

January 21, 2025

HRSA Information Collection Clearance Officer  
Room 14NWH04  
5600 Fishers Lane  
Rockville, Maryland 20857

Submitted via email: [paperwork@HRSA.gov](mailto:paperwork@HRSA.gov)

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

To whom it may concern,

The American Association of Nurse Practitioners (AANP), representing more than 385,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to respond to this information collection revision. 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> We agree with the importance of improved data collection for patients accessing treatment for mental health (MH) and substance use disorders (SUD), particularly for underserved populations.

As you know, 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. 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.

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>2</sup> NPs 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>3</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

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<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.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>3</sup> <https://www.aei.org/research-products/report/nurse-practitioners-a-solution-to-americas-primary-care-crisis/>

practiced in specialty care compared with 28 percent for primary care physicians and PAs and 25 percent for specialty care physicians and PAs.”<sup>4</sup>

### **Proposed Updates to 2025 UDS data collection**

In this revision of information collection, HRSA is proposing to add new measures to the UDS regarding the administration of medications for opioid use disorder (MOUDs), the initiation and engagement of substance use disorder treatment, tobacco use cessation pharmacotherapies, and Alzheimer’s disease and related dementias screening. AANP supports the inclusion of these new measures to improve our understanding of patient access to these essential treatments and screenings.

### **UDS Table 5 Definitions**

As HRSA looks to improve data collection, particularly related to the treatment of behavioral health and substance use disorders, we encourage the agency to add a line for psychiatric-mental health nurse practitioners (PMHNPs) within the behavioral health services category of table 5 of the UDS. NPs are critical to the treatment of patients in rural and underserved communities, particularly in community health centers. According to the HRSA UDS, as of 2022 over 12,000 NPs are practicing in community health centers and they performed over 25 million clinic visits and approximately 4 million virtual visits.<sup>5</sup> However, this number as reported does not include services provided by PMHNPs because community health centers are instructed to report PMHNP services under the “Other Licensed Mental Health Providers” category.<sup>6</sup> PMHNPs are critical to providing access to behavioral health and substance use disorder services to patients across the country, and reporting their services on their own line within the behavioral health services category will improve data collection on our behavioral health workforce.

According to HRSA, more than one-third of Americans live within mental health professional shortage areas.<sup>7</sup> Data demonstrates that NPs are critical in filling access gaps and providing mental and behavioral health care to Medicare beneficiaries. A recent study published in *Health Affairs* found that from 2011-2019 the number of PMHNPs treating Medicare beneficiaries grew by 162%, compared to a 6% drop in psychiatrists during that same period.<sup>8</sup>

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>9</sup> In addition, the Medicare Payment Advisory Commission (MedPAC) analyzed the utilization and availability of behavioral health services for Medicare beneficiaries. MedPAC found “large shifts in the behavioral health workforce over time: Between 2016 and 2021, substantial growth in behavioral health services provided by nurse practitioners occurred, while volume by psychiatrists declined.”<sup>10</sup> MedPAC’s report also states that “we found shifts over time in the specialty of the clinicians who provide Part B behavioral health services. Most notably, between 2016 and 2021, the volume of these services provided by psychiatrists declined (5 percent average annual decrease) and rose for nurse practitioners (12 percent average annual increase).”<sup>11</sup> Given the importance of PMHNPs to the behavioral health workforce, it is important to improve the understanding of how many patients are being treated by PMHNPs in community health centers.

<sup>4</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>5</sup> <https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=5&year=2022>

<sup>6</sup> <https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2023-uds-manual.pdf>. (See page 57)

<sup>7</sup> 88 FR 52366.

<sup>8</sup> <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2022.00289>

<sup>9</sup> Ibid

<sup>10</sup> [https://www.medpac.gov/wp-content/uploads/2023/06/Jun23\\_MedPAC\\_Report\\_To\\_Congress\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2023/06/Jun23_MedPAC_Report_To_Congress_SEC.pdf)

<sup>11</sup> Ibid



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AANP appreciates the opportunity to respond to this information collection request. Should you have comments or questions, please contact MaryAnne Sapio, V.P. Federal Government Affairs, [msapio@aanp.org](mailto:msapio@aanp.org), 703-740-2529.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jon Fanning'.

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