

October 17, 2018

Dr. Donald Rucker

National Coordinator, Office of the National Coordinator for Health Information Technology (ONC)

Department of Health and Human Services

Mary E. Switzer Building, Mail Stop 7033A

330 C Street SW

Washington, DC 20201

**Re: Request for Information Regarding the 21<sup>st</sup> Century Cures Act Electronic Health Record Reporting Program**

Dear Administrator Verma,

The American Association of Nurse Practitioners (AANP), representing more than 248,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to provide comment in response to the Request for Information regarding the 21<sup>st</sup> Century Cures Act Electronic Health Record Reporting Program.

NPs are advanced practice registered nurses (APRNs) who are prepared at the masters or doctoral level to provide primary, acute, chronic and specialty care to patients of all ages and walks of life. Daily practice includes: assessment; ordering, performing, supervising and interpreting diagnostic and laboratory tests; making diagnoses; initiating and managing treatment including prescribing medication and non-pharmacologic treatments; coordinating care; counseling; and educating patients and their families and communities. NPs practice in nearly every health care setting including clinics, hospitals, Veterans Affairs and Indian Health Care facilities, emergency rooms, urgent care sites, private physician or NP practices (both managed and owned by NPs), nursing homes, schools, colleges, retail clinics, public health departments, nurse managed clinics, homeless clinics, and home health. NPs hold prescriptive authority in all 50 states and the District of Columbia. It is important to note that 89.2% of NPs are certified in primary care, the majority of whom see Medicare and Medicaid patients. NPs complete more than one billion patient visits annually.

All nurse practitioners must complete a masters or doctoral nurse practitioner program and become nationally certified to become licensed to practice. Didactic and clinical courses prepare these advanced practice nurses with specialized knowledge and clinical competency to practice in primary care, acute care and chronic care settings, giving them advanced clinical preparation beyond their professional nursing education.

In this RFI, ONC requested feedback on the EHR Reporting Program. We support the goals of interoperability and improving data exchange so that patients and providers have access to the patient's health information. We applaud the goals of the Trusted Exchange Framework which will help bridge gaps in care and improve our ability to leverage the data contained in health records to improve patient care. In order for these initiatives to reach their potential, it is important that ONC take steps to ensure that all clinicians, including NPs, are involved in the development and implementation of the programs, and are able to participate and share health information.

***User-Reported Criteria:*** ONC has made many practical suggestions to improve the use of certified-electronic health record technology (CEHRT) for clinicians. However, there are barriers within many CEHRT systems that are still geared to the concept that only a physician documents the patient's condition and the services performed, particularly in hospital systems. We suggest that ONC require software products to be "nurse practitioner inclusive" by removing unnecessary physician certification of records or entry of orders, for the CEHRT to be certified by ONC. This will help improve the documentation and transmission of medical records by removing prompts within the CEHRT that unnecessarily request a physician signature.

ONC asked how HHS could encourage clinicians to share their experiences with CEHRT. One way is to amend the National Electronic Health Records Survey to be inclusive of nurse practitioners. That survey currently is very physician-centric and should be updated to be inclusive of NPs. ONC has made improvements in including NPs in their CEHRT initiatives. It is vital that this trend continues. We encourage ONC to continue to incentivize providers, including NPs, to continue to spur progress on CEHRT adoption and interoperability. NPs should be included in the development and implementation of CEHRT initiatives. One step toward accomplishing this goal is including NPs on health technology advisory committees.

***Clinician Burden:*** A number of the questions in this RFI focus on the issue of clinician burden, which is an important consideration as we increase the prevalence and use of CEHRT. CMS recognized in the development of the Quality Payment Program (QPP) that NPs and other clinicians were excluded from participating in the Medicare EHR Incentive Program and may have less familiarity with the requirements of CMS EHR initiatives. While utilization of CEHRT has certainly increased among NPs, we still believe that ONC and CMS should provide technical assistance to those providers to ensure that there is high-quality, low-cost CEHRT for all clinicians, particularly those in small practices, who may not have the financial ability to invest significant money on CEHRT.

We thank you for the opportunity to comment on this RFI and we look forward to continued discussion on these topics. Should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs, [msapio@aanp.org](mailto:msapio@aanp.org), 703-740-2529.

Sincerely,

David Hebert  
Chief Executive Officer