

September 18, 2020

Brian Foster
Clearance Officer
Railroad Retirement Board
844 North Rush Street,
Chicago, Illinois 60611-1275

RE: Information Collection Request: OMB 3220-0039 Railroad Unemployment Insurance Act Applications

Dear Mr. Foster,

The American Association of Nurse Practitioners (AANP), on behalf the over 290,000 nurse practitioners (NPs) across the nation, appreciates the opportunity to provide comment in response to the Railroad Retirement Board's information collection request OMB 3220-0039, Railroad Unemployment Insurance Act applications. In order to ensure accuracy of these forms and provide better clarity for patients, we respectfully request that the titles, directions and information fields in forms SI-1a, SI-1b, SI-7, and SI8, be changed to use the phrase 'doctor or other health professional'.

NPs are advanced practice registered nurses who are prepared at the masters or doctoral level to provide primary, acute, chronic and specialty care to patients of all ages and walks of life. Daily practice includes: assessment; ordering, performing, supervising and interpreting diagnostic and laboratory tests; making diagnoses; initiating and managing treatment including prescribing medication and non-pharmacologic treatments; coordinating care; counseling; and educating patients and their families and communities. NPs practice in nearly every health care setting including clinics, hospitals, Veterans Health Administration and Indian Health Services facilities, emergency rooms, urgent care sites, private physician or NP practices (both managed and owned by NPs), skilled nursing facilities (SNFs), nursing facilities (NFs), schools, colleges and universities, retail clinics, public health departments, nurse managed clinics, homeless clinics, and home health. NPs hold prescriptive authority in all 50 states and the District of Columbia. NPs complete more than one billion patient visits annually.

The procedures for claiming benefits, and the forms promulgated for these procedures, are prescribed in 20 CFR part 335. In 20 CFR 355.3, "Execution of statement of sickness and supplemental doctor's statement", subsection (a) "who may execute" there are 11 clinicians listed that can execute both the statement of sickness and the supplemental doctor's statement. Nurse practitioners are listed as clinicians authorized to execute these statements "(11) Nurse Practitioners."

Nurse Practitioners authority to execute these statements is also recognized in form SI-1b "statement of sickness" where the instructions state that "This form is to be executed by (6) a nurse practitioner". However, following field 9, there are fields for the "name of doctor" and "signature of doctor", with subsequent references to 'doctors' in the form. In Form SI-1a "application for sickness benefit", on page 2, the instructions direct the applicant to 'have your doctor complete the attached statement of sickness'. In form SI-7, the 'supplemental doctors statement', the completion fields and instructions reference solely 'doctors', and this issue is present in the title of the form itself. The form SI-8 "verification of medical information" completion fields also reference the 'name of doctor' and 'signature of doctor.' However, as noted in 20 CFR 355.3 nurse practitioners are authorized to complete all of these forms.

In order to ensure accuracy of these forms and provide better clarity for patients, we respectfully request that the titles, directions and information fields in forms SI-1a, SI-1b, SI-7, and SI8, be changed to use the

phrase ‘doctor or other health professional’. These changes are consistent with the recognized authority of nurse practitioners to complete these forms. Usage of uniform, provider-neutral language, will better reflect our current primary care workforce and reduce confusion for the clinicians authorized to complete these forms and their patients.. We appreciate that certain fields within these forms recognize the authority of nurse practitioners to complete them, and in order to improve consistency throughout the forms, it is important that NPs are included in all titles, directions, and completion fields.

Nurse practitioners currently provide a substantial portion of the high-quality¹, cost-effective² care that our communities require, and will continue to do so to meet the needs of their communities. As of 2018, there were more than 145,000 NPs billing for Medicare services, making NPs the largest and fastest growing Medicare designated provider specialty.³ Over 82% of NPs are accepting Medicare patients and over 80% are accepting Medicaid patients.⁴ NPs have a particularly large impact on primary care as approximately 73% of all NP graduates deliver primary care⁵. NPs comprise approximately one quarter of the primary care workforce, with that percentage growing annually.⁶

As noted previously, performing physical examinations, evaluating a patient’s health condition, and serving as primary care providers is well within the scope of practice for nurse practitioners. NPs have served as Federal Motor Carrier Safety Administration medical examiners, authorized to perform medical examinations for interstate truckers since 1992. More recently this was expanded to NPs in the Veteran’s Administration. Nurse practitioners serve as primary care providers in the Veteran’s Administration, the Medicare and Medicaid programs, and the Indian Health Service. Nurse practitioners are also authorized to complete physical examinations for the U.S. Marshals and Federal Air Marshals. The Social Security Administration also considers nurse practitioners to be acceptable medical sources for the purpose of establishing a medically determinable physical or mental impairment.

This demonstrates that federal agencies have long recognized that NPs are qualified to perform examinations for health or functional impairment and provide ongoing care to patients. Updating these forms to fully recognize nurse practitioners will ensure access to high-quality health care for railroad retirees.

We thank you for the opportunity to comment on this proposed information collection. We look forward to working on these issues with you. Should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs, msapio@aanp.org, 703-740-2529.

Sincerely,



¹ <https://www.aanp.org/images/documents/publications/qualityofpractice.pdf>.

² <https://www.aanp.org/images/documents/publications/costeffectiveness.pdf>.

³ <https://www.cms.gov/files/document/2018-mdcr-providers-6.pdf>.

⁴ 2017 AANP National Nurse Practitioner Sample Survey.

⁵ <https://www.aanp.org/about/all-about-nps/np-fact-sheet>.

⁶ [Rural and Nonrural Primary Care Physician Practices Increasingly Rely On Nurse Practitioners](#), Hilary Barnes, Michael R. Richards, Matthew D. McHugh, and Grant Martsolf, *Health Affairs* 2018 37:6, 908-914.



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The Voice of the Nurse Practitioner®

David Hebert
Chief Executive Officer