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July 21, 2008

Katherine K. Wallman
Chief Statistician
Office of Management and Budget
10201 New Executive Office Building
Washington, DC 20503

Submitted electronically to:
<http://www.regulations.gov>

Re: **Standard Occupational Classification (SOC):
Policy Committee's Recommendations for the 2010 SOC**
(73 Fed. Reg. 29930, May 22, 2008)

Dear Ms. Wallman:

The American Nurses Association (ANA) welcomes the opportunity to comment on the recommendations of the Standard Occupational Classification Policy Committee (SOCP) for revising the 2000 Standard Occupational Classification (SOC). The ANA represents the interests of the nation's 2.9 million registered nurses, the single largest group of health care professionals in the United States. We represent RNs in all roles and practice settings, through our many constituent member associations and organizational affiliates. Our members include RNs who have attained advanced education and training to qualify as one of the four recognized types of Advance Practice Registered Nurses (APRNs): (1) Nurse Practitioners (NPs); (2) Certified Registered Nurse Anesthetists (CRNAs); (3) Certified Nurse Midwives (CNMs), and (4) Clinical Nurse Specialists (CNSs).

Unfortunately, clinical nurse specialists (CNSs) were overlooked in the proposal, and were not granted an individual category. Classifications were created only for Registered Nurses, as well as Nurse Anesthetists, Nurse Practitioners, and Nurse Midwives:

- 29-1000 Health Diagnosing and Treating Practitioners:
 - 29-1111 Registered Nurses *Except nurse anesthetists, nurse practitioners, and nurse midwives.*
 - * * *
 - 29-1140 Nurse Anesthetists:
 - 29-1141 Nurse Anesthetists
 - 29-1150 Nurse Practitioners:
 - 29-1151 Nurse Practitioners
 - 29-1160 Nurse Midwives:
 - 29-1161 Nurse Midwives¹

The ANA strongly urges the Office of Management and Budget to amend the proposal by creating a separate classification within the SOC for CNSs. Like the other categories of APRNs listed above, CNSs have distinct differences in their role and scope of practice from that of RNs.

¹ 73 Fed. Reg. 29937, Appendix C: 2010 SOC Recommended Structure Changes Related to 2000 SOC: 2010 SOC.

Creation of a separate category for CNSs is essential in recognizing their unique contribution to the health care team. The additional requirements for advance practice education and certification – in the CNS's area of specialty or population focus - are beyond the requirements for RN licensure. In many states, the scope of practice for CNSs exceeds that of RNs. Consequently, they do not belong in the same category as RNs.

"The four broad roles generally recognized as advance practice registered nursing are nurse anesthetists, nurse midwives, clinical nurse specialists, and nurse practitioners."² Clinical nurse specialists have been practicing for over 40 years.³ A CNS is an RN who has attained advanced education with a particular population or specialty. Many CNSs have obtained advanced practice certification in their area of specialty as well. These additional qualifications entitle him or her to the title of CNS, which in turn allows for additional responsibilities in caring for patients, subject to legal limits which are determined by state statute:

Clinical Nurse Specialist: Clinical nurse specialists (CNSs) are registered nurses, who have graduate level nursing preparation at the master's or doctoral level as a CNS. They are clinical experts in evidence-based nursing practice within a specialty area, treating and managing the health concerns of patients and populations. The CNS specialty may be focused on individuals, populations, settings, type of care, type of problem, or diagnostic systems subspecialty. CNSs practice autonomously and integrate knowledge of disease and medical treatments into the assessment, diagnosis, and treatment of patients' illnesses. These nurses design, implement, and evaluate both patient-specific and population-based programs of care. CNSs provide leadership in advancing the practice of nursing to achieve quality and cost-effective patient outcomes as well as provide leadership of multidisciplinary groups in designing and implementing innovative alternative solutions that address system problems and/or patient care issues. In many jurisdictions, CNSs, as direct care providers, perform comprehensive health assessments, develop differential diagnoses, and may have prescriptive authority. Prescriptive authority allows them to provide pharmacologic and nonpharmacologic treatments and order diagnostic and laboratory tests in addressing and managing specialty health problems of patients and populations. CNSs serve as patient advocates, consultants, and researchers in various settings.⁴

CNSs have been recognized as a separate occupation by several federal agencies. In the U.S. Department of Labor's SCA Directory of Occupations (Fifth Edition), clinical nurse specialists were listed as a type of registered nurse, separate from nurse anesthetists and nurse practitioners:

12310 REGISTERED NURSE (RN) (Occupational Base)

The Registered Nurse provides professional nursing care to patients in hospitals, nursing homes, clinics, health units, private residences, and community health organizations. (Visiting nurses are included.) The Registered Nurse assists physicians with treatment; assesses patient health problems and needs, develops and implements nursing care plans, maintains medical records, and assists patients in complying with prescribed medical regimen, may specialize as an operating room nurse, psychiatric nurse, nurse

² Styles, M.M., et al. (2008). *Specialization and Credentialing in Nursing Revisited (25)*. Silver Spring, MD: American Nurses Association.

³ Johnson, et al. (1967), The Clinical Nurse Specialist as a Practitioner, *Amer.J.Nurs.* 67:2298-2303; Lewis, E.P., The Clinical Nurse Specialist.

⁴ American Nurses Association (2004). *Nursing: Scope and Standards of Practice (15)*. Washington, DC: Nurses Books.Org.

anesthetist, industrial nurse, nurse practitioner, and **clinical nurse specialist**. This nurse may supervise LPNs and Nursing Assistants.⁵

In the National Sample Survey of Registered Nurses, conducted by the Health Resources and Services Administration of the U.S. Department of Health and Human Services (HHS), clinical nurse specialists were surveyed separately from nurse practitioners, nurse anesthetists, and nurse midwives:

Clinical Nurse Specialists

Clinical nurse specialists (CNSs) included those RNs who had formal preparation related to the clinical nurse specialty. Generally, a minimum of a clinical master's degree in nursing has been required as academic achievement in advance of practicing as a CNS.

There were an estimated 72,521 RNSs (2.5 percent of all RNs) prepared to practice as CNSs in 2004, including the 14,689 RNs who were prepared as both NPs and CNSs . . . Between 2000 and 2004, the number of CNSs increased by 5.1 percent (an additional 3,504 CNSs).⁶

Clinical nurse specialists are also employed, and recognized as CNSs, by the following federal agencies: the Veterans Administration;⁷ the National Institutes of Health Clinical Center;⁸ and the U.S. Public Health Service.⁹

In the Balanced Budget Act of 1997, the U.S. Congress provided for direct reimbursement for Medicare Part B services provided by CNSs and NPs, starting January 1, 1998. The Health Care Financing Administration (HCFA), the precursor to CMS, issued a memorandum in 1998 implementing direct Medicare reimbursement for CNSs as well as NPs.¹⁰ In 2001 CMS decreed that in order to be eligible for Medicare reimbursement, a CNS must be an RN "currently licensed to practice in the State where he or she practices and be authorized to furnish the services of a clinical nurse specialist in accordance with State law;" hold a master's degree; and be certified by the American Nurses Credentialing Center.¹¹ In August 2007, CMS expanded the options for CNS certification, so that currently, a CNS must:

- Be a registered nurse who is currently licensed to practice in the State where he or she practices and be authorized to furnish the services of a clinical nurse specialist in accordance with State law;
- Have a master's degree in a defined clinical area of nursing from an accredited educational institution; and
- Be certified as a clinical nurse specialist by a recognized national certifying body that has established standards for CNSs.¹²

⁵ <http://www.dol.gov/esa/whd/regs/compliance/wage/SCADirV5/SCADirectVers5.pdf> (emphasis added).

⁶ U.S. Department of Health and Human Services, Health Resources and Services Administration Bureau of Health Professions, *The Registered Nurse Population; Findings from the March 2004 National Sample Survey of Registered Nurse*, at 34.

⁷ <http://www1.va.gov/pugetsound/page.cfm?pg=453>.

⁸ http://clinicalcenter.nih.gov/nursing/ocn_review_course/speakers.html.

⁹ phs-nurse.org/CareerDev/clinical.html - 14k - 2007-11-21.

¹⁰ CHFA Program Memorandum AB-98-15 (CR 202), April 1998.

¹¹ Medicare Carriers Manual, CMS Transmittal 1734, December 12, 2001, at §2160.

¹² Centers for Medicare & Medicaid Services (CMS), CMS Manual System, Pub 100-08 Medicare Program Integrity, Transmittal 219, Change Request 5639, August 17, 2007.

CMS listed the acceptable certifying bodies as the: American Academy of Nurse Practitioners; American Nurses Credentialing Center; National Certification Corporation for Obstetric; Gynecologic and Neonatal Nursing Specialties; Pediatric Nursing Certification Board; Oncology Nurses Certification Corporation; AACN Certification Corporation; and National Board on Certification of Hospice and Palliative Nurses.

Each state independently determines the APRN legal scope of practice, the roles that are recognized, the criteria for entry into advanced practice, and the certification examinations accepted for entry-level competence assessment. Scope of practice rules for CNSs are separate and distinct from those of NPs, CRNAs, and CNMs: “the scope of practice for each of these advanced practice registered nurses is distinguishable from the others.”¹³ These rules set forth the types of care which practitioners are legally authorized to provide to patients, and vary significantly from state to state. They are set by state laws and regulations and interpreted by state boards of nursing.

Thus, the separate classification of CNSs is consistent with the principles of SOC Classification, that “[e]ach occupation is assigned to only one occupational category at the lowest level of classification” and based, “in some cases, on the skills, education, and/or training needed to perform the work at a competent level.”¹⁴

Consequently, it is important that the Standard Occupational Classifications have a distinct category for CNSs, separate and apart from RNs. Not only is this consistent with other federal laws and regulations, but it also provides for recognition of their role in health care, and the extent to which the public are utilizing their services.

The American Nurses Association thanks you for the opportunity to provide its views concerning this proposed rule. Should you have any questions or comments concerning this submission, please feel free to contact Eileen Shannon Carlson, JD, RN, ANA Associate Director of Government Affairs, Eileen.carlson@ana.org, 301-628-5093.

Sincerely,

Linda J. Stierle, MSN, RN, CNAAB, BC
Chief Executive Officer
American Nurses Association

¹³ U.S. Department of Labor’s SCA Directory of Occupations (Fifth Edition), <http://www.dol.gov/esa/whd/regs/compliance/wage/SCADirV5/SCADirectVers5.pdf> at 14.

¹⁴ 73 Fed. Reg. 29931 (emphasis added).