

The American College of Nuclear Medicine (ACNM) appreciates the opportunity to submit comments on the Veterans Affairs proposed rule to amend 38 CFR Part 17. Specifically, ACNM would like to comment on Section § 17.415(d)(1)(i)(B), which grants Advanced Practice Registered Nurses (APRNs) full practice authority to **order**, **perform**, **supervise**, **and interpret laboratory and imaging studies**.

The ACNM is comprised of nuclear medicine physicians dedicated to enhancing the practice of nuclear medicine through the study, education, and improvement of clinical practice. The ACNM also directly represents the interests of nuclear medicine physicians before legislative and regulatory bodies, other medical organizations, the media and general public. Our goal is to assure a legislative, legal, regulatory and economic framework that encourages and makes practicable the safe, appropriate use of nuclear medicine procedures to improve the quality of health care service available to patients.

The ordering, administration, and interpretation of nuclear imaging is vastly complex and requires, at minimum, four years of medical school and four years of residency in order to become board certified. This also includes obtaining Authorized User status from the Nuclear Regulatory Commission (NRC), which requires documentation of hundreds of hours of training in physics and radiation safety. Allowing an APRN to perform, supervise, or interpret these examinations for our veterans could cause direct and irreversible exposure to harmful levels of radiation, and result in misdiagnosis of critical conditions such as pulmonary embolism, myocardial infarction, and metastatic cancer.

It is also imperative that APRNs given the authority to order nuclear medicine studies are educated on Appropriate Use Criteria for Advanced Medical Imaging, as improper utilization exposes our veterans to unnecessary radiation, decreases their access to care, and creates undue burden on an already financially strained administration.

As an organization whose mission statement includes fostering the highest standards in nuclear medicine service to patients, physicians, hospitals, and the public, the ACNM cannot, in good conscience, support the proposed rule to amend 38 CFR Part 17. We appreciate the opportunity to provide commentary on this important rule making decision. We also support and encourage a discussion with current nuclear medicine employees of the VA, who comprise a significant portion of our membership.

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