

July 10, 2023

P. Benjamin Smith  
Deputy Director Indian Health Service

**RE: Indian Health Service Medical Staff Credentials Application, 0917-0009**

Dear Deputy Director Smith,

The American Association of Nurse Practitioners (AANP), representing more than 355,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to provide comment on this information collection. AANP is committed to empowering all NPs to advance high-quality, equitable care, while addressing health care disparities through practice, education, advocacy, research, and leadership (PEARL).<sup>1</sup> Nurse practitioners have full practice authority within the Indian Health Service (IHS)<sup>2</sup>, and are integral to IHS achieving its mission of raising the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. AANP is committed to working with IHS on achieving these goals.

Accordingly, we respectfully request that IHS review the medical staff credentials application and revise or remove any invasive or stigmatizing language around mental health, consistent with recommendations from the National Institute for Occupational Safety and Health (NIOSH) within the Centers for Disease Control and Prevention (CDC). As stated by NIOSH, “[o]ne of the most substantial systems barriers to healthcare worker wellbeing is intrusive mental health questions on hospital credentialing applications.”<sup>3</sup> To best support the IHS healthcare workforce, it is important that healthcare workers are not stigmatized or discriminated against for seeking access to mental health care.<sup>4</sup>

As you know, NPs are advanced practice registered nurses (APRNs) 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. Currently, twenty-seven states, the District of Columbia and two U.S. territories have adopted full practice authority, granting patients full and direct access to nurse practitioners.

NPs practice in nearly every health care setting including hospitals, clinics, 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) and nursing facilities (NFs), schools, colleges and universities, retail clinics, public health departments, nurse managed clinics, homeless clinics, and home health care settings.

<sup>1</sup> <https://www.aanp.org/advocacy/advocacy-resource/position-statements/commitment-to-addressing-health-care-disparities-during-covid-19>

<sup>2</sup> <https://www.ihs.gov/ihs/pc/part-3/p3c4/#3-4.11>.

<sup>3</sup> <https://www.cdc.gov/niosh/topics/mentalhealth/default.html>.

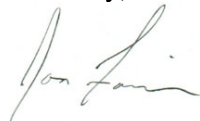
<sup>4</sup> <https://www.cdc.gov/niosh/docs/2023-136/pdfs/2023-136.pdf?id=10.26616/NIOSH PUB2023136>.

Nurse practitioners provide a substantial portion of the high-quality<sup>5</sup>, cost-effective<sup>6</sup> care that our communities require. Approximately 80% of NPs are seeing Medicaid patients<sup>7</sup> and according to the Medicare Payment Advisory Commission (MedPAC), APRNs and PAs comprise approximately one-third of our primary care workforce, and up to half in rural areas.<sup>8</sup>

As noted by NIOSH<sup>9</sup>, the Dr. Lorna Breen Foundation (Foundation) has developed a toolkit and steps to address overly broad and invasive mental health questions. As the Foundation has noted, while many of these questions were created with a positive intent in mind, they have resulted in clinicians fearing reprisal if they seek mental health treatment. Within the IHS medical staff credential application, questions 23-26 and the “Statement of Health” contain language that has the potential to stigmatize or discriminate against clinicians seeking mental health treatment, as described on page 6 of the toolkit, because of language that is overbroad, vague, and not supportive of clinicians seeking mental health treatment.<sup>10</sup> We respectfully request that IHS audit this application, and any other similar materials, and revise or replace any stigmatizing language consistent with the NIOSH recommendations. These changes will benefit the IHS mission by addressing provider burnout and providing more support to healthcare workers who would benefit from mental health treatment.

We appreciate the opportunity to comment on this information collection and look forward to continued partnership with IHS in carrying out its mission of the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. 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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<sup>5</sup> <https://www.aanp.org/images/documents/publications/qualityofpractice.pdf>.

<sup>6</sup> <https://www.aanp.org/images/documents/publications/costeffectiveness.pdf>.

<sup>7</sup> NP Fact Sheet (aanp.org)

<sup>8</sup> [https://www.medpac.gov/wp-content/uploads/2022/06/Jun22\\_MedPAC\\_Report\\_to\\_Congress\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2022/06/Jun22_MedPAC_Report_to_Congress_SEC.pdf) (see Chapter 2.)

<sup>9</sup> <https://www.cdc.gov/niosh/topics/mentalhealth/default.html>.

<sup>10</sup> <https://drlornabreen.org/wp-content/uploads/2022/12/ALL-IN-Audit-Change-Communicate-Toolkit.pdf>.