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July 22, 2016

Michael Shores
Acting Director
Office of Regulation Policy & Management
Department of Veterans Affairs
810 Vermont Avenue NW, Room 1068
Washington, DC 20420

RE: RIN 2900-AP44-Advanced Practice Registered Nurses

Dear Acting Director Shores:

The American College of Cardiology (ACC) appreciates the opportunity to comment on the proposed rule amending advanced practice registered nurse (APRN) medical regulations as published in the Federal Register on May 25, 2016. The ACC is a 52,000-member medical society that is the professional home for the entire cardiovascular care team, including over 5,000 cardiovascular team members who are advanced practice nurses, clinical pharmacists, physician assistants, and registered nurses. The mission of the College is to transform cardiovascular care and to improve heart health. The ACC leads in the formation of health policy, standards and guidelines. The College operates national registries to measure and improve care, provides professional medical education, disseminates cardiovascular research and bestows credentials upon cardiovascular specialists who meet stringent qualifications. The ACC also produces the *Journal of the American College of Cardiology*, ranked number one among cardiovascular journals worldwide for its scientific impact.

The Veterans Health Administration (VHA) proposal to grant APRNs "full practice authority" to not only take histories and examine patients but also to diagnose, treat, order and interpret laboratory and imaging studies, and prescribe medication and durable medical equipment creates controversy as it could be construed to create APRN practice independence. In doing so the VHA could set aside relevant state scope of practice laws in some states in which the VA provides services. At the same time, the proposal would more closely align with laws in other states. Given the desire to improve veterans' access to care, the ACC does understand the proposal to expand the role of APRNs. **The ACC recommends the VHA explicitly state its intention to improve care access through collaborative practice and increased autonomy for APRNs within**

**clinical teams.**

The College believes a distinction exists between the ability of APRNs to perform tasks autonomously and their ability to practice independently. The former is a well-established practice, while the latter is controversial. The ACC and its members have long supported and promulgated the use care teams that include advanced practice providers (APPs). The College stated in its 2015 *Health Policy Statement on Cardiovascular Team-Based Care and the Role of Advanced Practice Providers* that APP members of the cardiovascular care team "have the requisite education, training, and experience to allow them greater autonomy, thus extending a team's capabilities." The flexibility of this approach aligns with examples such as APRNs leading teams that coordinate transitions of care, organizing chronic anticoagulation clinics, or manage multiple chronic conditions. This health policy statement is attached for your consideration. Consistent with the health policy statement, the College supports highly trained APPs who are part of a care team practicing autonomously within the scope and ability of their licensure. This is generally accomplished with collaborative practice between a collaborating physician and APPs on the care team.

Residency and fellowship training programs are well established for cardiologists. Since 1995, training for cardiovascular fellows has been specified in a series of documents produced by the ACC, the *Core Cardiovascular Training Statement* (COCATS). These documents provide curricular content for training programs beyond the broad ACGME minimum requirements for residency and fellowship. In designated areas, like multimodality imaging and advanced management of heart failure, progressive levels of skills and competency are defined. These documents focus on competency-based training, curricular milestones, and learner outcomes, and define the entrustable professional activities of the cardiology profession. The end result is that one knows which skills and knowledge are possessed by a cardiologist who has completed this training. The most recent COCATS 4 from 2015 is attached for reference.

Any expansion of responsibilities of any team member must ensure that the clinicians caring for patients have a baseline of requisite knowledge and skills. A general APRN curriculum would include physiology, pathophysiology, pharmacology, psychology, and varying amounts of clinical experience. Degree granting institutions are accredited according to national standards. APRNs take a qualifying examination in his or her state and are board-certified by the appropriate national organization upon successful completion of necessary steps. The previously referenced health policy statement summarizes the various amounts of education, licensing, credentialing, and certification cardiovascular team members may have.

The VHA proposes that a certified nurse practitioner (CNP) with full practice authority could "order, perform, supervise, and interpret laboratory and imaging studies…" While the VHA uses the word "interpret" in reference to laboratory and imaging studies, the ACC infers that the VA's intent is to grant the ability for CNPs to interpret laboratory and imaging **results,** not to interpret or report raw images or data. The College supports the former definition, but opposes use of the term "interpret" by itself, which carries certain connotations related to billing and payment. **The ACC recommends the VHA clarify this intent.** It may be necessary to use a new term for this activity, for instance, "integrate results into clinical decisionmaking," or some other phrase.

While not discussed in the proposed rule, the ACC anticipates that the VHA's decisions regarding APRNs' demonstration of knowledge and skills would be handled through credentialing and privileging processes used for all clinicians. Privileging must ensure an individual APRN is credentialed and capable of executing necessary care activities. The College recommends that APRN privileging require competencies and milestones consistent with their education and training. In areas where similar competencies are not possible, such as surgery, advanced imaging modalities, or catheter procedures, APRNs should not perform those services. Additionally, systems must be in place to ensure team members have discipline regarding their roles and responsibilities, seeking assistance from more knowledgeable team members when necessary. Ideally, this process would be compliant with existing *VHA Handbook 1100.19*, with privileges granted authorized by the facility Director and based on the practitioner's education, training, credentials, and performance, specific to the individual's scope of practice.

Thank you for your consideration. Cardiovascular team-based care is a paradigm for practice that can transform care, improve heart health, and help meet the demands of the future. Please contact James Vavricek, Associate Director for Regulatory Affairs, at jvavricek@acc.org or 202-375-6421 if you have questions or seek additional information.

Sincerely,

Richard Chazal, MD, FACC
President

Attachments