

July 13, 2018

Frank J. Hearl
Chief of Staff
National Institute for Occupational Safety and Health (NIOSH)
Centers for Disease Control and Prevention
1090 Tusculum Avenue, MS C-34
Cincinnati, Ohio 45226-1998

**Re: Draft- National Occupational Research Agenda for Respiratory Health (CDC-2018-0024),
Docket Number NIOSH-302**

Dear Mr. Hearl,

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 on NIOSH's Draft National Occupational Research Agenda (NORA) for Respiratory Health.

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 86.6% 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.

We are supportive of this research agenda and NIOSH's strategic objectives to improve respiratory health for our nation's workforce, and look forward to working with NIOSH on this initiative. We do note that while membership on the Respiratory Health Cross-Sector Council is open to all stakeholders with expertise in respiratory health, there did not appear to be any nurse practitioners on the Council. There are currently 248,000 nurse practitioners practicing in the United States and NPs constitute approximately one quarter of the primary care providers in the United States. This percentage has consistently increased over the past decade.¹ NPs provide a significant amount of respiratory treatment at all levels, and need to be included in the respiratory council and all other NORA councils focused on the health of our workforce.

We would also like to provide comment specifically on Objective 2.2: Prevent and reduce coal workers' pneumoconiosis and other dust-induced lung diseases, including those associated with nanomaterials.

¹ <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.1158>.

Previously, we commented to the Department of Labor that authorizing nurse practitioners to participate in the Black Lung Program to their full scope of practice will increase the quantity of high-quality providers available to these patients and assist them in receiving the care for which they are entitled. Recently, the Coal Workers' X-Ray Surveillance Program identified 416 cases of progressive massive fibrosis or complicated lung disease in central Appalachia between 2013-2017 which they described as the "largest cluster of progressive massive fibrosis ever reported in the scientific literature"² related to Black Lung Disease. This draft agenda mentioned the importance of early detection and intervention in Black Lung Disease. Authorizing NPs to participate to their full scope of practice will advance this agenda.

Additionally, under current regulation, only physicians are authorized to complete the B Reader proficiency program and obtain certification as a B Reader to classify chest radiographs for the Coal Workers' X-ray Surveillance Program. Nurse practitioners order, perform, supervise and interpret diagnostic tests as part of their daily practice and should be authorized to complete the same training as their physician colleagues in order to be certified as B Readers and participate in all aspects of the surveillance program. Updating these regulations so that NPs are authorized to be certified as B Readers will expand the number of clinicians eligible for the program, enhancing the ability of the program to diagnose coal workers' pneumoconiosis in its early stages.

We would appreciate the support of NIOSH in encouraging the Department of Labor to include NPs in the class of clinician authorized to diagnose, treat and certify the presence of pneumoconiosis for the Black Lung Disease Program, as well as complete any applicable paperwork on behalf of their patients suffering from Black Lung Disease. Additionally, we request that NIOSH update the regulations for the Coal Workers' X-ray Surveillance Program to state that NPs are authorized to obtain certification as B readers. These regulatory updates will increase the number of qualified providers diagnosing and treating workers suffering from Black Lung Disease which is essential given the increase in cases of pneumoconiosis.

We thank you for the opportunity to comment on this draft agenda. We look forward to working with NIOSH on diagnosing, treating and preventing pneumoconiosis in coal miners. Should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs, msapio@aanp.org, 703-740-2529.

Sincerely,

David Hebert
Chief Executive Officer

² <https://www.npr.org/2018/02/06/583456129/black-lung-study-biggest-cluster-ever-of-fatal-coal-miners-disease>.