

October 31, 2017

Mr. Michael Shores  
Director, Regulatory Policy & Management  
Office of the Secretary  
Department of Veterans Affairs  
810 Vermont Ave, NW  
Room 1063B  
Washington DC, 20420

RE: RIN 2900-AQ06 – Authority of Health Care Providers to Practice Telehealth Proposed Rule

Dear Mr. Shores:

On behalf of the undersigned organizations, we are pleased to provide comments on RIN 2900-AQ06 – Authority of Health Care Providers to Practice Telehealth Proposed Rule (82 Fed. Reg. 45756, October 2, 2017). Specifically, the APRN Workgroup makes the following comments and recommendations:

**I. Background of the APRN Workgroup**

**II. Prohibit Wasteful Tele-Supervision of APRN Services From Being Included as part of Expansion of Telehealth Services within the US Department of Veterans Affairs (VA)**

**III. Federal Agencies Should Create Interagency Working Group to Modernize APRN Prescriptive Authority Rules**

**Background of the APRN Workgroup**

The APRN community is comprised of organizations representing Certified Nurse-Midwives (CNMs) expert in primary care, maternal and women’s health; Certified Registered Nurse Anesthetists (CRNAs) who provide the full range of anesthesia services as well as chronic pain management; Clinical Nurse Specialists (CNSs) offering acute, chronic, specialty and community healthcare services; and Nurse Practitioners (NPs) delivering primary, acute and specialty care in adult, geriatric, family, pediatric, psychiatric, neonatal and women’s health care. Totalling more than 350,000 healthcare professionals, including two of the ten largest categories of Medicare Part B provider specialties according to Medicare administrative data, our primary interest is this: Nurses put patients first. America’s growing numbers of highly educated APRNs advance healthcare access and quality improvement in the United States and promote cost-effective healthcare delivery. This is particularly true when serving the country’s aging population and the rural and medically underserved.

**Prohibit Wasteful Tele-Supervision of APRN Services from Being Included as part of Expansion of Telehealth Services within the VA**

The APRN community is supportive of telehealth and remote monitoring technology that improves the quality of care provided for all patients and especially those with chronic conditions, but cautions against the use of wasteful services in the name of telehealth that would increase costs without improving healthcare access or quality. One wasteful policy would be to reimburse physicians through billing for remote so-called “supervision” of APRN services even though the physicians are not providing actual care. This type of remote supervision would not improve access to healthcare for patients with chronic conditions and would instead reward providers not actually furnishing healthcare services. Furthermore, there is no evidence regarding the benefit for the use of supervision via telehealth. In these instances, tele-supervision of APRN services would not meet CMS’s criteria for Medicare telehealth services of providing a clinical benefit to the patient. Therefore, we ask that the VA prohibit wasteful tele-supervision of any APRN services from being included in as a practice improvement activity and as part of expansion of telehealth to providers working in the VA.

### **Federal Agencies Should Create Interagency Working Group to Modernize APRN Prescriptive Authority Rules**

We encourage establishment of an interagency working group between the VA and the two agencies tasked with implementing the Controlled Substances Act — the Drug Enforcement Administration and the Food and Drug Administration — to help ensure Veterans have quality care by modernizing rules regarding APRN prescriptive authority. The working group should include critical stakeholders, such as members from the APRN community. Veterans would receive the most benefit if these three agencies work together to align laws consistent with patient safety and increased access to care. APRNs delivering care to the full scope of their education and training would ensure that the VA has the flexibility to utilize all providers within the healthcare team, maximizing the effective use of resources and providing optimal care to our men and women in uniform.

We thank you for the opportunity to comment on the proposed rule. Should you have any questions regarding these matters, please feel free to contact Ralph Kohl, Senior Director of Federal Government Affairs, American Association of Nurse Anesthetists, at 202-484-8400, [rkohl@aanadc.com](mailto:rkohl@aanadc.com).

Sincerely,

American Academy of Nursing  
American Association of Nurse Anesthetists  
American Nurses Association  
American Organization of Nurse Executives  
Gerontological Advanced Practice Nurses Association  
National Association of Clinical Nurse Specialists  
National Association of Pediatric Nurse Practitioners  
National League for Nursing  
National Organization of Nurse Practitioner Faculties  
National Association of Nurse Practitioners in Women’s Health