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RE: Information Collection Request: Health Resources and Services Administration (HRSA)
Uniform Data System (UDS), OMB No. 0915-0193—Revision.

Dear Ms. Roland,

Thank you for the opportunity to review and provide feedback on the proposed revisions to the HRSA UDS. The American Psychiatric Nurses Association (APNA) applauds HRSA's ongoing commitment to updating the UDS, as it is a crucial source of data for monitoring care delivered in HRSA-funded health centers as well as informing federal health policy decisions. Through its collection of data on health care personnel in Table 5 specifically, these efforts also support the agency's goal to foster a health workforce and health infrastructure able to address current and emerging needs.

To keep this instrument relevant and responsive to health center program needs and the evolving healthcare landscape, APNA strongly recommends that Table 5 be amended to specify Psychiatric-Mental Health Advanced Practice Nurses (PMH APRNs), including Nurse Practitioners (PMHNPs) and Clinical Nurse Specialists (PMHCNSs) as a separate category of providers. This category could be listed as "PMH Advanced Practice Nurses (PMHNPs & PMHCNSs)". While the medical services category in Table 5 of the UDS includes a designation to report on services provided by Nurse Practitioners, the mental health services category instead groups PMHNPs and PMHCNSs in the "Other Licensed Mental Health Providers" section. Failure to collect well-defined data is further compounded in the 2023 changes to Table 5 in the Selected Service Detail Addendum, which again does not offer a category for PMHNPs and PMHCNSs, despite the fact that they are a profession who have demonstrated capabilities to increase the capacity of Medication Assisted Therapy (MAT) providers (Spetz et al., 2022). Again, this workforce is grouped into an "Other Licensed Mental Health Providers" category.

Failure to account for these personnel creates difficulties in creating staff projection models, understanding workloads, and gaining crucial insights into how integrated and team services operate and their outcomes. It also groups together several professionals who serve very different functions, resulting in data that can be misconstrued or misinterpreted. In the 2023 UDS Report, for example, the line of "Other Licensed Mental Health Providers" (20b-other) in Table 5 performed nearly five times the clinic visits delivered by psychiatrists and twice the number of virtual visits:

20a.	Psychiatrists	995.45	894,887	990,739	
20a1.	Licensed Clinical Psychologists	936.66	567,119	384,851	
20a2.	Licensed Clinical Social Workers	5,579.52	3,172,081	1,949,288	
20b.	Other Licensed Mental Health Providers	6,215.69	3,868,367	2,533,942	
20c.	Other Mental Health Personnel	4,078.28	1,130,568	530,641	
20.	Total Mental Health Services (Lines 20a-c)	17,805.60	9,633,022	6,389,461	2,790,257

Such a large volume of uncategorized data is a missed opportunity to assess the role of a crucial and substantial part of the mental health workforce. Psychiatric-mental health is one of the fastest growing fields among new nurse practitioners (APNA, 2022) and recent reports indicate that there are more than 43,000 certified PMHNPs (who have prescriptive privileges in 50 states) and 3,106 certified PMHCNSs (who have prescriptive privileges in 36 states) (ANCC, 2024).

Again, to ensure that the data collected through the Universal Data System continues to comprehensively document the workforce delivering mental health and substance use care in these centers, to what patients, and with what outcomes, it is necessary to amend Table 5 to delineate a category for PMHNPs and PMHCNSs.

We greatly value HRSA's ongoing work to help Americans receive quality, affordable health care and other services. Adding further detail to Table 5 in order to more fully understand service delivery by mental health personnel will only further the agency's ability to manage and administer these programs in a way that ensures they continue to be innovative and of high value. It will also further empower HRSA to intentionally target their workforce efforts towards building a health care workforce that meets current and future needs.



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References

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