

March 6, 2015

Suzanne Johnson-DeLeon
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
Mailstop A-19
1600 Clifton Road NE
Atlanta, GA 30329

Submitted electronically to www.regulations.gov

Re: Comments on the Proposed Revised Vaccine Information Materials for Multiple Pediatric Vaccines (“Your Baby’s First Vaccines”)

Dear Ms. Johnson-DeLeon:

On behalf of the American Nurses Association (ANA), we are pleased to comment on the *Proposed Revised Vaccine Information Materials for Multiple Pediatric Vaccines*, announced in the Federal Register on January 6, 2015. As the only full-service professional organization representing the interests of the nation’s 3.1 million registered nurses (RNs), ANA is privileged to speak on behalf of its state and constituent member associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members. ANA members also include the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.¹

The current form identifies only “doctors” as providers. ANA recommends revising the form to include provider-neutral language. For example, section 2 of the form (entitled “*Some children should not get certain vaccinations*”) instructs the parent/guardian to “tell your doctor” about allergies, and to “talk to your doctor” before getting vaccinations if the child previously had certain reactions. There are similar references in section 4 (“*What if there is a serious reaction*”) and section 6 (“*How can I learn more?*”).

The utilization of APRNs to provide primary care services is not a new practice. APRNs have delivered professional health services to patients for decades. It is essential that information provided to the public, such as the proposed revised vaccine information materials, be clearly stated using provider-neutral language to prevent confusion among health care consumers who often use APRNs as their primary care provider.

¹ The Consensus Model for APRN Regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

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We appreciate the opportunity to share our views on this matter. If you have questions, please contact Mary Jo Assi, Director of Nursing Practice and Work Environment (maryjo.assi@ana.org).

Sincerely,

A handwritten signature in black ink that reads "Debbie D. Hatmaker". The signature is written in a cursive, flowing style.

Debbie D. Hatmaker, PhD, RN, FAAN
Executive Director

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
Marla Weston, PhD, RN, FAAN, ANA Chief Executive Officer