

## HEALTH CARE PROFESSIONAL PRACTICE IN VA

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive memorializes VHA's long-standing practice of allowing VA health care professionals to deliver health care services in a State other than the health care professional's State of licensure, registration, or certification so long as they hold a current, full, and unrestricted license, registration, or certification. This directive also allows such professionals to practice and operate within the full scope of the license, registration, or certification they hold.

### **2. SUMMARY OF CONTENT:**

a. Amendment dated June 2, 2020, adds dental hygienist to the list of positions in Appendix A.

b. Amendment dated May 12, 2020:

(1) Clarifies the definition of health care professional by adding a note to that definition to state that trainees must practice under supervision.

(2) Adds Appendix B to define the "professional practice of psychology."

c. This new VHA directive memorializes VHA's long-standing practice of allowing VA health care professionals to deliver health care services in a State other than the health care professional's State of licensure, registration, or certification so long as they hold a current, full, and unrestricted license, registration, or certification. This directive also encourages VA medical facilities to utilize VA health care professionals to practice and operate within the full scope of their license, registration, or certification to increase VA beneficiaries' access to health care.

**3. RELATED ISSUES:** VA Directive 5005, Staffing, dated April 15, 2002; VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012; VHA Handbook 1400.01, Resident Supervision, dated December 19, 2012; VHA Handbook 1400.04, Supervision of Associated Health Trainees, dated March 19, 2015; and VHA Directive 2012-030, Credentialing of Health Care Professionals, dated October 11, 2012.

**4. RESPONSIBLE OFFICE:** The Deputy Under Secretary for Health for Policy and Services is responsible for the content of this directive. Questions may be addressed at 202-461-7394.

**5. RESCISSION:** None.

April 21, 2020

VHA DIRECTIVE 1899(2)

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of April 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

/s/ Richard A. Stone, M.D.  
Executive in Charge

**DISTRIBUTION:** Emailed to the VHA Publication Distribution List on April 21, 2020.

**NOTE:** *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

**CONTENTS**

**HEALTH CARE PROFESSIONAL PRACTICE IN VA**

1. PURPOSE..... 1

2. BACKGROUND..... 1

3. DEFINITIONS ..... 1

4. POLICY ..... 3

5. RESPONSIBILITIES ..... 3

6. REPORTING REQUIREMENTS ..... 5

7. TRAINING ..... 5

8. RECORDS MANAGEMENT..... 5

9. REFERENCES..... 6

APPENDIX A

HEALTH CARE PROFESSIONALS COVERED BY THIS DIRECTIVE .....A-1

APPENDIX B

PROFESSIONAL PRACTICE OF PSYCHOLOGISTS.....B-1

## HEALTH CARE PROFESSIONAL PRACTICE IN VA

### 1. PURPOSE

This Veterans Health Administration (VHA) directive memorializes VHA's long-standing practice of allowing VA health care professionals to deliver health care services in a State other than the health care professional's State of licensure, registration, or certification so long as they hold a current, full, and unrestricted license, registration, or certification. This directive also allows such professionals to practice and operate within the full scope of the license, registration, or certification they hold. **AUTHORITY:** 38 U.S.C. 1701 (Note); 7301; 7306; 7330A; 7401 – 7403; 7405; 7406; and 7408.

### 2. BACKGROUND

- a. Historically, VHA has maintained a practice of allowing VA health care professionals to furnish health care services in any State, regardless of where the professional holds a current, full, and unrestricted State license, registration, or certification. VHA has done so based on the Supremacy Clause of the U.S. Constitution, Article VI, Clause 2.
- b. This practice allows VA to utilize its limited health care resources and professionals most efficiently and optimizes the VA health care workforce to meet the needs of all VA beneficiaries.
- c. This practice creates the flexibility necessary for VA to establish and maintain a national health care system, and to maintain equitable access to health care professionals and services across the network.
- d. This practice has been especially effective in allowing VA health care professionals to travel to smaller VA medical facilities or rural locations in nearby States to provide care that may be difficult to obtain or is unavailable in that community.
- e. In addition to VA health care professionals practicing across State lines during the normal course of their duties, VA has several initiatives that regularly deploy VA health care professionals to practice in States where they do not hold a license, registration, or certification, in circumstances of extraordinary need, to ensure VA beneficiaries have access to needed health care services. Such delivery approaches and programs include telehealth, the Disaster Emergency Medical Personnel System (VA's main deployment program for VHA health care professionals to travel to locations deemed as national emergency or disaster areas), and VHA programs that provide trained health care professionals on an interim basis to VA medical facilities with staffing shortages.

### 3. DEFINITIONS

a. **License, Registration, or Certification.** A license refers to the official or legal permission to practice in an occupation, as evidenced by documentation issued by a State in the form of a license or registration. The terms registration or certification refer

to the official attestation by a professional organization that one has fulfilled the requirements or met a standard or skill to practice the profession.

b. **Health Care Professional.** The term health care professional is an individual who:

(1) Is appointed to an occupation in the Veterans Health Administration that is listed in or authorized under 38 U.S.C. 7306, 7401, 7405, 7406, or 7408 or title 5 U.S.C.;

(2) Is authorized by the Secretary to provide health care.;

(3) Is not a VA-contracted health care professional or community care provider; and

(4) Either:

(a) Has an active, current, full, and unrestricted license, registration, or certification in a State to practice the health care profession of the health care, or such qualifications as prescribed by the Secretary for those health care professions listed under 38 U.S.C. 7402(b); or

(b) Is under the clinical supervision of a health care professional that meets the requirements of paragraph 4(a) of the definition of health care professional and is either:

1. A health profession trainee appointed under 38 U.S.C. 7405 or 38 U.S.C. 7406 participating in clinical or research training under supervision to satisfy program or degree requirements; or

2. A postgraduate employee, appointed under Title 5, 38 U.S.C. 7401(1),(3), or 38 U.S.C. 7405 for any category of personnel described in 38 U.S.C. 7401(1),(3), who must obtain an active, current, full, and unrestricted licensure, registration, or certification or meet the qualification standards as defined by the Secretary within the specified time frame.

***NOTE:*** While some health professions trainees cited under b(4)(b)1 above may have active, current, full and unrestricted licensure, they must practice under supervision according to the terms and documentation requirements of VHA Directive 1400.01, Supervision of Physician, Dental, Optometry, Chiropractic, and Podiatry Residents, dated November 7, 2019, or VHA Handbook 1400.04, Supervision of Associated Health Trainees, dated March 19, 2015. A non-exhaustive list of health care professionals covered by this directive is found in Appendix A titled, Health Care Professionals Covered by This Directive.

c. **State.** The term State means a State as defined in 38 U.S.C. 101(20), or a political subdivision of such a State.

d. **VA Beneficiary.** The term VA beneficiary means a Veteran or any other individual receiving health care under Title 38 of the United States Code.

#### 4. POLICY

a. It is VHA policy that VA health care professionals are permitted to practice in any State within the scope of their VA employment in any VA medical facility, regardless of the State where the professional is licensed, registered, or certified.

b. It is VHA policy to encourage Veterans Integrated Service Networks (VISN) Directors and VA medical facilities, to the maximum extent practicable, to allow health care professionals to practice and operate within the full scope of the of the license, registration, or certification that the individual holds. VISN and VA medical facility Directors are strongly encouraged to use health care professionals to the full scope of their license to address access shortages of certain health care professions and other issues relevant to the delivery of health care to VA beneficiaries.

#### 5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Veterans Health Administration (VHA) Under Secretary for Health is responsible for

(1) Ensuring overall VHA compliance with this directive; and

(2) Reviewing reports from the Director of the Office of Regulatory and Administrative Affairs (ORAA) of external actions initiated, pending, or completed by a State or State Licensing Board against VA health care professionals regarding their State license, registration, or certification as a result of practicing across State lines in compliance with this directive.

b. **Deputy Under Secretary for Health for Policy and Services.** The Deputy Under Secretary for Health for Policy and Services is responsible for overseeing VHA compliance with and implementation of this directive.

c. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to all VISN Directors;

(2) Ensuring that each VISN Director has sufficient resources to fulfill the terms of this directive, to include reporting requirements, in all VA medical facilities within that VISN; and

(3) Providing oversight of VISNs to assure compliance with this directive, to include reporting requirements.

d. **Director, Office of Regulatory and Administrative Affairs.** The director of the Office of Regulatory and Administrative Affairs (ORAA) is responsible for:

(1) Combining reports from VISNs of external actions initiated, pending, or completed by a State or State Licensing Board against VA health care professionals

regarding their State license, registration, or certification for practicing across state lines in compliance with this directive into one report no less than every 3 months, with the first report due no later than 3 months after the publication of this directive; and

(2) Presenting these reports to the Under Secretary for Health on a quarterly basis.

e. **Veterans Integrated Service Network Director.** The Veterans Integrated Service Network (VISN) director is responsible for:

(1) Communicating the contents of this directive to each VA medical facility director within their network;

(2) Ensuring that sufficient resources are allocated to fulfill the terms of this directive in all VA medical facilities within that VISN;

(3) Providing oversight of VA medical facilities to assure compliance with this directive;

(4) Collecting reports from each VA medical facility in the VISN of any external actions initiated, pending, or completed by a State or State Licensing Board against VA health care professionals at their VA medical facility regarding their State license, registration, or certification for practicing across State lines in compliance with this directive; and

(5) Emailing any reports of external actions to ORAA no less than every 3 months, with the first report due no later than 3 months after the publication of this directive, in accordance with paragraph 6 of this directive.

f. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Communicating the contents of this directive to all VA medical facility employees;

(2) Ensuring that the facility complies with the contents of this directive; and

(3) Ensuring that the facility reports to the VISN Director any external actions initiated, pending, or completed by a State or State Licensing Board against VA health care professionals at their VA medical facility regarding the professional's state license, registration, or certification for practicing across state lines in compliance with this directive to the VISN no less than every 3 months, with the first report due no later than 3 months after the publication of this directive, in accordance with paragraph 6 of this directive.

g. **VA Health Care Professional.** The VA health care professional is responsible for keeping their VA medical facility Director apprised of action by a State or State Licensing Board that could adversely affect, or otherwise limit, their license, registration, or certification for practicing across state lines at the earliest date after notification is received by the health care professional, but no later than 15 days after notification is received. This includes not only final actions, but also pending and proposed actions.

## 6. REPORTING REQUIREMENTS

a. VA medical facilities must report any external actions that are initiated, pending, or completed by a State or State Licensing Board against VA health care professionals at their VA medical facility regarding the professional's state license, registration, or certification for practicing across state lines in compliance with this directive to their VISN Director no less than every 3 months, with the first report due no later than 3 months after the publication of this directive.

b. VISNs must report this information to ORAA no less than every 3 months, with the first report due no later than 3 months after the publication of this directive.

c. VA medical facilities and VISNs are encouraged to develop a local process for reporting that works best for the needs of their facility. It is strongly encouraged that reports to the VISN Director come from the Chief Medical Officer, Chief Nursing Officer, or Quality Management Officer.

d. Reports from VISN Directors can be emailed to ORAA at [VHA10B4ExternalActionReports@va.gov](mailto:VHA10B4ExternalActionReports@va.gov). Negative responses are not required.

e. Reports sent to ORAA must include:

(1) The name of the health care professional and their health care specialty;

(2) The proposed or taken action, to include a copy of the State Licensing Board proposed action or final report;

(3) The date of the proposed or taken action;

(4) The State body proposing or taking the action;

(5) The status and outcome of any completed action; and

(6) Other information deemed relevant may also be submitted, to include any issue briefs that were created regarding the action.

**NOTE:** *This reporting requirement does not affect preexisting reporting requirements for adverse actions, licensing actions, or any other action taken against a health care professional.*

## 7. TRAINING

There are no formal training requirements associated with this directive.

## 8. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created in the requirements of this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control

Schedule 10-1. Any questions regarding any aspect of records management should be directed to the VA medical facility Records Manager or Records Liaison.

**9. REFERENCES**

- a. 38 U.S.C. 1701 (Note);
- b. 38 U.S.C. 7301;
- c. 38 U.S.C. 7306;
- d. 38 U.S.C.7330A;
- e. 38 U.S.C. 7401 – 7403;
- f. 38 U.S.C.7405- 7406;
- g. 38 U.S.C. 7408;
- h. 38 C.F.R. 17.417;
- i. VA Directive 5005, Staffing, dated April 15, 2002;
- j. VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012;
- k. VHA Handbook 1400.01, Resident Supervision, dated December 19, 2012;
- l. VHA Handbook 1400.04, Supervision of Associated Health Trainees, dated March 19, 2015; and
- m. VHA Directive 2012-030, Credentialing of Health Care Professionals, dated October 11, 2012.

**HEALTH CARE PROFESSIONALS COVERED BY THIS DIRECTIVE**

The term “health care professionals” includes, but is not limited to health care professionals in the following specialties:

- a. Addiction Therapist;
- b. Certified Registered Nurse Anesthetist;
- c. Audiology;
- d. Speech Pathology;
- e. Blind Rehabilitation Specialist;
- f. Certified or Registered Respiratory Therapist;
- g. Chiropractor;
- h. Dentist;
- i. Expanded-function dental Auxiliary;
- j. Dental Hygienist;
- k. Dental Technologist;
- l. Dietitian;
- m. Genetic Counselor;
- n. Licensed Professional Mental Health Counselor;
- o. Marriage and Family Therapist;
- p. Microbiologist;
- q. Chemist;
- r. Medical Technologist;
- s. Cytologist;
- t. Registered Nurse;
- u. Licensed Practical/Vocational Nurse;
- v. Occupational Therapist;

- w. Optometrist;
- x. Orthotic and Prosthetic Services;
- y. Peer Specialist;
- z. Pharmacist;
- aa. Physical Medicine and Rehabilitation Specialist;
- bb. Physical Therapist;
- cc. Physician Assistant;
- dd. Physician;
- ee. Podiatrist;
- ff. Psychologist; and
- gg. Social Worker.

## PROFESSIONAL PRACTICE OF PSYCHOLOGISTS

This directive allows psychologists to practice and operate within the full scope of the license, registration, or certification they hold. The “full scope of the license” is defined by the specifics of the licensure law in the State in which the psychologist is licensed and by the Psychologist Qualification Standards (VA Handbook 5005/103, dated April 15, 2002, see Part II, Appendix G18, dated February 7, 2018).

1. As noted in paragraph 3.a.(1) of the Psychologist Qualification Standards, “professional psychology practice” includes but is not limited to the following psychology-oriented job duties: providing professional clinical services, conducting research, carrying out education and training activities, carrying out program evaluation activities, clinical consultation, supervision and administration.
2. In VHA, “professional psychology practice” does not include allowing a psychologist to prescribe medications, even if such psychologist’s State Psychology licensure permits prescribing.