Why VA’s move to nationalize standards of practice is misguided

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What’s the news: The AMA and 102 other physician organizations are objecting to the Department of Veterans Affairs (VA) Supremacy Project, which involves developing national standards of practice for 48 categories of health professionals that would override long-established state laws governing scope of practice and health-professional licensure.

“In particular, we are dismayed that the VA has not provided a transparent process by which public stakeholders are provided an adequate opportunity to review and provide meaningful input into the standards of practice,” says the letter from the AMA and the other signatories. This includes the process in developing standards for other health care professionals, which will impact the overall health care team. “[W]e believe the VA has failed to consider that these health professionals do not operate in isolation but rather as a team. Yet, the VA is creating and moving standards forward independent of one another. In order to provide the best care for our Veterans, the VA must engage in a systematic examination of how all these standards will fit together and affect the health professional team,” the letter says.

“Our physician groups are concerned about the feasibility of developing a single set of practice standards for all VA-employed physicians,” the letter adds. “There are 40 specialties and 87 subspecialties for physicians. Physicians spend years in residency learning their chosen specialties and subspecialties and this depth of knowledge enhances care teams and ultimately leads to better patient outcomes.”
“To adequately reflect these different specialties and subspecialties the Accreditation Council for Graduate Medical Education, residency programs, state licensing boards, and countless other entities have spent years developing and implementing education requisites, practice standards and licensing requirements to ensure the proper oversight of the practice of medicine. These governing entities take into consideration the different requirements for each specialty and subspecialty and set their standards accordingly.”

“Given this complexity, it would be nearly impossible for the VA to adequately capture the overall breadth of the practice of medicine and nuances among each physician specialty and subspecialty in one standard of practice, especially within the course of a few months,” says the letter, which urges the VA to reconsider its implementation of the National Standards of Practice.

The AMA and its co-signatories also wrote that:

- The VA must allow meaningful input into the National Standards of Practice of nonphysicians by the physician community.
- The VA’s Federal Supremacy Project does not consider the importance of state licensing boards and the negative consequences of inadequate oversight of nonphysician providers.
- The VA’s interim final rule violated the Administrative Procedure Act and did not meet the standards set out in Executive Order 13132.

**Why it’s important:** The Veterans Health Administration is the largest integrated health care system in the country, delivering care at nearly 1,300 health care facilities and over 170 VA medical centers to more than 9 million veterans.

The letter noted that the VA’s aggressive action to circumvent state laws and regulations is likely to yield unintended consequences by making it impossible for state medical boards to oversee the physicians and non-physicians employed by the VA within their state, and in some jurisdictions, allow non-physicians to provide care beyond what’s permitted in state law. This could potentially diminish the standard of care within the VA and lead to our nation’s veterans receiving inadequate health care.

“As the leaders of the health care team, physicians are uniquely qualified to understand the roles of the various team members,” their letter says. “We believe the VA risks lowering the standard of care for our nation’s veterans without sufficient input from the physician community.”

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