June 21, 2021

CDC Desk Officer
Office of Management and Budget
725 17th Street NW
Washington, DC 20503

RE: 86 FR 28837 National Ambulatory Medical Care Survey (NAMCS) OMB Control No. 0920-0234

To whom it may concern,

The American Association of Nurse Practitioners (AANP), representing more than 325,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to comment on ways to enhance the quality, utility, and clarity of the National Ambulatory Medical Care Survey (NAMCS).

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 backgrounds. 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 hold prescriptive authority in all 50 states and the District of Columbia (D.C.) and perform more than one billion patient visits annually.

They 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), retail clinics, public health departments, nurse managed clinics, homeless clinics, and home health settings, as well as schools, colleges, and universities.

The CDC has requested feedback on ways to enhance the quality and utility of information collected through the NAMCS, an important tool for collecting data regarding care provided in ambulatory care settings. Unfortunately, the current NAMCS target universe does not include NPs practicing in office-based settings. Per the CDC, the targeted NAMCS universe has two major components: non-federally employed office-based physicians; and physicians and advanced practice providers (including nurse practitioners) in community health centers.[1] In 2006, the CDC added nurse practitioners to the community health center sample but not to the office-based setting sample. **To obtain an accurate representation of the health care workforce it is essential that NPs be added to the sample of providers in office-based settings.**

As of 2019, there were more than 163,000 NPs billing for Medicare services, making NPs the largest and fastest growing Medicare designated provider specialty.[2] Approximately 40% of Medicare patients receive billable services from a nurse practitioner[3] and approximately 80% of NPs are seeing Medicare and Medicaid patients. NPs have a particularly large impact on primary care as approximately 70% of all NP graduates deliver primary care. [4] In fact, NPs comprise approximately one quarter of the primary care workforce, with that percentage growing annually.[5]

[1] 2021-2022 NAMCS Supporting Statement B.
[2] https://www.cms.gov/files/document/2019cpsmdcrproviders6.pdf
[3] https://www.cms.gov/files/document/2019cpsmdcrphyssupp6.pdf
[4] NP Fact Sheet (aanp.org)
[5] 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.

It is important to recognize that NPs are more likely to practice in rural areas and areas of lower socioeconomic and health status[6,7,,8] playing an essential role as primary care providers for vulnerable populations.[9] According to a 2020 member survey, the most common practice settings for nurse practitioners are the office-based settings that are surveyed in the first component of the NAMCS.[10] In a response to previous comments by AANP on this topic, the agency indicated it would review the inclusion of NPs in the office-based settings sample component of the NAMCS. **To obtain accurate data regarding care provided in ambulatory care settings it is imperative that NPs be included in the sample. Therefore, we request that the CDC include NPs in the office-based setting sample component of the NAMCS.**

Additionally, while we appreciate the inclusion of the term" advanced practice providers" in certain sections of the survey instruments, other sections still use the term "mid-level provider" or "MIDLEV" when referring to NPs and certain other health care providers. NPs are licensed, independent practitioners who work throughout the entire health care spectrum from health promotion and disease prevention to diagnosis and treatment of patients with acute and chronic illnesses. The "mid-level" label originated decades ago, and is not compatible with NP licensure. It is important to note that the United States Department of Health and Human Services (HHS) has stated they are no longer using the term 'mid-level providers' given the 'increasingly critical and advanced roles that PAs and APRNs play within the clinic environment."[11]

The term fails to recognize the established scope of practice for NPs and their authority to practice to the full extent of their education and clinical preparation. It confuses health care consumers and is not a true reflection of the NP role. The term "mid-level provider" implies an inaccurate hierarchy within clinical practice. Nurse practitioners have a steadfast reputation for safe practice and the provision of high-quality care. It is well established that patient outcomes for NPs are comparable to that of physicians. The CDC should fully retire the use of this term as it is outdated language that does not reflect the quality of care provided by NPs and the role that they play in the health care system. We strongly encourage the CDC to fully transition to the use of the term "advanced practice providers" and remove all references to 'mid-level provider' within the survey instruments.

We thank you for the opportunity to comment on the NAMCS. Should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs, msapio@aanp.org, 703-740-2529.

Sincerely,

Jon Fanning, MS, CAE, CNED
Chief Executive Officer
American Association of Nurse Practitioners

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[6] Davis, M. A., Anthopolos, R., Tootoo, J., Titler, M., Bynum, J. P. W., & Shipman, S. A. (**2018**). Supply of Healthcare Providers in Relation to County Socioeconomic and Health Status. ***Journal of General Internal Medicine***, 4–6. https://doi.org/10.1007/s11606-017-4287-4.

[7] Xue, Y., Smith, J. A., & Spetz, J. (2019). Primary Care Nurse Practitioners and Physicians in Low-Income and Rural Areas, 2010-2016. *Journal of the American Medical Association*, *321*(1), 102–105.

[8] Andrilla, C. H. A., Patterson, D. G., Moore, T. E., Coulthard, C., & Larson, E. H. (2018). Projected Contributions of Nurse Practitioners and Physicians Assistants to Buprenorphine Treatment Services for Opioid Use Disorder in Rural Areas. *Medical Care Research and Review*, *Epub ahead*. https://doi.org/10.1177/1077558718793070

[9] Xue, Y., Intrator, O., (2016) Cultivating the Role of Nurse Practitioners in Providing Primary Care to Vulnerable Populations in an Era of Health-Care Reform Policy, Politics, & Nursing Practice 2016, Vol. 17(1) 24–31

[10] Research Reports and Resources (aanp.org)

[11] 84 FR 7714, 7728 (see footnote 42).