

May 20, 2015

Electronic submission via NPSPublicComments@NIH.gov

Linda Porter, Ph.D.
NINDS/NIH
31 Center Drive, Room 8A31
Bethesda, MD 20892

RE: Solicitation of Written Comments on Draft National Pain Strategy

Dear Dr Porter:

On behalf of the undersigned organizations, we are pleased to provide comments on this draft National Pain Strategy. We strongly support the draft National Pain Strategy as we recognize that carrying out this strategy will transform human lives through improved care delivery, prevention of chronic pain, and professional education and training.

Advanced Practice Registered Nurses (APRNs) include Certified Nurse-Midwives, Certified Registered Nurse Anesthetists, Nurse Practitioners, and Clinical Nurse Specialists. APRNs play a significant role in ensuring patient access to high quality, cost effective healthcare. We thank the agency for the opportunity to comment on the provisions in this proposed rule.

APRN Request: Include APRNs as Stakeholders and Collaborators in all Six Areas of Focus and on Committees Named in the Strategy

APRNs play a critical role in providing pain management services that result in patient-centered care and better population health that the strategy envisions. Pain management is not solely the practice of medicine. Therefore, the committees and expert groups named in the strategy should not just be made up of physicians or be physician-led. APRNs should serve as major stakeholders in all six areas of focus and serve as experts on these committees.¹

APRN Request: Address Barriers to Practice and Ensure that APRNs are able to Practice to The Full Extent of their Education and Training

¹ See Population Research, p. 16, 17, 18, 19; Prevention and Care, p. 22, 24, 25; Disparities, p. 274, 28, 29; Service Delivery and Reimbursement, p. 32, 33, 34, 37,38, 39; Public Education and Communication, p. 41, 42, 43

As is recognized in the Institute of Medicine's (IOM) report entitled *The Future of Nursing: Leading Change, Advancing Health*, APRNs should practice to the full extent of their education and training.² However, leading physician subspecialty organizations in pain management research, practice guideline development, and education may exclude other members of the pain management team, such as APRNs, thereby limiting patient access to care, diagnosis, treatment, and ultimately improved patient quality of life. Furthermore, certain limitations on prescriptive authority and changes in schedule assignment of pain control medications limit the ability of APRN prescribers to provide their full scope of care for their patients. For instance, the Drug Enforcement Agency finalized a rule rescheduling of hydrocodone combination products (HCP) from Schedule III to Schedule II (79 FR 49661, August 22, 2014). While diversion, misuse, and abuse of opioids is a very important matter, this reclassification, combined with certain states unnecessary limitations on APRN prescriptive authority, limits patient access to effective pain treatment for legitimate needs. We, therefore, recommend that the strategy address barriers to practice and ensure that APRNs are able to practice to the full extent of their education and training.

APRN Request: All Accrediting Bodies, Including Nursing and Medicine, are Needed to Prepare Pain Management Experts and Leaders

Chronic pain management services lie within APRN professional scope of practice, and APRNs continue to promote educational advancement and high professional standards in this field. The draft National Pain Strategy recommends specialty training and certification in pain management be examined through a planned effort of the Accreditation Council for Graduate Medical Education (ACGME) and that this examination be extended to include nursing and other relevant health professional training schools (p. 37-38). The strategy does not indicate at what point in the process the examination would be extended to other health professional training programs. **All accrediting bodies, including nursing, medicine, and other healthcare professions, are needed to prepare pain management experts and leaders.** Consistent with the

² IOM (Institute of Medicine). *The Future of Nursing: Leading Change, Advancing Health* (Washington, DC: The National Academies Press, 2011), p. 9.

recommendations of the IOM report “Relieving Pain in America,”³ to help supply the need for healthcare professionals that treat pain, several accrediting bodies outside of the Accreditation Council for Graduate Medical Education (ACGME) are developing standards, and several professional certifying bodies are promoting evidence-based clinical pain management practice. In the field of nursing, these bodies include and are not limited to the American Nurses Credentialing Center’s (ANCC) and American Society for Pain Management Nursing’s Pain Management Nursing Board Certification (RN-BC), the Pediatric Nursing Certification Board (PNCB), the American Academy of Nurse Practitioners Certification Program (AANPCP), the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) subspecialty certification in nonsurgical pain management, and the accrediting bodies of American Board of Nursing Specialties (ABNS) and the National Commission for Certifying Agencies (NCCA). Seating this effort solely with the ACGME, without the simultaneous and full involvement of APRN and other accrediting bodies, would exclude valuable expertise that should be included in the further development of specialty training and certification in pain care. For patients to be assured access to quality pain care in the future, bodies accrediting nursing and APRN educational programs and professionals must be granted the same seat at the policymaking leadership table as ACGME.

We thank you for the opportunity to comment on this draft National Pain Strategy. Should you have any questions regarding these matters, please feel free to contact the AANA Senior Director of Federal Government Affairs, Frank Purcell, at 202.484.8400, fpurcell@aanadc.com.

Sincerely,

American Academy of Nursing, AAN
 American Association of Colleges of Nursing, AACN
 American Association of Nurse Anesthetists, AANA
 American Association of Nurse Practitioners, AANP
 American College of Nurse-Midwives, ACNM

³ IOM (Institute of Medicine). Relieving Pain in America: A Blueprint for Transforming Prevention Care, Education, and Research (Washington, DC: The National Academies Press, 2011).

American Nurses Association, ANA

Gerontological Advance Practice Nurses Association, GAPNA

National Association of Clinical Nurse Specialists, NACNS

National Association for Nurse Practitioners in Women's Health, NPWH

National Association of Pediatric Nurse Practitioners, NAPNAP