

March 21, 2024

Attn: Cyrus Benson
Retirement Services Publications Team
Office of Personnel Management,
1900 E Street NW, Room 3316-L
Washington, DC 20415

Re: Submission for Review: Request to Disability Annuitant for Information on Physical Condition and Employment, RI 30-1, 3206-0143

Dear Mr. Benson,

The American Association of Nurse Practitioners (AANP), representing more than 385,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to provide comment on the “Request to Disability Annuitant for Information on Physical Condition for Employment Form.” In the form, we recommend that OPM use the phrase “licensed health practitioner” instead of “physician” to maintain consistency with other OPM forms and regulations. This term is already defined under 5 CFR 339.104, used in other areas of the Civil Service Retirement System (CSRS) and Federal Employees’ Retirement System (FERS) regulations, is inclusive of NPs and will ensure that disability annuitants are authorized to receive care from nurse practitioners and other health care professionals.

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 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 and complete more than one billion patient visits annually.

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 those communities. NPs have a particularly large impact on primary care as approximately 70% of all NP graduates deliver primary care.³ In fact, NPs comprise approximately one quarter of the primary care workforce, with that percentage growing annually.⁴

Under OPM regulations, medical documentation can be provided by “licensed physicians” and “other licensed health practitioners”, including nurse practitioners, for the purposes of making medical

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

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

³ <https://www.aanp.org/about/all-about-nps/np-fact-sheet>.

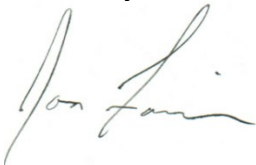
⁴ [Rural and Nonrural Primary Care Physician Practices Increasingly Rely On Nurse Practitioners](#), Hilary Barnes, Michael R. Richards, Matthew D. McHugh, and Grant Martsolf, *Health Affairs* 2018 37:6, 908-914.

qualification determinations.⁵ OPM has clarified that for the purposes of determining an individual's entitlement to disability retirement benefits under FERS, OPM will consider evidence submitted by State-licensed practitioners,⁶ which includes nurse practitioners.

In recent rulemaking, OPM updated certain CSRS and FERS regulations to recognize that many patients see nurse practitioners and other clinicians as their health care providers of choice. In a final rule issued October 14, 2021, OPM stated that "OPM received one comment from the American Association of Nurse Practitioners (AANP). The AANP suggested amending the language in 5 CFR 849.203 from "medical professional" to "licensed health practitioner." In addition, the AANP suggested amending 5 CFR 849.602 to include the language "or other licensed health practitioner's" when identifying statements that are acceptable to stop representative payments. The AANP reasoned that the term licensed health practitioner is already defined under 5 CFR 339.104, and that these changes more closely align with other regulations at 5 CFR 831.1202 and 844.102 that OPM uses to administer annuity benefits under CSRS and FERS. OPM agrees and has adopted the AANP's recommendations by amending 5 CFR 849.203 and 849.602, to include "licensed health practitioner" as appropriate. OPM has also amended 5 CFR 849.102 to include the definition for physicians and practitioners."⁷

As noted above, we appreciate the recognition of the importance of NPs by OPM and request that this form be updated to utilize the term "licensed healthcare practitioner" instead of "physician" to promote consistency across OPM regulations, increase access to care, and reduce confusion for beneficiaries and their health care practitioners, including NPs. We thank you for the opportunity to comment on this information collection. 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

⁵ 5 CFR § 831.1202.

⁶ 55 FR 6591, 6598.

⁷ https://www.regulations.gov/document/OPM_FRDOC_0001-2200.