

October 2, 2017

David J. Shulkin, M.D.  
Secretary  
U.S. Department of Veterans Affairs  
810 Vermont Avenue NW  
Washington, DC 20420

Director, Regulations Management (00REG)  
U.S. Department of Veterans Affairs  
810 Vermont Avenue NW  
Room 1068  
Washington, DC 20420

**RE: RIN 2900-AP88 – Schedule for Rating Disabilities; Musculoskeletal System and Muscle Injuries (82 Fed. Reg. 35719, August 1, 2017)**

Dear Secretary Shulkin,

The American Association of Nurse Practitioners (AANP), representing the more than 234,000 nurse practitioners (NPs) in the United States, including more than 4,800 who serve our veterans in Veterans Health Administration (VHA) facilities, appreciates the opportunity to provide comment in response to the Schedule for Rating Disabilities; Musculoskeletal System and Muscle injuries proposed rule (82 Fed. Reg. 35719, August 1, 2017).

NPs are advanced practice registered nurses who are prepared at the masters or doctoral level to provide primary, acute, chronic and specialty care to patients of all ages and walks of life. 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 practice in nearly every health care setting including clinics, hospitals, Veterans Affairs and Indian Health Care facilities, emergency rooms, urgent care sites, private physician or NP practices (both managed and owned by NPs), nursing homes, schools, colleges, 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. It is important to note that 89.2% of NPs are certified in primary care, the majority of whom see Medicare and Medicaid patients. NPs complete more than one billion patient visits annually.

AANP commends the VHA for recently changing VHA policy to permit veterans to receive care from NPs practicing to the full extent of their clinical education, training and certification without physician supervision when they are employed in the VA. Nurse practitioners have long been found to be safe, high quality health care providers both inside and outside the VA. Multiple studies have consistently demonstrated that the care provided by NPs, practicing to the full scope of their education and preparation, is safe, of high quality and equal to the care of their physician colleagues.

The VHA is currently revising the disability Rating Schedule to update medical terminology and simplify the ratings process. While we applaud these goals, we are concerned that the proposed update to the schedule for the musculoskeletal system and muscle injuries excludes nurse practitioners and their patients. In section 5257, the proposed criteria for recurrent subluxation and instability state that a veteran would require a physician prescribed bracing and assistance device (e.g. cane, crutches, walker) for ambulation in order to qualify for disability benefits. Prescribing these devices is within the scope of practice for nurse practitioners inside and outside the VHA and should be reflected in the Rating Schedule.

The implementation of this language could result with veterans who receive care from nurse practitioners, and who have valid prescriptions for those devices, having their disability ratings denied on a technicality. It could also result in veterans having to see health care providers with whom they are unfamiliar, in order to meet the strict language of the Rating Schedule. This would deny veterans their provider of choice which is not consistent with the recently passed NP regulations.

While we assume this is an oversight on the part of the workgroup, we ask that you revise this rating schedule by adding “or nurse practitioner” after the word physician in all applicable sections. We also request that as further Rating Schedules are revised, the VHA recognizes that thousands of veterans receive care from nurse practitioners. It is critical they be included in the Rating Schedule language.

As you move forward in the review and revision of the Rating Schedule, we recommend that nurse practitioners be included as participants in the workgroup along with other members from medical academia.

We thank you for the opportunity to comment on this proposed regulation. We look forward to discussing these issues with you. Should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs, msapio@aanp.org, 703-740-2529.

Sincerely,

David Hebert  
Chief Executive Officer