

ADVANCED PRACTICE REGISTERED NURSE FULL PRACTICE AUTHORITY

- 1. REASON FOR ISSUE:** This directive implements regulatory authority at 38 C.F.R. 17.415, which permits full practice authority for certain nurses operating as employees of the Veterans Health Administration (VHA).
- 2. SUMMARY OF CONTENT:** This is a new directive based on the amendment of the Department of Veterans Affairs (VA) medical regulations to permit full practice authority of certain VA Advanced Practice Registered Nurses (APRN) when they are acting within the scope of their VA employment.
- 3. RELATED ISSUES:** VHA Handbook 1100.19.
- 4. RESCISSIONS:** None.
- 5. RESPONSIBLE OFFICE:** The VHA Office of Nursing Services (10A1) is responsible for the content of this directive. Questions may be referred to 202-461-6700.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of September 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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1. PURPOSE

This Veterans Health Administration (VHA) directive establishes the policy and responsibilities related to permitting full practice authority (FPA) of three roles of advanced practice nurses (APRN) when they are acting within the scope of their VA employment: Certified Nurse Practitioners (CNP), Clinical Nurse Specialists (CNS), and Certified Nurse-Midwife (CNM). This directive covers only those roles covered by 38 CFR 17.415. Thus, the APRN role of Certified Registered Nurse Anesthetist (CRNA) is not covered by this directive. **AUTHORITY:** 38 U.S.C. §§ 7304, 7401 through 7464, and 38 CFR 17.415.

2. DEFINITIONS

a. **Advanced Practice Registered Nurse (APRN).** Advanced practice registered nurse (APRN) is defined in 38 CFR 17.415(a).

b. **Credentialing.** Credentialing is the systematic process of screening and evaluating qualifications and other credentials, including, but not limited to: licensure, required education, relevant training and experience, and current competence and health status.

c. **Clinical Privileging.** As used in this issuance, clinical privileging is the process by which a practitioner, licensed for independent practice (i.e., without supervision, direction, required sponsor, preceptor, mandatory collaboration, etc.), is permitted by law and the VA medical facility to practice independently, to provide specified medical or other patient care services, based on the individual's clinical competence as determined by peer references, professional experience, health status, education, training, and licensure. Clinical privileges must be VA medical facility-specific, practitioner-specific, and within available resources.

d. **Full Practice Authority (FPA).** Full practice authority is defined in 38 CFR 17.415(b). FPA permits APRNs to practice to the full extent of their education, training and certification, without the clinical supervision or mandatory collaboration of physicians.

e. **Independent Practitioner.** As used in this issuance, an independent practitioner is any individual permitted by 38 CFR 17.415 and the VA medical facility to provide patient care services independently, i.e., without supervision or direction, and in accordance with individually-granted clinical privileges. This is also referred to as a licensed independent practitioner (LIP).

3. POLICY

It is VHA policy that, in order to implement FPA, these three roles of APRNs are recognized as licensed independent practitioners and are to be clinically privileged in

accordance with VA's clinical privileging process at the VA medical facility. Under 38 CFR 17.415(c)(2), a determination must be made that the APRN has demonstrated the knowledge and skills necessary to provide the services described in 38 CFR 17.415(d), as relevant to their specific role, without the clinical oversight of a physician, and is thus qualified to be privileged for such scope of practice. The facility leadership must decide if they are going to implement FPA.. The VA medical facility's organized medical staff must ensure their medical staff bylaws are in accordance with this directive. The clinical practice and privileging of APRNs will follow the required medical staff process as outlined in VHA Handbook 1100.19, Credentialing and Privileging, or subsequent policy document and TJC standards. However, 38 CFR 17.415 will supersede any reference to State licensure restrictions stated in VHA Handbook 1100.19, with the exception of State licensure restrictions on the prescribing of controlled substances. Under 38 CFR 17.415, the FPA of an APRN is subject to the limitations imposed by the Controlled Substances Act, 21 U.S.C. 801 et seq., and that APRN's State licensure on the authority to prescribe, or administered controlled substances, as well as any other limitations on the provision of VA care set forth in applicable Federal law and policy. The requirements of The Joint Commission (TJC) standards and VHA policies define the processes for credentialing, privileging, reappraisal, re-privileging, and actions against clinical privileges, including denial, failure to renew, reduction, and revocation. Please visit the following link for additional details, <http://vaww.oqsv.med.va.gov/functions/mindfulness/msa/msp/mspPolicy.aspx>. **NOTE:** *This is an internal VA Web site not available to the public.*

4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health, or designee, is responsible for ensuring compliance with this directive.

b. **Principle Deputy Under Secretary for Health, Operations and Management.** The Deputy Under Secretary for Health, Operations and Management or designee, is responsible for:

(1) Issuing any supplemental instructions necessary to implement this directive in all Veterans Integrated Service Networks (VISNs).

(2) Under FPA, ensuring that VISNs are in compliance with all VA directives pertaining to CNP, CNS, and CNM credentialing and privileging.

c. **VA Medical Facility Director.** The VA medical facility Director is responsible for ensuring that:

(1) Compliance with this directive and local policy, including medical staff bylaws, is consistent with this directive.

(2) The VA medical facility specific medical staff bylaws recognize APRNs as licensed independent practitioners that are privileged in accordance with VHA Handbook 1100.19.

(3) Privileging actions for APRNs are in accordance with VHA Handbook 1100.19, including initial granting of privileges, credentialing, re-privileging, Ongoing Professional Practice Evaluation (OPPE), Focused Professional Practice Evaluation (FPPE), summary suspensions, and adverse privileging actions such reduction of privileges or revocation of privileges.

(4) Consultation is available from Patient Care Services for guidance to ensure APRNs are being privileged and utilized to the full extent of their education, training, and certification.

d. **VA Medical Facility Chief of Staff.** The VA medical facility Chief of Staff (COS) is responsible for:

(1) Maintaining the Credentialing and Privileging system.

(2) Ensuring that all APRNs applying for clinical privileges are provided with a copy of, and agree to abide by, the medical staff bylaws.

(3) Ensuring that the medical staff bylaws are consistent with this directive and any other VA policy related to medical staff bylaws.

(4) Ensuring that staff members with direct line of authority complete the training identified in VHA Handbook 1100.19.

(5) Ensuring that an APRN is eligible to be appointed as a member of the Executive Committee of the Medical Staff.

e. **Associate Director for Patient Care Services.** Each Associate Director for Patient Care Services is responsible for:

(1) Providing consultation to the Chief of Staff, Clinical Service Chiefs, Executive Committee of the Medical Staff, and Director related to utilizing APRNs to the full extent of their education, training, and certification.

(2) Ensuring APRNs in direct line of authority complete the training identified in VHA Handbook 1100.19.

f. **Executive Committee of the Medical Staff** The VA medical facility's Executive Committee of the Medical Staff (ECMS) is responsible for:

(1) Ensuring that the medical staff bylaws are consistent with this directive and any other VA policy related to medical staff bylaws.

(2) Reviewing privileging recommendations for APRNs of the respective clinical Service Chief and making a final privileging recommendation to the VA medical facility Director accordingly, including the initial granting of privileges, credentialing, re-privileging, OPPE criteria, FPPE criteria, and adverse privileging actions such reduction of privileges or revocation of privileges.

g. **Clinical Service Chief**. The Clinical Service Chief is responsible for:

(1) Recommending criteria for clinical privileges that are relevant to the care provided by APRNs in the VA medical facility.

(2) Reviewing all credentials and requested clinical privileges of APRNs, and for making recommendations regarding appointment and privileging action of APRNs; documenting these recommendations in VetPro.

(3) Monitoring and surveillance of the professional competency and performance of APRNs with delineated clinical privileges. This includes, but is not limited to the FPPE for new privileges (APRNs new to the VA medical facility as well as APRNs requesting new privileges) and the OPPE for continued surveillance over time. **NOTE:** *The title applies to Service Line Directors, Product Line Chiefs, and any other equivalent titles.*

(4) Ensuring that APRNs in direct line of authority complete the training identified in VHA Handbook 1100.19. Service Chiefs involved in the credentialing and privileging process are responsible for completing the same training.

h. **Applicant or APRN**. The applicant or APRN is responsible for:

(1) Providing evidence of licensure, certification, or other relevant credentials, for verification prior to appointment and throughout the appointment process, as requested.

(2) Agreeing to accept the professional obligations delineated in the VA medical facility's medical staff bylaws provided to them.

(3) Keeping VA apprised of anything that would adversely affect, or otherwise limit, the APRN's clinical privileges at the earliest date after notification is received by the practitioner, but no later than 15 business days. This includes not only final actions, but also pending and proposed actions.

(4) Maintaining licenses, registrations, and certification in good standing and informing the VA medical facility Director, or designee, of any changes in the status of these credentials at the earliest date after notification is received by the APRN, but no later than 15 business days, including, but not limited to, any pending or proposed actions.

(5) Obtaining and producing all needed information for a proper evaluation of professional competence, character, ethics, and other qualifications. The information must be complete and verifiable. The APRN has the responsibility for furnishing information that will help resolve any questions concerning these qualifications. Failure to keep VA fully informed on these matters may result in administrative or disciplinary action.

5. REFERENCES

a. Title 38 U.S.C. Sections 7301 and 7401 through 7464.

- b. Title 38 CFR 17.415.
- c. VA Handbook 5005/78, Staffing (VA Qualification Standard for the appointment of Physician Assistants, VN/AD-0603)
- d. VHA Handbook 1100.19, Credentialing and Privileging, , or subsequent policy document.
- e. Joint Commission Standards on credentialing and privileging <http://e-dition.jcrinc.com/ProxyLogin.aspx?Ink=2293FDDF5458>