudly in uniform – we are writing to express our deep concerns with the Veterans Affairs’ (VA) “Advanced Practice Registered Nurses” proposed rule that would allow all Advanced Practice Registered Nurses (APRNs) to practice independently in the VA Health System.

Our veterans have earned and deserve the highest quality and best care, but this rule would lower the standard of care for veterans around the country.

There is absolutely no question about the value of team-based care, not only to our veterans but also to all of our patients. The physician and every other member of the health care team each brings unique value to patient care, based on his or her education, skills, and training.

No member of the team, however, brings the same skill level and depth of training as the physician. Team-based health care must be physician-led; that is the hallmark of quality care. This central tenet applies both to primary care and specialty care.

By eliminating this key requirement, the proposed rule places the health of those who have served our nation at risk. The proposal also supersedes state law, centralizing health care decision-making, eliminating local control of licensing and regulation of physicians and health care providers. This actually results in a lower-standard of care for our veterans than for other patients.

For example, while nurse anesthetists are an important part of the anesthesia care team, they do not have the 12,000 to 16,000 hours of clinical training and nearly a decade of formal post-graduate education and residency training that enables anesthesiologists to prevent and respond

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competently and swiftly in critical emergencies before, during and after surgery. Similar comparisons of training levels and skill sets apply to the APRNs and physicians of all specialties who care for our veterans.

Our coalition – comprising the state medical societies in Arizona, California, Florida, Louisiana, Oklahoma, New Jersey, New York, North Carolina, South Carolina, and Texas – applauds your ongoing efforts to improve access and quality of care for veterans. However, we respectfully but firmly request that you continue to advance veterans’ health care by maintaining physician leadership of the health care team.

Sincerely,

Coalition of State Medical Societies

Arizona Medical Association  
California Medical Association  
Florida Medical Association  
Louisiana State Medical Society  
Medical Society of New Jersey  
Medical Society of the State of New York  
North Carolina Medical Society  
Oklahoma State Medical Association  
South Carolina Medical Society  
Texas Medical Association