

April 1, 2019

Vanila M. Singh, MD, MACM  
Chief Medical Officer  
Office of the Assistant Secretary for Health  
U.S. Department of Health and Human Services  
200 Independence Ave, SW  
Washington, DC 20201

**Re: Pain Management Best Practices Inter-Agency Task Force Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations [83 Fed. Reg. 67729 (December 31, 2018)]**

Dear Dr. Singh,

The American Association of Colleges of Nursing (AACN) offers the following comments on *Pain Management Best Practices Inter-Agency Task Force Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations*.

As the national voice for academic nursing, AACN has a vested interest in improving health and health care. For nearly five decades, the association has established quality standards for professional nursing education to ensure that the workforce of Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs; which include nurse practitioners (NPs), certified nurse-midwives (CNMs), certified registered nurse anesthetists (CRNAs), and clinical nurse specialists (CNSs)) is prepared to provide evidence-based and cost-effective care. Within AACN member schools, over 100,000 nursing students are currently enrolled in APRN programs and will serve as the next generation of providers.<sup>1</sup>

AACN brings to your attention the passage into law of H.R. 6, Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. Included in H.R. 6 is Section 303 which permanently authorizes NPs and physician assistants (PAs) to provide lifesaving medication-assisted treatments (MATs) for patients battling addiction and grants MAT prescribing authority to CNMs, CRNAs, and CNSs for a five-year period.<sup>2</sup> NPs, as well as RNs and other APRNs, are on the frontlines of the opioid epidemic. The nursing workforce is helping to curb opioid abuse by providing prevention and treatment to patients across the country, and specifically, to individuals in rural and underserved areas.

We are appreciative of the Task Force, chartered under Section 101 of the Comprehensive Addiction and Recovery Act of 2016 (P.L. 114-198) (CARA),<sup>3</sup> whose work in addressing the opioid crisis is of vital importance to the safety and prosperity of this country.

AACN noted that one APRN was named as a public member of this Task Force. This is a good first step for the Administration to be more inclusive of RNs, APRNs, and other non-

<sup>1</sup> American Association of Colleges of Nursing. (2017). *Enrollments and Graduations in Baccalaureate and Graduate Programs in Nursing*. Washington, DC.

<sup>2</sup> SUPPORT for Patients and Communities Act, Pub. L. No. 115-271, Sec. 3201 (2018).

<sup>3</sup> Comprehensive Addiction and Recovery Act of 2016, Pub. L. 114-198, 130 Stat. 695 (2016).

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physician health professionals who are integral to the care and treatment of this population. Further review of the Task Force membership revealed that over 70% of members possess a degree as a Medical Doctor or Doctor of Osteopathy. AACN is concerned that the homogenous makeup of clinicians excludes the critical expertise of a diverse set of providers who provide life-saving care every day.<sup>4</sup>

## **I. There is an emphasis on Physician Centric Language in the Draft Recommendations.**

AACN requests using provider-neutral language throughout the draft report to reflect the December 2018 HHS report “Reforming America’s Healthcare System through Choice and Competition” and the Medicare Access and CHIP Reauthorization Act (MACRA) (H.R. 2, Pub.L.114–10) definition of MIPS eligible professionals, which includes physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists.<sup>5,6</sup>

## **II. 2.2 Medication (Gap 1, Recommendation 1a, 1c)**

Recommendations above refer to physicians as the primary provider in algorithm treatment and referral. This language is not consistent with the bipartisan legislation Medicare Access and CHIP Reauthorization Act (MACRA) (H.R. 2, Pub.L.114–10). The definition of MIPS eligible professionals includes physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists.

## **(Gap 3, Recommendation 3a)**

Nurses have historically provided the community access to safe and high-quality health care through a holistic approach, including the use of alternative nonpharmacologic treatment for pain. As we move forward with the pain management recommendations, it is important that we include the experiences of RNs who have historically provided non-opioid pain management care. AACN and our members schools educate nurses, including APRNs, on the indication and use of non-opioid alternatives, such as multi-modal pain management services and restorative therapies (see Recommendations).

## **III. 2.4 Interventional Procedures (Gap 1, Recommendation 1c; Gap 3, Recommendations 3a-3c)**

AACN joins with our APRN coalition in requesting that these recommendations as drafted be amended to include APRN education and training as an appropriate path to competence.<sup>7</sup> We request that the credentialing and training requirements be amended to include APRNs and all qualified practitioners and their educational pathways. The October 2010 Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*, made several recommendations which apply to the Task Force’s draft report. Nurses should practice to the

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<sup>4</sup> Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services. (2019). Pain Management Best Practices Inter-Agency Task Force Members. Retrieved from <https://www.hhs.gov/ash/advisory-committees/pain/membership/index.html>.

<sup>5</sup> U.S. Department of Health and Human Services, U.S. Department of the Treasury, and U.S. Department of Labor. (December 3, 2018). *Reforming America’s Healthcare System Through Choice and Competition*. Retrieved from <https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf>.

<sup>6</sup> Medicare Access and CHIP Reauthorization Act of 2015, Pub. L. 114-10, 129 Stat. 128.

<sup>7</sup> National Council of State Boards of Nursing. (2019). The Consensus Model for APRN Regulation, Licensure, Accreditation, Certification and Education. Retrieved from <https://ncsbn.org/aprn-consensus.htm>.

full extent of their education and training; nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.<sup>8</sup>

One type of APRN, Certified Registered Nurse Anesthetists (CRNAs), have provided anesthesia care to patients in the U.S. for more than 150 years and enable healthcare facilities in rural America to treat for pain management.<sup>9</sup> CRNAs are required to learn and demonstrate competence in the management of pain, a critical component in the delivery of anesthesia care. All CRNAs are certified and recertified to practice by the accredited and nationally recognized NBCRNA. Nurse anesthesia education, experience, and skill development needed to practice pain management are core elements of nurse anesthesia education programs. Furthermore, CRNAs obtain clinical experiences in regional anesthetic techniques (i.e., spinal, epidural, and peripheral nerve blocks). Fellowship training for APRNs should be available as interprofessional education opportunities for those interested in advanced education and training in the field of pain management.

#### **IV. 3.3.2 Insurance Coverage for Complex Management Situations**

##### **Gap 4 (Recommendation 4a)**

AACN supports a multidisciplinary reimbursement model which includes RNs and APRNs. As health care shifts from episodic, provider-based, fee-for-service care to team-based, patient-centered care, nurses are positioned to not only contribute to but to lead transformative changes by being valued members of the interprofessional team. This requires a new or an enhanced set of knowledge, skills, and attitudes focused on patient-centered care, care coordination, data analytics, and quality improvement.<sup>10</sup> To achieve cost-effective outcomes, electronic health records (EHRs) must provide correct attestation to all MIPS eligible providers treating this population.

#### **V. 3.3.3 Workforce**

##### **Gap 1: (Recommendation 1c)**

AACN supports the initiative to expand the availability of nonphysician specialists who specialize in pain, including physical therapists, psychologists, and behavioral health specialists. Giving all health professionals the opportunity for supported interprofessional education would require support from the stakeholder's educational communities. This course of action is also in line with the 2019 expansion of MIPS eligible providers to include physical therapists, occupational therapists, clinical psychologists, qualified speech-language pathologists, qualified audiologists, and registered dietitians or nutrition professionals.<sup>11</sup> This expansion is one step toward achieving provider-neutral language. The next step is to ensure equitable representation of MIPS eligible providers on all federal committees and task forces.

Thank you for your consideration of these comments in response to the *Pain Management Best Practices Inter-Agency Task Force Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations*. One of AACN's aims in writing this

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<sup>8</sup> The National Academies of Sciences, Engineering and Medicine. The Future of Nursing: Leading Change, Advancing Health. Retrieved from <http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>.

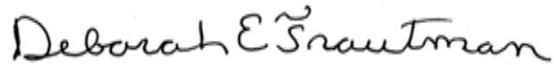
<sup>9</sup> American Association of Nurse Anesthetists. (2019). Certified Registered Nurse Anesthetist Fact Sheet. Retrieved from [https://www.aana.com/docs/default-source/pr-aana-com-web-documents-\(all\)/cma-fact-sheet.pdf?sfvrsn=c5f641b1\\_8](https://www.aana.com/docs/default-source/pr-aana-com-web-documents-(all)/cma-fact-sheet.pdf?sfvrsn=c5f641b1_8).

<sup>10</sup> Salmond, S. W., & Echevarria, M. (2017). Healthcare Transformation and Changing Roles for Nursing. *Orthopedic Nursing*, 36(1), 12-25. Retrieved March 12, 2019.

<sup>11</sup> QPP.cms.gov. (2019). How do we determine MIPS eligibility? Retrieved from <https://qpp.cms.gov/participation-lookup/about?py=2019>. Accessed 12 Mar 2019.

response is to address and close the education and clinician gaps impacting our nation's access to health care and, most importantly, to protect the health and safety of patients and families affected by the opioid epidemic. Please consider AACN an ally in this endeavor. If our organization can be of any assistance, please contact AACN's Director of Policy, Colleen Leners at [cleners@aacnnursing.org](mailto:cleners@aacnnursing.org).

Sincerely,

A handwritten signature in black ink that reads "Deborah E. Trautman". The signature is written in a cursive style with a distinct loop at the end of the last name.

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