

July 13, 2023

Jeffrey M. Zirger  
Lead, Information Collection Review Office  
Office of Scientific Integrity  
Office of Science  
Centers for Disease Control and Prevention (CDC)

**Re: National Electronic Health Records Survey (NEHRS) Revision; (OMB Control No. 0920-1015);  
Docket No. CDC-2023-0039**

Dear Mr. Zirger,

The American Association of Nurse Practitioners (AANP), representing more than 355,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to comment on ways to enhance the quality, utility and clarity of the National Electronic Health Records Survey (NEHRS). In a 2019 comment on the NEHRS, we respectfully requested that the CDC include NPs in the NEHRS sample of providers in office-based settings, and to remove references to “mid-level providers” in the NEHRS.

In response to that comment, the CDC did remove the term “mid-level provider” from the NEHRS and stated that it would consider adding NPs to the survey sample for future NEHRS planning. We appreciate your thoughtful response, and thank the CDC for removing “mid-level provider” from the survey instrument. This is an important step to ensuring that NPs (and other clinicians) are accurately represented in the survey and in other materials and communications. As four years have passed since the prior request, and the share of patients seen by NPs continues to grow, we respectfully reiterate our request to add NPs to the NEHRS survey sample. NPs are the fastest growing Medicare-designated provider specialty, and provide treatment to over 40% of Medicare beneficiaries, with similar growth in other patient populations. Accordingly, we believe that including NPs in the sample is critical to gaining a complete understanding of EHR adoption and experiences.

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.

Nurse practitioners provide a substantial portion of the high-quality<sup>1</sup>, cost-effective<sup>2</sup> care that our communities require. As of 2021, there were over 193,000 NPs billing for Medicare services, making NPs the largest and fastest growing Medicare designated provider specialty.<sup>3</sup> Approximately 40% of Medicare patients receive billable services from a nurse practitioner<sup>4</sup>, and approximately 80% of NPs are seeing Medicare and Medicaid patients.<sup>5</sup> 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>6</sup>

NPs provide a substantial portion of health care in rural areas and areas of lower socioeconomic and health status. As such, they understand the barriers to care that face vulnerable populations on a daily basis.<sup>7, 8, 9</sup> They are also “significantly more likely than primary care physicians to care for vulnerable populations. Nonwhites, women, American Indians, the poor and uninsured, people on Medicaid, those living in rural areas, Americans who qualify for Medicare because of a disability, and dual-eligibles are all more likely to receive primary care from NPs than from physicians.”<sup>10</sup> MedPAC also found that, among all clinician types, NPs on average had the highest share of allowed charges associated with low-income subsidy (LIS) beneficiaries, which includes Medicaid beneficiaries. “In 2019, 41 percent of the allowed charges billed by NPs who practiced in primary care were for LIS beneficiaries, as were 36 percent for NPs who practiced in specialty care compared with 28 percent for primary care physicians and PAs and 25 percent for specialty care physicians and PAs.”<sup>11</sup>

Data also demonstrates the important and growing role of nurse practitioners providing mental and behavioral health care to Medicare beneficiaries. A recent study published in *Health Affairs* found that from 2011-2019 the number of psychiatric-mental health NPs (PMHNPs) treating Medicare beneficiaries grew by 162%, compared to a 6% drop in psychiatrists during that same period. The study also found that the proportion of all mental health prescriber visits provided by PMHNPs to Medicare beneficiaries increased from 12.5% to 29.8% during that same period, exceeding 50% in rural, full practice authority regions.<sup>12</sup> In addition, MedPAC analyzed the utilization and availability of behavioral health services for Medicare beneficiaries, and noted that between 2016 and 2021, there was a “shift in Part B behavioral health services from psychiatrists to NPs and PAs.”<sup>13</sup>

The CDC requested feedback on ways to enhance the quality and utility of information collected through the NEHRS, an important tool for collecting data regarding the adoption and utilization of electronic health records. As noted previously, the current NEHRS is focused on surveying office-based physicians

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

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

<sup>3</sup> [data.cms.gov](https://data.cms.gov) MDCR Providers 6 Calendar Years 2017-2021

<sup>4</sup> Ibid.

<sup>5</sup> [NP Fact Sheet \(aanp.org\)](https://www.aanp.org)

<sup>6</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>7</sup> 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>.

<sup>8</sup> 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.

<sup>9</sup> 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>

<sup>10</sup> <https://www.aei.org/research-products/report/nurse-practitioners-a-solution-to-americas-primary-care-crisis/>

<sup>11</sup> [https://www.medpac.gov/wp-content/uploads/2023/03/Mar23\\_MedPAC\\_Report\\_To\\_Congress\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2023/03/Mar23_MedPAC_Report_To_Congress_SEC.pdf) (Page 135).

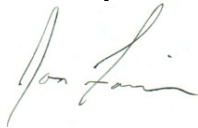
<sup>12</sup> <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2022.00289>

<sup>13</sup> [Congressional request: Medicare clinician and outpatient behavioral health services](#) (Slide 14)

and does not include surveying office-based nurse practitioners. The most common practice settings for nurse practitioners are the office-based settings that are included in this survey, and as noted above NPs comprise a substantial and growing portion of our health care workforce. **To obtain an accurate representation of the EHR experiences of the health care workforce it is essential that NPs are added to the sample of providers in office-based settings.**

We appreciate the opportunity to comment on this information collection, and thank the CDC for its work to survey this important topic. Should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs, [msapio@aanp.org](mailto:msapio@aanp.org), 703-740-2529.

Sincerely,



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