July 30, 2015

Dr. Stuart H. Altman
Chair, IOM Committee for the Evaluation of the Impact of the
The Future of Nursing: Leading Change, Advancing Health
Keck Center
500 Fifth Street, N.W.
Washington, D.C. 20001

Dear Dr. Altman:

The National Association of Clinical Nurse Specialists (NACNS) – the voice of more than 72,000 clinical nurse specialists (CNSs) – appreciates the opportunity of providing comments on the impact of the IOM ***Future of Nursing*** report.

As you are aware, CNSs are licensed registered nurses who have graduate preparation (master's or doctorate) in nursing as a clinical nurse specialist. They have unique and advanced level competencies that meet the increased needs of improving quality and reducing costs in today's healthcare system. CNSs provide direct patient care, including assessment, diagnosis, and management of patient healthcare issues. They are leaders of change in health organizations, developers of scientific evidence-based programs to prevent avoidable complications, and coaches of those with chronic diseases to prevent hospital readmissions. CNSs are facilitators of multidisciplinary teams in acute and chronic care facilities to improve the quality and safety of care, including preventing hospital acquired infections, reducing length of stays, and preventing hospital readmissions.

Though the impact of the IOM report's recommendations have been far reaching in their positive effect upon the field of nursing, we believe that there are a number of areas that still deserve a great deal of scrutiny and proactivity. The following comments touch upon those IOM recommendations of interest and concern to our membership.

IOM RECOMMENDATION #1: REMOVE SCOPE OF PRACTICE BARRIERS

- **Amend State Nurse Practice Acts to allow CNSs to diagnose and treat health conditions and eliminate requirements for physician "collaborative practice agreements.**
  Currently, only 26 states allow CNSs to practice independently; there is no requirement for a written collaborative agreement, no supervision, and no conditions for practice. Fourteen states recognize CNSs as APRNs, but this must accompany a written agreement that specifies scope of practice and medical acts allowed with or without a general supervision requirement by a MD, DO, DDS or podiatrist; or direct supervision required in the presence of a licensed, MD, DO, DDS or podiatrist with or without a written practice agreement. Ten states provide no advanced practice authority.

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NACNS recommends removing regulatory scope-of-practice barriers that restrict the ability of CNSs to provide services, which they are educationally prepared to provide. This would expand access to care and reduce costs while contributing to improved patient outcomes in a reformed healthcare system.

- **Remove prescribing restrictions or limitations imposed by required physician oversight, collaboration, or signature.**
  Currently 16 states allow CNSs to prescribe medications independently (no requirement for a written collaborative agreement, no supervision, and no conditions for practice). Fourteen states allow some prescribing authority, but not independently (Written agreement exists that specifies scope of practice and medical acts allowed with or without a general supervision requirement by a MD, DO, DDS or podiatrist; or direct supervision required in the presence of a licensed, MD, DO, DDS or podiatrist with or without a written practice agreement). Thirty-five states have no prescribing authority.

  NACNS recommends removing barriers to prescriptive authority services that CNSs are educationally prepared to provide in all states.

- **Advocate for all insurers, including but not limited to, Medicare, Medicaid, and third party insurers, to include coverage of CNS services that are within their scope of practice under state law.**

  <u>Home Health</u>
  Medicare still does not allow CNSs to certify beneficiaries independently for home healthcare. The CNS must work in collaboration with a physician. This increases the costs of providing the service when more practitioners are needed to provide these services.

  <u>Hospice</u>
  Medicare also does not allow CNSs to provide a face-to-face encounter that is needed to certify hospice services. Many CNSs are specifically educated to provide palliative care, yet they are not allowed to certify the need for these services. This increases the costs of care by requiring physicians to determine the need for care that CNSs are educated to provide.

  NACNS recommends removing these barriers for the benefit of the patient and to allow CNSs to practice to their full authority.

IOM RECOMMENDATION # 3: IMPLEMENT NURSE RESIDENCY PROGRAMS.

- **Remove residency recommendation.**
  NACNS supports the comments made at the last meeting by NONPF requesting removal of the residency recommendation from the IOM report. This recommendation is being used in some states as a political strategy to delay NPs and CNSs from working to the full extent of their education and preparation.

IOM RECOMMENDATION # 5: DOUBLE THE NUMBER OF NURSES WITH A DOCTORATE BY 2020.

NACNS is pleased to inform the Committee that the NACNS Board of Directors just released a position statement in support of the Doctorate of Nursing Practice (DNP) for entry-level into CNS practice by 2030. In preparation for taking this position, the Board reviewed the evidence and trends of education and noted the closure of numbers of CNS programs in exchange for the opening of CNS-oriented DNP programs. With the rapid pace of change healthcare is experiencing and the demands required of clinicians, it was important to the NACNS Board of Directors that the CNS role be optimally prepared to meet these challenges.

IOM RECOMMENDATION # 8: BUILD AN INFRASTRUCTURE FOR THE COLLECTION AND ANALYSIS OF INTERPROFESSIONAL HEALTHCARE WORKFORCE DATA.

At this time, little data exist on the number of CNSs working in this country. To address this shortfall, NACNS has begun a biannual CNS Census to document some national data on this important APRN role. However, it also is critical that the CNS role be identified for data collection in large national data collection efforts. Because of this, ***NACNS recommends that the Office of Management and Budget and the Standard Occupational Policy Committee revise the 2018 Standard Occupational Classification's broad occupational units and detailed occupations to exclude the CNS from the "Broad Occupation Group 29-1140 Registered Nurses", and include the CNS as a broad and detailed occupation in the 2018 SOC revisions currently under consideration.***

Specifically, NACNS recommends the following changes to the 2018 SOC:

1. Under the Broad Occupation group 29-1140 Registered Nurses, delete the title "Clinical Nurse Specialists;"

2. Under Minor Group 29-1000 Health Diagnosing and Treating Practitioners, add a new Broad Occupation 29-11X0 "Clinical Nurse Specialists;"

3. Under a new Broad Occupation 29-11X0 "Clinical Nurse Specialists" add a new Detailed Occupation 29-11XX "Clinical Nurse Specialist"

NACNS recommendations would be configured in the SOC coding system as represented in the following graphic:

The SOC Coding System

Hierarchy level	Example SOC Codes, Titles, and Definition
Major occupation group	29-0000 Healthcare Practitioners and Technical Occupations
Minor occupation group	29-1000 Health Diagnosing and Treating Practitioners
Broad occupation	Broad Occupation: 29-11X0 Clinical Nurse Specialists. This broad occupation includes the one following detailed occupation 29-11XX Clinical Nurse Specialists
Detailed occupation	29-11XX Clinical Nurse Specialists – Diagnose and treat acute or chronic illness in an identified population with emphasis on specialist care for individuals with or at risk for chronic conditions; independently or as part of a multidisciplinary healthcare team.

We thank you for the opportunity to provide these comments and for your careful consideration of them. If you have any questions or require additional information, please feel free to contact Melinda Mercer Ray, NACNS Executive Director, at 703-929-8995.

Sincerely yours,

Peggy Barksdale

Peggy Barksdale, MSN, RN, OCNS-C, CNS-BC
President

References:

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3. Koskinen, L., Mikkonen, I., Graham, L., Norman, L.D., Richardson, J., Savage, E., Echorn M. Advanced practice nursing for enduring health needs management: A global perspective. Nurse Education Today, epub ahead of print accessed March 17, 2012, doi:10.1016/j.nedt.2011.06.010.
4. National Association of Clinical Nurse Specialists. CNS Census Infographic. http://www.nacns.org/docs/CensusInfographic.pdf. Accessed July 27, 2015.
5. National Association of Clinical Nurse Specialists. NACNS Position Statement on the Doctor of Nursing Practice, June 17, 2015. http://www.nacns.org/docs/DNP-Statement1507.pdf. Accessed July 27, 2015.