American Association
of Colleges of Nursing

December 5, 2022

Chiquita Brooks-LaSure
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Blvd.
Baltimore, MD 21244

RE: CMS-0058-NC: Request for Information: National Directory of Healthcare Providers & Services

Dear Administrator Brooks-LaSure,

The American Association of Colleges of Nursing (AACN) welcomes the opportunity to provide the following response to the Request for Information (RFI) on the establishment of a National Directory of Healthcare Providers & Services (NDH). As the national voice for academic nursing, AACN works to establish quality standards for nursing education, influences the nursing profession to improve health care, and promotes public support for professional nursing education, research, and practice. AACN represents more than 850 schools of nursing offering a mix of baccalaureate, graduate, and post-graduate programs at public and private universities nationwide.[1]

AACN has a vested interest in improving our nation's health and health care. For over five decades, the association has championed professional nursing education to ensure that Registered Nurses (RN) and Advanced Practice Registered Nurses (APRN), including nurse practitioners, certified nurse-midwives, certified registered nurse anesthetists, and clinical nurse specialists, are prepared to provide evidence-based, cost effective, and high-quality care. Together with our member schools, AACN represents over 565,000 students, including more than 120,000 nursing students currently enrolled in APRN programs who will serve as our nation's next generation of expert providers. [2]

In keeping with our colleagues in the APRN community, AACN believes that it is crucial for the Centers for Medicare and Medicaid Services (CMS) to include all APRNs and RNs within the national directory to accurately account for the type of care provided. This requirement would assist with CMS' plan to enhance health equity because it helps ensure access to healthcare services, especially in underserved and rural areas. Accurate provider directories are imperative and must fully include all APRNs and RNs while recognizing nursing board certifications.

Below are AACN's considerations in response to the RFI on establishing an NDH with recommended actions. We appreciate your leadership to investigate these challenges and the opportunity to work with you and your colleagues to address them.

[1] About the American Association of Colleges of Nursing. Retrieved from: https://www.aacnnursing.org/About-AACN
[2] 2021-2022 Enrollments and Graduations in Baccalaureate and Graduate Programs in Nursing. Washington, DC: American Association of Colleges of Nursing.

Recommendation: Implementation of specific strategies, solutions, and policies that allow the accurate display of data updates through the National Plan and Provider Enumeration System (NPPES)

All healthcare clinicians, including nurses, who conduct electronic transactions and transmit health information are strongly encouraged to obtain a National Provider Identifier (NPI). Importantly, students enrolled in healthcare education/training programs are also encouraged to obtain an NPI number, which can provide critical insight regarding the future of the healthcare workforce. An NPI number is associated with an individual for the duration of their career and can help with the collection of valuable information regarding the distribution of healthcare providers by employment, specialty, and demographics. Moreover, in times of public health emergencies, NPI numbers can further assist in understanding the healthcare labor market and the dynamics of supply and demand[3].

The NPI can aid in understanding the state of the workforce, mobilizing resources to enhance emergency preparedness, and tracking services rendered. All providers, including APRNs, are required to submit their NPI number for billing. RNs, however, are not required to have an NPI. Therefore, it is more difficult to track RN services rendered and the value of care provided. Nursing's contributions to the health and care of patients and communities are often hard to measure or even invisible[4].The use of nursing resources can be gleaned from the NPI as well as insights into the amount of the direct care time and costs per patient. Improvements to this process are essential to allow for a more seamless transition from one employer, or healthcare position, to another and to understand the state of the healthcare workforce.

On the current NPPES platform, NPs do not have secondary taxonomies. This is an issue for the state systems who have evolved to provide licensure and certification, specialty program deployment, use for provider enrollment, billing, and program integrity in healthcare systems. Many states have fragmented provider enrollment systems and could benefit from a NDH serving as a platform. As such, any NDH should have a correlation with the mandated NPI process, including secondary taxonomies. AACN recognizes the value of the NPI is an important data element. There are challenges that many providers have encountered when updating NPI records, therefore; we strongly suggest that this new system allows for more seamless access to updating NPI records with secondary taxonomies.

Recommendation: Additional systems and partnerships to advance the NPPES platform

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[3] Chan, Garrett K. and Cummins, Mollie R. and Taylor, Cheryl S. and Rambur, Betty and Auerbach, David and Meadows-Oliver, Mikki and Cooke, Cindy and Turek, Emily A. and Pittman, Patricia, An Overview and Policy Implications of National Nurse Identifier Systems: A Call for Unity and Integration. Available at SSRN: https://ssrn.com/abstract=4133274

[4] Sensmeier, J., Androwich, I., Baernholdt, M., Carroll, W., Fields, W., Fong, V., Murphy, J., Omery, A. & Rajwany, N. (Summer 2019). The value of nursing care through use of a unique nurse identifier. *Online Journal of Nursing Informatics* (OJNI), 23(2). Available at http://www.himss.org/ojni

The demand for nurses is growing rapidly with the Bureau of Labor Statistics projecting the need for RNs to increase by 6% and for APRNs by 40% over the next decade, representing the need for an additional 225,600 nurses[5]. In July 2021, the U.S. Department of Labor reported a decrease in healthcare employment by over 500,000 individuals since February 2020[6]. In addition, it is projected that over 200,000 newly hired nurses will be needed annually through 2032 to meet the growing demand and replace retiring nurses[7]. Hospitals and health systems must be able to identify nurses in resource planning systems, such as the Provider Enrollment, Chain, Ownership System (PECOS), for documentation, education, research, and policy recommendations or changes.

Throughout the COVID-19 pandemic, the value of data has been highlighted, especially with respect to the supply of nurses and where and whether they are practicing. AACN's Health Policy Advisory Council (HPAC) has called for improvements in the national nurse identifier system to better meet workforce needs. HPAC recognizes that the "usefulness of the NCSBN ID will be substantially enhanced through linkage to the NPI, and advancement in the comprehensiveness of the NPI, as well as the widespread adoption within EHR systems. Advancing the co-development of the two systems is, therefore, an important next step in meeting nursing workforce needs while attending to the intended and unintended consequences of creating a national nurse identifier system"[8].

Recommendation: Strengthen the NDH and nullify the need for "incident-to" billing for APRNs and non-physician providers

AACN strongly supports allowing all providers to practice to the full extent of their education; however, there is inconsistent recognition of this authority, which results in increased spending, duplicative services, and a lack of timely care.[9] In its June 2019 report to Congress, the Medicare Payment Advisory Commission (MedPAC) recommends requiring APRNs and PAs to bill directly for services provided, eliminating "incident—to" billing[10]. The NPI in correlation to an updated NDH leads to administrative simplification and more accurate attestation for providers caring for patients.

The NDH as a source for accurate provider information will help to understand the reach and impact of the nursing workforce and serve as a master provider index. Having this

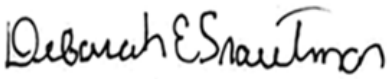
[5] U.S. Bureau of Labor Statistics. (2022). Occupational Outlook Handbook- Registered Nurses. Retrieved from: https://www.bls.gov/ooh/healthcare/registered-nurses.htm and https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm
[6] Employment Situation Summary (bls.gov) https://www.bls.gov/news.release/empsit.nr0.htm
[7] https://www.aha.org/fact-sheets/2021-05-26-fact-sheet-strengthening-health-care-workforce
[8] Chan, Garrett K. and Cummins, Mollie R. and Taylor, Cheryl S. and Rambur, Betty and Auerbach, David and Meadows-Oliver, Mikki and Cooke, Cindy and Turek, Emily A. and Pittman, Patricia, An Overview and Policy Implications of National Nurse Identifier Systems: A Call for Unity and Integration. Available at SSRN: https://ssrn.com/abstract=4133274
[9] National Academies of Sciences, Engineering, and Medicine. 2021. The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity. Washington, DC: The National Academies Press. https://doi.org/10.17226/25982
[10] Medicare Payment Advisory Commission. (June 14, 2019). Report to Congress: Medicare and the Health Care Delivery System. Retrieved from http://www.medpac.gov/docs/default-source/reports/jun19_medpac_reporttocongress_sec.pdf

data will help policymakers and workforce analysts better understand geographical variations in authorization to practice and reimbursement mechanisms, which is crucial to capturing critical care skills and competencies, understanding network adequacy, and having more informed understanding of specialties provided. The linkage of payment type and reimbursement through the geographical areas listed in the NDH can provide better assessments of the quality of the provider and help to eliminate redundancies in the payer system, including "incident-to" billing.

We recommend consideration of annual or biannual intervals for updates, which should be correlated to reimbursements to ensure that accurate information is reflected in the directory. These updates should consist of providers and NPI numbers, secondary taxonomies, state licensing, billing, and program integrity as mentioned above. It is imperative that these updates are conducted continuously and timely within the directory. Strengthening public and private partnerships is another critical piece in establishing the NDH and will help to support pathways into nursing, establish a more accurate database, and solidify a strong workforce **not only for nursing but for all health professions.**

Thank you for your consideration of AACN's response to the RFI on establishment of an NDH. This regulatory focus is timely, essential, and critical to improving our health system's efficiency, safety, and innovation. Please consider AACN an ally in this endeavor. If our organization can be of any assistance, please contact AACN's Director of Policy, Dr. Colleen Leners at cleners@aacnnursing.org.

Sincerely,



Deborah Trautman, PhD, RN, FAAN
President and Chief Executive Officer