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National Sample Survey of Registered Nurses

Comment On: USBC-2022-0006-0001
National Sample Survey of Registered Nurses (NSSRN), Federal Register Notice

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Submitter Information

Name: Anonymous Anonymous

General Comment

I believe that the changes that The Department of Commerce wishes to make to the NSSRN should be passed because it will all around improve the surveying experience. Increasing the sample size is an obvious choice that should be made. There are currently 4.2 million working RNs in the United States right now, and changing the sample size to 100,000 to 125,000 is a step in the right direction to have more nurse's opinion. Providing an incentive is also a good choice because this will improve the amount of nurses willing to participate in the survey. Also, COVID-19 has had a huge effect on our healthcare workers, and I think it's very important to understand how this pandemic has changed their profession.

May 13, 2022

Census Bureau

Submitted via addp.nssrn@census.gov

RE: National Sample Survey of Registered Nurses (NSSRN)

To whom it may concern,

The American Association of Nurse Practitioners (AANP), representing more than 355,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to provide feedback on ways to enhance the quality, utility, and clarity of the NSSRN. AANP's comments on specific questions contained within the NSSRN can be found below. We appreciate the Census Bureau updating the NSSRN to obtain data on the impact of the COVID-19 pandemic on our nursing workforce and practice patterns, such as the utilization of telehealth. We look forward to further work with the Census Bureau in further developing the NSSRN which is an essential tool to evaluating the national nurse practitioner workforce.

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.

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. Below are our comments on specific questions contained within the draft 2022 NSSRN.

A8c: Which of the following NP certifications did you have from a National Certifying Organization?

The responses for this question include both population-based foci certifications (those that a traditional academic education would prepare NPs for and are required for licensure) and what are considered additional certifications (e.g., advanced diabetes, palliative care, etc.). However, not all additional certifications from a national certifying organization are included. For example: Wound Care, Orthopedics, Addictions-Advanced Practice, Dermatology, Genetics, Nephrology, Occupational Health, and Oncology. Additionally, the available answers exclude some of the grandfathered licensure certification types that NPs can still retest in (Adult NP, Gerontology NP) but cannot sit for initially, while including "School NP" which is no longer available. AANP recommends that the Census Bureau only include population-based certifications as possible responses, including "Adult NP" and "Gerontology NP" which have been grandfathered and can be retested. In recognition of these changes, we also suggest revision the question to state: "Which of the following National NP Board Certifications do you hold?"

B13a. Have you completed an RN residency or transition-to-practice program?

AANP strongly requests that the Census Bureau add "RN" before transition-to-practice program to ensure respondents do not confuse this question with APRN time in practice requirements that may be required in a few states under state law. An operationalized definition of the meaning of RN residency and RN transition-to-practice program would also be helpful as some respondents may interpret this as their employment onboarding process, which we don't believe is the intent of this question.

B13b. Did you have a preceptor assigned to you during this residency or transition-to-practice program?.

Consistent with the above comment on question B13a, we strongly request that "RN" be added before "residency" and "transition-to-practice program" to ensure that respondents clearly understand that this question is intended for RNs, not APRNs.

C7a. For the license required in my primary nursing position I could practice to the full extent of my state's legal scope of practice. Answer only about the year 2021.
C7b. In my primary nursing position, I was able to practice to the full extent of my nursing education and training. Answer only about the year 2021.

NP respondents will read 7a and 7b as being the same question. If the intent is to identify institutional limitations on practicing to the full extent of legal scope of practice in 7a, we recommend Census consider reframing the question to state: "For the license required in my primary nursing position I could practice to the full extent of my state's legal scope of practice at my place of employment."

C12. Which of the following best describes the employment setting of the primary nursing position you held on December 31, 2021? Mark one box only.

AANP disagrees with the removal of the option of "Critical Access Hospital (CAH) – a rural community hospital that receives cost-based reimbursement from Medicare" from the 2018 NSSRN. We recommend that Census add this option back into the survey which will provide important data on the NP workforce in these facilities, particularly in light of the staffing shortages CAHs have faced since the onset of the COVID-19 pandemic.

C20. For the primary nursing position you held on December 31, 2021, in what level of care or type of work did you spend most of your time? Mark one box only.

AANP recommends adding a category for "Primary Care" to the question responses. Additionally, the categories in this list are half setting and half clinical. It is important to recognize that primary care is happening in acute and critical care settings, not just in ambulatory care. Health care is evolving rapidly and for the certified Family NP who works in a rural hospital emergency room, but provides mostly primary care, none of these options would suffice.

C28. For the primary nursing position you held on December 31, 2021 in what type of clinical specialty did you spend most of your patient care time in 2021? Mark one box only.

Similar to our comments on question C20, we recommend adding a general option for "Primary Care" such as was available in 2018, that is not specifically linked to an ambulatory setting. We also recommend adding options for women's health, pediatrics, gerontology and endocrinology.

G4. To what extent did your education prepare you to be a Licensed Independent Practitioner (LIP)? An LIP is permitted to provide care and services without supervision from a physician.

We do not recommend using the term LIP as that is a technical term that was only used in certain settings, and which has generally fallen out of usage. Based on our understanding of the intent of the question, we recommend revising to state "To what extent did your education prepare you to practice to the full extent of your education and clinical preparation without supervision from a physician or other health care provider?" Additionally, we recommend removing the response "I do not practice independently" which addresses the NPs practice environment, but not their clinical preparation.

G11. On December 31, 2021, were you employed in an NP position that required state certification, licensure or recognition?

We are unclear as to the intent of this question. Every NP should answer yes to this question as you cannot be employed as an NP without state level authorization to practice in the form of certification, licensure or recognition. We would recommend removing this question to eliminate possible confusion.

Questions G26-G29

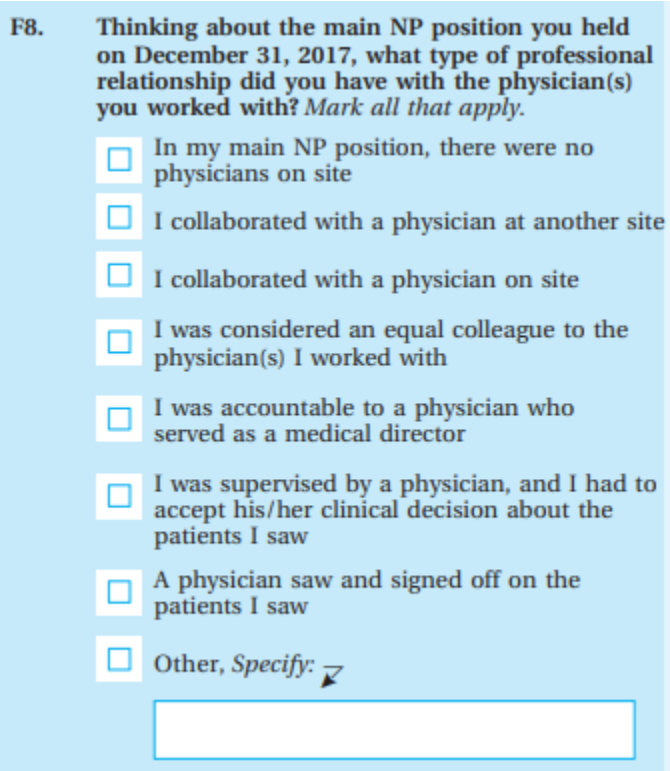
We have the following four comments and recommendations regarding this set of questions:

1. We recommend reordering the questions in the following order: G26, G28, G29, and G27.
2. We recommend clarifying what is meant by "full prescriptive authority."
3. We recommend removing the response "MD or other NP wrote all of my prescriptions" under question G28. Full prescriptive authority refers to the legal authorization to prescribe, but this response refers to practice environment.
4. Regarding question G27, we note that in April of 2021, HHS authorized qualified clinicians (including NPs) to prescribe buprenorphine to treat opioid use disorder (OUD) to up to 30 patients without obtaining an x-waiver.[1] Census may want to consider including a question on how many NPs prescribed buprenorphine for OUD to up to 30 patients without an x-waiver under this new authority.

Below is also a question from the 2018 NSSRN that was removed from the 2022 NSSRN, and which we would recommend adding back to the 2022 NSSRN with the modifications described below.

F8. Thinking about the main NP position you held on December 31, 2017, what type of a professional relationship did you have with the physician(s) you worked with? Mark all that apply.

[1] https://www.hhs.gov/about/news/2021/04/27/hhs-releases-new-buprenorphine-practice-guidelines-expanding-access-to-treatment-for-opioid-use-disorder.html.



F8. **Thinking about the main NP position you held on December 31, 2017, what type of professional relationship did you have with the physician(s) you worked with?** *Mark all that apply.*

- ☐ In my main NP position, there were no physicians on site
- ☐ I collaborated with a physician at another site
- ☐ I collaborated with a physician on site
- ☐ I was considered an equal colleague to the physician(s) I worked with
- ☐ I was accountable to a physician who served as a medical director
- ☐ I was supervised by a physician, and I had to accept his/her clinical decision about the patients I saw
- ☐ A physician saw and signed off on the patients I saw
- ☐ Other, *Specify:*

We believe this question has merit with some suggested revisions (see below) and responses that have the potential to improve the health care community's understanding of the variation in physician involvement in NP practice across settings and states based on organizational, state, and federal policies. It also appears that this question was replaced with questions G15a. through G16b. We recommend adding F8 back (with the recommended revisions) and removing questions G15a. through G16b.

AANP respectfully requests question F8 from the 2018 NSSRN be included in the 2022 instrument with the following minor revisions:

- Change selection from "I collaborated with a physician at another site" to "I had a collaborative or supervisory practice agreement with a physician at another site"
- Change selection from "I collaborated with a physician on site" to "I had a collaborative or supervisory practice agreement with a physician on site"

"Collaborated with" and "Having a collaborative practice agreement with" are distinct and we believe the latter was the intent of the question, but it may be misinterpreted by the survey respondent. We also recommend transforming F8 into a matrix question with a second column and 3 subcolumns (organization, state, federal) requesting information on what types of policies dictate the physician relationships described in their primary work setting. Without better understanding of the levels of policy that continue to limit NP practice, we can't begin to maximize the potential of NPs to increase patient access, deliver high quality care and produce cost savings in the US.

General Comments Regarding changes to sampling and estimated costs from HRSA/Census:

AANP recognizes the need and supports the expansion of the sample to ensure generalizability of survey responses to the entire population of RNs/NPs. We are concerned that the assessment of $0 additional dollars to the public is not accurate. The NSSRN is a mailed survey instrument, and while we understand multiple efforts are under way to encourage participants to complete online instead of in paper, the initial invitation will always be distributed via postal service. At a minimum, the estimates for the survey cost must increase to account for increases in sample size and postage costs accordingly.

Additionally, expecting nursing organizations to continue to provide sampling assistance in-kind, pro-bono, and without compensation sets a double standard and is inequitable and unsustainable. Developing and maintaining health professional/provider databases not currently provided by the federal government is very resource intensive to ensure data validity and integrity. National surveys that recruit nurses, physician assistants, and other health care workers should always budget accordingly for sample development and assuming no additional cost for the NSSRN while increasing the sample size may set an unsustainable precedent.

We thank you for the opportunity to comment on the NSSRN. 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