

September 20, 2016

Standard Occupational Classification Policy Committee
U.S. Bureau of Labor Statistics, Suite 2135
2 Massachusetts Avenue, NE
Washington, DC 20212

RE: 2018 SOC

Dear Members of the Standard Occupational Classification Policy Committee:

The undersigned nursing organizations urge the Standard Occupational Classification Policy Committee (SOCPC) to reconsider the request to **(1) exclude the Clinical Nurse Specialist (CNS) from the broad occupation group Registered Nurses (RNs), and (2) include the CNS as a broad occupation and detailed occupation in the 2018 Standard Occupational Classification (SOC) revisions currently under consideration**. Retaining CNSs in the RNs 2010 classifications is inconsistent with federal agencies, with nursing practice in the states, and with the larger nursing community, all of which distinguish CNSs as advanced practice registered nurses (APRNs).

Distinct from its recognition of RNs, Congress and the Centers for Medicare and Medicaid Services specifically have recognized the unique identity of CNSs by singling out their services, similar to how they also have differentiated other APRNs' services from RNs. Nearly two decades ago, the **Balanced Budget Act of 1997** allowed CNSs to directly bill their services through the Centers for Medicare and Medicaid Services under Part B participation in Medicare. CNSs were recognized as eligible for Medicare's Primary Care Incentive Program in the **Patient Protection and Affordable Care Act**. This summer, the Department of Veterans Affairs (VA) proposed amending its medical regulations to permit full practice authority for all VA APRNs, including CNSs, when they are acting within the scope of their VA employment.

Clinical nurse specialists prescribe medications, durable medical equipment, and medical supplies, as well as order, perform, and/or interpret diagnostic tests including lab work and x-rays. Two unequivocal differences exist between CNSs and RNs: diagnosing patients and prescribing pharmaceuticals. CNSs can perform both; RNs are not authorized to perform either.

The SOCPC's recommendation to not recognize the CNS as a broad occupation and detailed occupation, similar to how other APRNs are categorized, skews the quality and utility of federal healthcare policy data. Embedding the CNS workforce data within the RN workforce data does not allow CNS contributions to be differentiated from RN data or compared to any other APRN data. Additionally, work utilizing the SOC RN database, whether conducted by federal, state, regional, local, research, or private entity, runs the risk of not being reliable because the RN data in effect are inflated owing to the inclusion of the CNS APRN data. At a minimum, there should be concern that RNs prepared with diploma or two- and four-year academic degrees affect healthcare and cost outcomes differently than master's prepared CNSs. How is the United States to determine the mix of health-care providers needed to care for its citizens when accurate data are not available?

Thank you for the opportunity to provide these comments. If you have questions or require additional information, please feel free to contact Kathleen Ream, National Association of Clinical Nurse Specialists Government Affairs Consultant, at 571-213-5662 or via email at kathiream@gmail.com.

Sincerely yours,

AACN Certification Corporation
Academy of Medical-Surgical Nurses
Accreditation Commission for Education in Nursing, Inc.
American Academy of Nursing
American Assembly for Men in Nursing
American Association of Colleges of Nursing
American Association of Critical-Care Nurses
American Association of Occupational Health Nurses
American College of Nurse-Midwives
American Nurses Association
American Organization of Nurse Executives
American Pediatric Surgical Nurses Association
American Psychiatric Nurses Association
American Public Health Association, Public Health Nursing Section
American Society of Perianesthesia Nurses
Association of Nurses in AIDS Care
Association of Pediatric Hematology/Oncology Nurses
Association of periOperative Registered Nurses
Dermatology Nurses' Association
Emergency Nurses Association
Gerontological Advanced Practice Nurses Association
Infusion Nurses Society
International Society of Psychiatric Mental Health Nurses
National Association of Clinical Nurse Specialists
National Association of Neonatal Nurses
National Association of Pediatric Nurse Practitioners
National Forum of State Nursing Workforce Centers
National Gerontological Nursing Association
National League for Nursing
National Organization of Nurse Practitioner Faculties
Nurses Organization of Veterans Affairs
Oncology Nursing Society
Society of Urologic Nurses and Associates