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BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
on
"VA's Federal Supremacy Initiative: Putting Veterans First?"**

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Good morning, Chairman Miller-Meeks, Ranking Member Brownley and distinguished Members of the Subcommittee. Thank you for the opportunity today to discuss VHA's position regarding the National Standards of Practice (NSP). Accompanying me today is M. Christopher Saslo, DNS, APRN-BC, FAANP, Assistant Under Secretary for Health Patient Care Services/Chief Nursing Officer, and Mr. Ethan Kalett, Executive Director, Office of Regulations, Appeals and Policy.

VA remains committed to honoring the Nation's Veterans by ensuring a safe environment to deliver exceptional health care. On November 12, 2020, VA published an interim final rule confirming that VA health care professionals may practice their health care profession consistent with the scope and requirements of their VA employment, notwithstanding any State license, registration, certification, or other requirements that unduly interfere with their practice (38 CFR 17.419; 85 FR 71838). The rulemaking confirmed VA's authority to establish national standards of practice for its health care professionals in all VA medical facilities and explained that a national standard of practice describes the tasks and duties that a VA health care professional may perform and may be permitted to undertake regardless of the state in which the VA medical facility where they are located or the State license, registration, certification, or other State requirement they hold.

VA continues to pursue national standards of practice for 51 occupations (including nursing, dentistry, pharmacy, rehabilitation, diagnostics, social work, mental health) to ensure safe, high-quality care for the Nation's Veterans and to ensure that VA health care professionals can meet the needs of Veterans wherever they are located. National standards are designed to increase Veterans' access to health care and improve health outcomes.

As the Nation's largest integrated health care system, VA must develop national standards of practice that ensure Veterans receive the same high-quality care regardless of where they enter the system. The importance of this initiative has been underscored by the COVID-19 pandemic. The increased need for mobility in our workforce, including through VA's Disaster Emergency Medical Personnel System, exemplifies the necessity of uniform standards of practice in support of those VA health

care professionals who practice across state lines. Furthermore, standardizing practice among VA health care occupations to decrease the variances in care by State requirements also creates improved access with VA. The lack of VA national standards can negatively impact the ability of Veterans across all states to have equal access to certain services.

For example, some states, such as Missouri, require a provider's prior referral for Physical Therapy services. Direct access to these services, that is a provider referral is not necessary, is beneficial for increased access to health care, as it decreases wait times to receive care and decreases the burden on the referring provider, thus allowing the referring provider to see more Veteran patients. A VA Physical Therapist NSP could permit all physical therapy services to be initiated without a referral. By removing the additional step of requiring Veterans to first obtain a referral, VA can increase timely access to such services.

A second example involves nursing and the ability to independently follow a protocol. A protocol is a standing order that has been approved by medical and clinical leadership if a certain sequence of health care events occur. For instance, if a patient is exhibiting certain signs of a heart attack, there is a protocol in place to administer potentially life-saving medication. If the nurse is the first person to see the signs, the nurse will follow the approved protocol and immediately administer the medication. However, if the State license does not permit a nurse to follow the protocol and requires a provider co-signature, administration of the medication will be delayed until a provider is able to co-sign the order, which may lead to the deterioration of the patient's condition. Co-signing protocols also increase the provider's workload and decrease the amount of time the provider can spend with patients. Almost all states permit nurses to follow a protocol; however, Texas does not permit nurses to follow a protocol without a provider co-signature. Thus, in Texas, timely delivery of life saving care could be delayed for veterans as compared to other states. The national standards of practice for nursing could permit all VA nurses to follow protocol without provider co-signature.

VA is committed to ensuring that stakeholders are engaged in the process to develop national standards of practice for each and every health care occupation. The national standards of practice are being designed through extensive internal and external expert consultation with a focus on increasing Veterans' access to health care and ensuring health outcomes. There is an already established process for subject-matter expertise inclusion, to include partnering with the Department of Defense to align national standards, when appropriate, which will apply to the development of all practice standards.

To further engage with key stakeholders, VA hosted five listening sessions in August and September 2023, for professional associations, Veteran Service Organizations, the clinical community, the public, and members of Congress to provide to VA their research, input and comments on variance between state licenses and scopes of practices, and their recommendations on what should be included in VA's national standards of practice. VA will consider all feedback received at these listening

sessions when drafting the national standard of practice. In addition, the draft national standard (once ready) will be published in the Federal Register for public comment; and VA will send every State Board for that profession a letter with information on the impact of the proposed national standard of practice on the specific state, with an opportunity for the State Board to respond.

VA remains committed to providing consistently high-quality patient care by qualified health care providers. The development of national standards of practice will not undo the longstanding team-based model of care already established within VA that ensures competent, safe and appropriate care for Veterans. When developing the national standards of practice, VA encourages a team-based approach to patient care and national standards of practice will support defined roles within the team regardless of State requirements or restrictions. National standards of practice are intended to strengthen team-based care by creating consistent standards nationwide, thereby generating the best possible access and outcomes for Veterans. However, privileges, scopes of practice and functional statements will continue to be specific to individuals based upon their education, training, experience, skill and clinical assignment.

In regard to the certified registered nurse anesthetist (CRNA) national standard of practice, VA will only include independent practice if VA determines that it is appropriate, safe, and in the best interest of Veterans. Work on the CRNA NSPs is currently underway. As delineated in VHA Directive 1123, National Anesthesia Service, VA anesthesiologists and CRNAs will continue to provide team-based care, either under a scope of practice or privileges, where appropriate, to provide vital anesthesia care to Veterans throughout the United States.

Currently, *VHA Directive 1123, National Anesthesia Service*, already includes language for VA CRNAs to practice independently if permitted by the facility bylaws and privileges, and if the CRNA is licensed in a state whose licensing boards have authorized independent practice for CRNAs. There is no evidence from impartial, independent studies, to indicate that full practice authority for CRNAs leads to either improved or adverse outcomes. Internally, VA monitors patient safety and quality of care through the Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) processes. These evaluations are standards required by The Joint Commission. To date, there have been no concerning FPPE/OPPE reports to indicate concerns regarding the safety and quality of independent practice authority either. .

VA continues to invest in the team-based model of care, and there is no planned change accompanying these National Standards of Practice development. As noted above, all the team models defined in VHA 1123 are currently employed within the enterprise and already tested. Any local decision to change models of care delivery would be initiated by a need to improve access to care as well as subject to the very same quality standards and reviews already present in VA.

VA engaged the Temple University School of Law to conduct an independent third-party comprehensive review of each State's practice acts for CRNAs and analyze the variance in CRNA practice across states . This data is now being used to develop the CRNA national standard of practice by a team of subject matter experts from within the anesthesia service, comprised of anesthesiologists, CRNAs, and other advanced practice nurses. The national standards of practice will be designed through extensive internal and external expert consultation with a focus on increasing Veterans' access to health care and improving health outcomes. There is an already established process for subject-matter expertise inclusion, which will apply to the development of these practice standards.

In regard to the optometry national standard of practice, VA is currently considering whether the national standard of practice will authorize optometrists in the 10 States that allow laser eye surgery (AK, AR, CO, IN, KY, LA, MS, OK, VA, WY) to practice and operate within the full scope of their license in VA facilities. VA does not intend to allow VA optometrists who hold a license in any other State to perform laser eye surgery, this authority would only be considered for the states that already authorize them to perform laser eye surgery. VA held a listening session on August 31, 2023, and allowed stakeholders invested in VA eye care the opportunity to provide research, input, comments, and recommendations on what they believe should be included in VA's proposed optometrist national standard of practice. Thirteen organizations presented to VA, including numerous professional societies and VSOs. VA is using the information presented by external stakeholders to determine what should be included in the proposed national standard of practice that will be published in the Federal Register for public comment in the future. The forthcoming proposed national standards of practice will ensure that VA upholds safe, high-quality care for the Nation's Veterans and ensure VA optometrists can meet the needs of Veterans when practicing within the scope of their VA employment.

VHA is sensitive to issues regarding the safety of Veterans in our care. As a High Reliability Organization (HRO), VA continuously monitors the quality and safety of care delivered to Veterans and works to ensure excellence for each Veteran in our care. HROs are organizations that achieve safety, quality and efficiency goals by employing five central principles, including sensitivity to operations; reluctance to simplify; preoccupation with failure; deference to expertise and practicing resilience. VA strives to continuously meet these goals, always holding ourselves and our organization to the highest possible standard. Since the standards of practice are still in the developmental stages and no changes to the model of care have been made, we will continue to monitor for issues and respond should they arise.

Conclusion

We are committed to excellence in clinical care, utilizing our highly skilled workforce in a manner commensurate with their training and expertise. We appreciate the input of Congress and our other stakeholders in ensuring this commitment is always

met. We especially appreciate the Committee's efforts in helping VA continue to deliver safe, high-quality care to Veterans.

Chairwoman Miller-Meeks and Ranking Member Brownley, we appreciate your continued support and look forward to answering your questions.