October 28, 2015

Standard Occupational Classification Policy Committee
U.S. Bureau of Labor Statistics, Suite 2135
2 Massachusetts Avenue, NE
Washington, DC 20212

RE: ***Amend Comments to Federal Register*** / Vol. 79, No. 99 / Thursday, May 22, 2014 – Notice of solicitation of comments for the 2018 SOC revision.

Dear Members of the Standard Occupational Classification Policy Committee:

The undersigned nursing organizations support separating the clinical nurse specialist (CNS) role from the general nurse category in the Standard Occupational Classification. The CNS is one of the four advanced practice registered nurse (APRN) roles. This APRN role represents 72,000 CNSs, making it the second largest of the four APRN roles. The nurse practitioners (NP) report 208,000 NPs, the certified registered nurse anesthetists 49,000 and the certified nurse-midwife/certified midwife category 11,000.

The nursing community would like to amend its previous comments regarding the Office of Management and Budget's and the Standard Occupational Classification Policy Committee's solicitation (79 FR 29619) for revising the 2018 Standard Occupational Classification's broad occupational units and detailed occupation. The following information is provided to clarify our position and to highlight the importance of this proposed change to all of nursing.

REQUEST

The undersigned organizations support the inclusion of the CNS role into the APRN category.
In its original filing dated July 17, 2014, the National Association of Clinical Nurse Specialists (NACNS) requested that due consideration is given to make the following changes to the 2018 SOC.:

1. Under the Broad Occupation group 29-1141 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"

The specific recommendation is configured below to represent the SOC coding system.

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 complex specialist care for individuals with or at risk for chronic conditions; independently or as part of a multidisciplinary health care team.

For the reasons described below, the undersigned nursing organizations strongly support:

1) Excluding the Clinical Nurse Specialist from the Broad Occupation group 29-1140 Registered Nurses, and
2) Including the Clinical Nurse Specialist as a broad occupation and detailed occupation in the 2018 SOC revisions currently under consideration.

This change will allow the SOC to be in alignment with national nursing organizations and state and federal laws and regulations.

RATIONALE

Medicare Recognition

The CNS is defined specifically in Medicare law and identified further in other regulations as one of the four APRN roles. This definition can be found in Section 1861(aa)(5)(B) of the Medicare law. This definition specifically identifies the clinical nurse specialist and defines this individual as a nurse who holds a master's degree in a defined clinical area of nursing from an accredited educational institution. This definition is a number of years old, and while it does not offer the full description of today's CNS that is in other state and federal documents, it has allowed the CNS to be identified as a provider under sections of Medicare Part A and Part B. For example, the CNS is authorized as a Medicare Part B provider and can independently bill Medicare Part B carriers for services provided to fee-for-service beneficiaries. Medicare Part B claims that originate from CNSs in all fifty states and the District of Columbia have been paid by the Medicare carriers.

Like any other provider who bills Medicare, the CNS must apply for a National Provider Identifier using taxonomy of codes that are unique to the CNS. This is an important indication that the CNS is providing independent health care services to a significant number of Medicare beneficiaries.

Another example is the Affordable Care Act and the more recent Sustainable Growth Rate (SGR) legislation. In the Affordable Care Act, the CNS is one of only two APRN roles recognized for the Medicare Primary Care Incentive Program. Moreover, in the SGR legislation, the CNS is specifically identified as one of the four APRN roles that can be reimbursed.

Another important reason to move the CNS into the APRN category is it will create parity with the Department of Education's classification system which has a separate CNS code - the Classification of Instructional Program (CIP) code.
https://nces.ed.gov/ipeds/cipcode/cipdetail.aspx?y=55&cipid=87643

CNS Census – Data Collection
National data on the CNS role is challenging to gather. The national organization that represents the CNS, the National Association of Clinical Nurse Specialists, began a process in 2014 to perform a national survey of clinical nurse specialists. This survey resulted in useful information including a profile of how CNSs use their time in a typical workday, the specialties where the CNS role is most often used and the type of environments that hire the CNS. It is our understanding that this survey will be repeated every two years, so there will be a growing data profile that will assist with our understanding of how the role is changing to meet the health care market demands.

Changing Entry-level
The national nursing professional landscape has been rapidly changing over the last 10 years. Currently the CNS is the 2nd largest APRN role numbered at 72,000. The CNS is clearly identified as one of the four APRN roles within the *Consensus Model for APRN Regulation* – a nationally supported effort by the majority of national nursing organizations and state boards of nursing across the country. Part of the *Consensus Model* promotes standardization of requirements for nursing education, licensure, regulation and certification. All APRN groups were included in the development of this national plan and the CNS role was specifically defined as an APRN role that includes prescriptive authority as well as other advanced nursing interventions.

In keeping with the evolution of the APRN roles and specifically with the CNS role, earlier this year NACNS announced the adoption of a new entry-level CNS degree, a doctorate in nursing practice (DNP). This decision is based on the advanced clinical education required for the CNS to continue to provide the leadership and advanced clinical interventions for complex patient care. This date was selected to allow schools of nursing the time to modify programs to accommodate this change. Currently, about 13% of the respondents of the 2014 CNS Census reported they are doctorally prepared. Because the role of the CNS involves complex patient care in health care systems requiring advanced skills, NACNS was compelled to endorse the DNP as entry level to practice.

PROGRESS OF THE APRN CONSENSUS MODEL
The CNS is clearly identified as one of the four APRN roles within the *Consensus Model for APRN Regulation*. Included in this model legislation and regulation are prescriptive authority for pharmaceuticals, durable medical equipment and laboratory tests for all APRNs.

Since 2010, the following states have made significant changes in their state laws and regulations to recognize the further define and recognize the CNS role: Alaska, Arizona, Delaware, Georgia, Illinois, Maryland, Massachusetts, Minnesota, Nevada, North Dakota and Rhode Island. Currently, 40 states recognize the CNS as an APRN.

The ever-growing number of states that are adopting the APRN Consensus Model and/or aspects of the APRN Consensus Model means that the CNS, CNM, CRNA and NP are all considered APRNs. It is of great concern that the Department of Labor's Standard Occupational Classification is not keeping pace with accepted practice in the profession and in the states. This mismatch at the professional, state and federal level can lead to confusion among all health care providers, and skew the data needed to keep pace with the health care demands of the nation.

With the expanding role of the CNS sweeping the country, it is critical that the standard occupational classification be modified to include the CNS as a separate APRN group. This change, as mentioned above, will bring the Department of Labor's Standard Occupational Classification into consistency with the national nursing professions and state and federal laws and regulations. Given the schedule of review for the standard occupational classification, we urge you to not delay any longer in making this critical change.

We hope that the Office of Management and Budget and the Standard Occupational Classification Policy Committee will see the value of adding "Clinical Nurse Specialists" as a Broad Occupation and "Clinical Nurse Specialists" as a Detailed Occupation to the 2018 SOC.

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

ORGANIZATIONS

Academy of Medical Surgical Nurses (AMSN)
American Association of Colleges of Nurses (AACN)
American Association of Critical-Care Nurses (AACN)
American Association of Heart Failure Nurses (AAHFN)
American Association of Neuroscience Nurses (AANN)
American Association of Nurse Anesthetists (AANA)
American Organization of Nurse Executives (AONE)
American Pediatric Surgical Nurses Association (APSNA)
American College of Nurse-Midwives (ACNM)
American Nurses Association (ANA)
Association of periOperative Registered Nurses (AORN)
Association for Radiologic & Imaging Nurses (ARIN)
Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
Dermatology Nurses' Association (DNA)
International Association of Forensic Nurses (IAFN)
International Society of Psychiatric Mental-Health Nurses (ISPN)
National Association of Clinical Nurse Specialists (NACNS)
National Gerontological Nursing Association (NGNA)
National Association of Nurse Practitioners in Women's Health (NPWH)
National Association of Pediatric Nurse Practitioners (NAPNAP)
National Forum of State Nursing Workforce Centers ((NFSNWC)
National League for Nursing (NLN)
National Association of Hispanic Nurses (NAHN)

National Organization of Nurse Practitioner Faculties (NONPF)
Oncology Nursing Society (ONS)
Organization for Associate Degree Nursing (OADN)
Preventive Cardiovascular Nurses Association (PCNA)
Society of Urologic Nurses and Associates (SUNA)