

Statement for the Record  
American Association of Nurse Practitioners  
“VA’s Federal Supremacy Initiative: Putting Veterans First?”  
House Committee on Veterans’ Affairs  
Subcommittee on Health  
September 22, 2023

The American Association of Nurse Practitioners (AANP) appreciates the opportunity to submit a statement for the record to the House Veterans’ Affairs Subcommittee on Health hearing entitled “VA’s Federal Supremacy Initiative: Putting Veterans First?” AANP represents the more than 355,000 nurse practitioners (NPs) in the United States and is committed to empowering all NPs to advance high-quality, equitable care, while addressing health care disparities through practice, education, advocacy, research, and leadership (PEARL).<sup>1</sup> For the record, we support our certified registered nurse anesthetist (CRNA) colleagues in their efforts to seek Full Practice Authority (FPA) in the Department of Veterans Affairs (VA) and encourage the VA to move forward with a process to implement this policy. As outlined below, the VA previously authorized NPs to practice to the full extent of their education and clinical training within VA facilities, and this decision has yielded positive results for our nation’s veterans.

NPs are advanced practice registered nurses (APRNs) who are prepared at the masters or doctoral level to provide primary, acute, chronic and specialty care to patients of all ages and backgrounds. Daily practice includes assessment; ordering, performing, supervising and interpreting diagnostic and laboratory tests; making diagnoses; initiating and managing treatment including prescribing medication and non-pharmacologic treatments; coordinating care; counseling; and educating patients and their families and communities. NPs currently provide a substantial portion of the high-quality<sup>2</sup>, cost-effective<sup>3</sup> care that our communities require, including the over 5,000 NPs practicing within VHA facilities.<sup>4</sup> NPs are also essential to addressing issues of health equity, as they provide a substantial portion of health care in rural areas and areas of lower socioeconomic and health status.<sup>5,6,7</sup>

NPs practice in nearly every health care setting including VHA facilities, schools and school-based clinics, hospitals, Indian Health Services facilities, emergency rooms, urgent care sites,

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<sup>1</sup> <https://www.aanp.org/advocacy/advocacy-resource/position-statements/commitment-to-addressing-health-care-disparities-during-covid-19>

<sup>2</sup> <https://www.aanp.org/images/documents/publications/qualityofpractice.pdf>

<sup>3</sup> <https://www.aanp.org/images/documents/publications/costeffectiveness.pdf>

<sup>4</sup> 81 Fed. Reg. 90198, 90200. (Based on VHA payroll data from August 31, 2016, the VHA employees 5,444 NPs).

<sup>5</sup> Davis, M. A., Anthopoulos, R., Tootoo, J., Titler, M., Bynum, J. P. W., & Shipman, S. A. (2018). Supply of Healthcare Providers in Relation to County Socioeconomic and Health Status. *Journal of General Internal Medicine*, 4–6.

<https://doi.org/10.1007/s11606-017-4287-4>

<sup>6</sup> Xue, Y., Smith, J. A., & Spetz, J. (2019). Primary Care Nurse Practitioners and Physicians in Low-Income and Rural Areas, 2010-2016. *Journal of the American Medical Association*, 321(1), 102–105.

<https://jamanetwork.com/journals/jama/fullarticle/2720014>

<sup>7</sup> Andrilla, C. H. A., Patterson, D. G., Moore, T. E., Coulthard, C., & Larson, E. H. (2018). Projected Contributions of Nurse Practitioners and Physicians Assistants to Buprenorphine Treatment Services for Opioid Use Disorder in Rural Areas. *Medical Care Research and Review*, Epub ahead. <https://doi.org/10.1177/1077558718793070>

private physician or NP practices (both managed and owned by NPs), skilled nursing facilities (SNFs), nursing facilities (NFs), colleges and universities, retail clinics, public health departments, nurse managed clinics, homeless clinics, and home health. NPs hold prescriptive authority in all 50 states and the District of Columbia. Currently, twenty-seven states and D.C. are full practice authority (FPA) states because their licensure laws allow full and direct access to NPs.<sup>8</sup> In the majority of states, NPs are authorized under FPA to practice to the full extent of their education and clinical training without a regulated relationship with a physician.

As you know, on December 14, 2016, the VA finalized rulemaking to authorize NPs to practice to the full extent of their education and clinical training within VA facilities. That final rule recognized the value of NPs in the VA system, and that implementing VA FPA would increase access to high-quality care for veterans.<sup>9</sup> This approach is in line with the majority of states as well as the Indian Health Service. Many federal agencies, including the Federal Motor Carrier Safety Administration, Social Security Administration, United States Marshals Service, United States Coast Guard, the Public Health Services Corps, the Federal Employees Health Benefits Program, recognize the importance and quality of care provided by NPs. We have been pleased to see that the VA has implemented FPA for NPs across all VA facilities since the rule was published and that data demonstrates that FPA has had a positive impact on wait times in mental health, specialty care and primary care for our nation's veterans.<sup>10</sup>

These findings are consistent with research outside of the VA which has also shown that NPs are essential to ensuring patients have access to high-quality health care, particularly among rural and underserved populations. According to the Medicare Payment Advisory Commission (MedPAC), APRNs and PAs comprise approximately one-third of our primary care workforce, and up to half in rural areas.<sup>11</sup> MedPAC also found that, among all clinician types, NPs on average had the highest share of allowed charges associated with low-income subsidy (LIS) beneficiaries, which includes Medicaid beneficiaries. "In 2019, 41 percent of the allowed charges billed by NPs who practiced in primary care were for LIS beneficiaries, as were 36 percent for NPs who practiced in specialty care compared with 28 percent for primary care physicians and PAs and 25 percent for specialty care physicians and PAs."<sup>12</sup> A 2019 study of Medicaid participation of buprenorphine waived providers in Virginia found that buprenorphine waived NPs were more likely to treat Medicaid patients compared to physicians and the probability of an NP treating a large number of Medicaid patients was higher among NPs relative to physicians.<sup>13</sup> A recent study published in *Health Affairs* also found that from 2011-2019 the number of psychiatric-mental health NPs (PMHNPs) treating Medicare beneficiaries grew by 162%, compared to a 6% drop in psychiatrists during that same period.<sup>14</sup> The study also found that the proportion of all mental health prescriber visits provided by PMHNPs to Medicare

<sup>8</sup> <https://www.aanp.org/advocacy/state/state-practice-environment>.

<sup>9</sup> 81 Fed. Reg. 90198 (December 14, 2016).

<sup>10</sup> <https://department.va.gov/wp-content/uploads/2022/09/va-strategic-plan-2022-2028.pdf> (at page 33).

<sup>11</sup> [https://www.medpac.gov/wp-content/uploads/2022/06/Jun22\\_MedPAC\\_Report\\_to\\_Congress\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2022/06/Jun22_MedPAC_Report_to_Congress_SEC.pdf) (see Chapter 2.)

<sup>12</sup> [https://www.medpac.gov/wp-content/uploads/2023/03/Mar23\\_MedPAC\\_Report\\_To\\_Congress\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2023/03/Mar23_MedPAC_Report_To_Congress_SEC.pdf) (Page 135).

<sup>13</sup> Saunders, Heather, et.al (2022). Medicaid Participation Among Practitioners Authorized to Prescribe Buprenorphine. *Journal of Substance Abuse Treatment*, Epub. <https://pubmed.ncbi.nlm.nih.gov/34148758/>.

<sup>14</sup> Cai, Arno, et.al (2022). Trends in Mental Health Care Delivery by Psychiatrists and Nurses Practitioners in Medicare, 2011-2019. *Health Affairs*, 41(9), 1222-1230. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2022.00289>

beneficiaries increased from 12.5% to 29.8% during that same period, exceeding 50% in rural, full practice authority regions.<sup>15</sup>

In 2010 the Institute of Medicine (IOM) issued *The Future of Nursing: Leading Change, Advancing Health* report, which called for the removal of laws, regulations, and policies that prevent APRNs from providing the full scope of health care services they are educated and trained to provide. This position was reaffirmed by the National Academy of Medicine (previously the IOM) in their 2021 *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* report.<sup>16</sup> The World Health Organization's *State of the World's Nursing 2020* report also recommends modernizing regulations to authorize APRNs to practice to the full extent of their education and clinical training, noting the positive impact it would have on addressing health care disparities and health care access within vulnerable communities.<sup>17</sup> The merits of the high-quality care provided by NPs have been widely praised by bipartisan stakeholders such as the American Enterprise Institute<sup>18</sup> and the Brookings Institution<sup>19</sup>, as well as bipartisan recognition from multiple administrations.<sup>20,21</sup> Additionally, the Federal Trade Commission has highlighted how barriers to practice on APRNs are unnecessary and limit competition.<sup>22</sup> Decades of evidence demonstrates that NPs provide high-quality, cost-effective health care with high patient satisfaction both inside and outside of the VA, examples of studies include:

- A recent study utilizing VA data from FY 2013 found significant savings, 6-7% lower costs, for highly complex diabetic patients who had an NP as their primary provider compared to those with a physician.<sup>23</sup> Other researchers found even greater savings, 12-13% lower costs when examining diabetic patients with varying degrees of complexity served by the VA. For a single VAMC this equated to an annual savings of just over \$14 million exemplifying the efficiency and effectiveness of NP delivered care in the VA.<sup>24</sup>
- Results from 806,434 patients at 530 Veterans Health Administration (VA) facilities found that patients assigned to primary care nurse practitioners were less likely to utilize

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<sup>15</sup> *Ibid.*

<sup>16</sup> [The Future of Nursing 2020-2030 | National Academies. \(see Page 363\).](#)

<sup>17</sup> <https://apps.who.int/iris/bitstream/handle/10665/331673/9789240003293-eng.pdf>

<sup>18</sup> <https://www.aei.org/research-products/report/nurse-practitioners-a-solution-to-americas-primary-care-crisis/>.

<sup>19</sup> [https://www.brookings.edu/wp-content/uploads/2018/06/AM\\_Web\\_20190122.pdf](https://www.brookings.edu/wp-content/uploads/2018/06/AM_Web_20190122.pdf).

<sup>20</sup> <https://www.govinfo.gov/content/pkg/FR-2019-10-08/pdf/2019-22073.pdf> (see Section 5).

<sup>21</sup> <https://www.healthaffairs.org/doi/10.1377/forefront.20220404.728371/>. (ACO REACH also includes a nurse practitioner services benefit enhancement designed to [reduce barriers to care access](#), particularly for individuals with limited access to physicians. Through waivers, this strategy would authorize nurse practitioners to certify patient needs (for example, for hospice) and order and supervise certain services (for example, cardiac rehabilitation).

<sup>22</sup> <https://www.ftc.gov/system/files/documents/reports/policy-perspectives-competition-regulation-advanced-practice-nurses/140307aprpolicypaper.pdf>.

<sup>23</sup> Morgan, et.al (2019). Impact of Physicians, Nurse Practitioners, And Physician Assistants On Utilization and Costs for Complex Patients. *Health Affairs*, 38(6), 1028-1036. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00014>.

<sup>24</sup> Rajan, et. al (2021) "Health care costs associated with primary care physicians versus nurse practitioners and physician assistants". <https://pubmed.ncbi.nlm.nih.gov/34074952/>.

additional services, had no difference in costs and experienced similar chronic disease management compared to physician-assigned patients.<sup>25</sup>

- Meta-analysis of studies comparing the quality of primary care services of physicians and NPs demonstrates the role NPs play in reinventing how primary care is delivered. The authors found that comparable outcomes are obtained by both providers, with NPs performing better in terms of time spent consulting with the patient, patient follow ups and patient satisfaction.<sup>26</sup>
- The outcomes of NP care were examined through a systematic review of 37 published studies, most of which compared NP outcomes with those of physicians. Outcomes included measures such as patient satisfaction; patient perceived health status; functional status; hospitalizations; emergency department visits; and biomarkers such as blood glucose, serum lipids and blood pressure. Newhouse, et al., conclude that NP patient outcomes are comparable to those of physicians.<sup>27</sup>
- A 2022 Morning Consult poll found that 82% of patients support authorizing NPs to practice to the full extent of their education and clinical training.<sup>28</sup>

Lastly, we would also like to take this opportunity to directly address the misinformation that has been raised with respect to the NP profession and the care provided to patients. To be clear, contrary to the Statement for the Record submitted by the American Medical Association (AMA), the VA is not currently hosting a listening session on NPs and there is no open feedback period on NPs (the VA finalized NP Standards of Practice in 2016). Yet, the AMA still used their opportunity to provide feedback to the subcommittee to denigrate their NP colleagues. In doing so, the AMA referenced non-peer reviewed reports with small sample sizes (such as those from the Hattiesburg Clinic and the National Bureau of Economic Research) while ignoring the substantial body of well-conducted, independent research that has shown that NPs provide high-quality care comparable to their physician colleagues. Arbitrary barriers to practice, such as those promoted by the AMA, do not improve patient care and do not support patient access to treatment.

For example, after Congress authorized NPs to prescribe buprenorphine for the treatment of opioid use disorder in the *Comprehensive Addiction Recovery Act*, states without restrictive practice environments for NPs saw a significantly larger increase in waived clinicians (particularly rural counties) than more restrictive states.<sup>29</sup> This is just one example that demonstrates that policies that prevent clinicians from practicing to the full extent of their

<sup>25</sup> Liu, C. F., Hebert, P. L., Douglas, J. H., Neely, E. L., Sulc, C. A., Reddy, A., & Wong, E. S. (2020). Outcomes of primary care delivery by nurse practitioners: Utilization, cost, and quality of care. *Health Services Research*, 55(2), 178-189.

<https://pubmed.ncbi.nlm.nih.gov/31943190/>

<sup>26</sup> Naylor, M.D. and Kurtzman, E.T. (2010). The Role of Nurse Practitioners in Reinventing Primary Care. *Health Affairs*, (5), 893-99. <https://pubmed.ncbi.nlm.nih.gov/20439877/>

<sup>27</sup> Newhouse, R.P., Stanik-Hutt, J., White, K.M., Johantgen, M., Bass, E.B., Zangaro, G., Wilson, R.F., Fountain, L., Steinwachs, D.M., Heindel, L., & Weiner, J.P. (2011). Advanced practice nurse outcomes 1999-2008: A systematic review. *Nursing Economics*, 29(5), 1-22. <https://pubmed.ncbi.nlm.nih.gov/22372080/>

<sup>28</sup> [https://connectwithcare.org/wp-content/uploads/2022/04/Telehealth\\_MC-Branded\\_PPT\\_Final.pdf](https://connectwithcare.org/wp-content/uploads/2022/04/Telehealth_MC-Branded_PPT_Final.pdf)

<sup>29</sup> Barnett, Michael L., Lee, Dennis, & Frank, Richard G. (2019). In Rural Areas, Buprenorphine Waiver Adoption Since 2017 Driven by Nurses Practitioners And Physician Assistants. *Health Affairs*, 38(12), 2048-2056. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.00859>.

education and clinical training only harm patients. Additionally, the AMA references two Government Accountability Office (GAO) reports that they claim show that the VA is doing an inadequate job of supervising and disciplining non-physician practitioners. However, they do not mention that these reports also included discussion of oversight of physicians, who are actually the most common provider type in the 57 case studies that were included. For reference, only two of the case studies included NPs (neither of which found wrongdoing by the NP), and 25 case studies involved physicians with multiple individuals having their VA employment terminated due to their conduct. To infer that these reports were limited to non-physicians is not an accurate representation of the reports.

In closing, AANP recognizes and appreciates the contributions of all members of the health care team to high-quality patient care, and it is essential that all health care professionals be authorized to work to the top of their education and clinical training to best serve our nation's veterans. This is consistent with the team-based care model endorsed by the National Academy of Medicine which focuses on constructing a team that is tailored to meet the specific needs of the patient.<sup>30</sup> AANP is pleased to take this opportunity to highlight the success of the VA's decision in 2016 to authorize NPs in VHA facilities to practice to the full extent of their education and clinical training. AANP hopes the objectively positive results yielded for our veterans is instructive to the subcommittee. We look forward to working with the subcommittee on ways to continue to improve the health care of our nation's veterans. We thank the subcommittee for holding a hearing on this important topic.

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<sup>30</sup> <https://www.aanp.org/advocacy/advocacy-resource/position-statements/team-based-care>.