December 6, 2022

The Honorable Chiquita Brooks-LaSure
U.S Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-0058-NC – Request for Information, National Directory of Healthcare Providers & Services

Submitted electronically at: https://www.regulations.gov/

Dear Administrator Brooks-LaSure:

The Alliance for Nursing Informatics (ANI) appreciates the opportunity to comment as nursing stakeholders to the Centers for Medicare and Medicaid Services (CMS) **Request for Information: National Directory of Healthcare Providers & Services**.

The Alliance for Nursing Informatics (ANI), cosponsored by AMIA & HIMSS, advances nursing informatics leadership, practice, education, policy, and research through a unified voice of nursing informatics organizations. We transform health and healthcare through nursing informatics and innovation. ANI is a collaboration of organizations representing more than 20,000 nurse informaticists and bringing together 25 distinct nursing informatics groups globally. ANI crosses academia, practice, industry, and nursing specialty boundaries and collaborates with the more than 4 million nurses in practice today.

ANI commends CMS for soliciting input on creating a National Directory of Healthcare Providers & Services (NDH). We acknowledge the potential benefit of a national directory to connect payors, providers, patients and diverse care settings to build transparency and trust and also reduces the clinical reporting burden. Our comments below focus on including all nurses as part of a provider directory, including in its initial design and development.

As the largest group of direct caregivers in the United States, and across the globe, we believe all registered nurses should be included in an NDH. With over 4.3 million registered nurses and over 183 specialty groups, the rapid expansion of nursing roles to telehealth and case management, and innovations in care delivery and payment models, offer foresight for the future where the workforce is moving, and care delivery is going.[1,2,3] In the past few years, the integral role of nursing has been validated as a critical and foundational role in the provision of healthcare services and should be an integral part of shaping and evaluating directory conversations.

Of note, the number of nurses in the United States (4.3 million) compares to approximately 750,000 physicians, 320,000 pharmacists, 713,200 social workers, 258,000 physical therapists, and 162,000

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[1]Smiley, R.A., Ruttinger, C., Oliveira, C.M., Hudson, L.R., Lauer, Allgeyer, R., Reneau, K.A., Silvestre, J.H., & Alexander, M. (April 2021). The 2020 National Nursing Workforce Survey. Journal of Nursing Regulation, 12(1), Supplement (S1-S48).
[2]https://nurse.org/orgs.shtml
[3] American Nurses Association. Nurses in the Workforce [Internet]. ANA. Available from: https://www.nursingworld.org/ practice-policy/workforce/

speech language pathologists, 143,000 occupational therapists, 136,000 respiratory therapists, 74,200 dietitians, and 5400 child life therapists.[4] Approximately 263,000 Advanced Practice Nurses (APRNs) in the United States take on a variety of roles, including Certified Nurse Practitioners (NPs), Certified Registered Nurse Anesthetists (CRNAs), Clinical Nurse Specialists (CNS), and Certified Nurse Midwives (CNMs).[5]

The ANI strongly endorses the use of the unique nurse identifier maintained and supported by the National Council of State Boards of Nursing (NCSBN) called the NCSBN ID to identify nurses as care providers.[6] Including the unique nurse identifier as a data element in the NDH allows nursing interventions to be communicated, tracked, and analyzed. For nurses with both an NCSBN ID and a National Provider Identifier (NPI), we believe both should be used. Incorporating the unique nurse identifier in this standard will also enable interoperable communication among disparate health information technology systems.[7]

An Application Programming Interface (API) to the NCSBN exists and should be leveraged in the exchange of directory data. However, safeguards must be put in place to protect a provider's personal information in accessing state licensing and credentialing information systems.

We believe that using the unique nurse identifier will not only measure nurses' contributions to patient health and care outcomes but also most importantly, generate data that can be used to address the growing nursing shortage of crisis proportions. In addition, understanding a holistic view of providers will serve as a means to provide optimal patient care in the United States.

Recognizing a nurse as a healthcare provider is essential to support and advance health equity goals throughout the federal programs, agencies and our broader healthcare system. Many underserved and under resourced communities and populations will have access to nurse lead and supported care delivery models and need inclusion in leveraging the functionalities of an NDH. To realize NDH benefits for all patients, ANI believes nurses should be considered an essential provider type in the NDH.

Thank you for the opportunity to provide comments on the National Directory of Healthcare Providers & Services. We will be pleased to contribute to the NDH design, development, and deployment.

Sincerely,

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ANI Co-chair

Nancy Beale, Ph.D., MSN, RN-BC
ANI Co-chair

[4] Healthcare Occupations: Occupational Outlook Handbook: U.S. Bureau of Labor Statistics [Internet]. Available from: https://www.bls.gov/ooh/healthcare/home.htm
[5] Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners: Occupational Outlook Handbook: S. Bureau of Labor Statistics [Internet]. Available from: https://www.bls.gov/ ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm
[6] Beale, N., Carroll, W., Aldrich, K., Alexander, S., Baernholdt, M., & Fields, W. (2021). What a unique nurse identifier means for the future: This fingerprint of nursing enhances the visibility of nurses' contributions. *American Nurse Journal*, *16*(9), 21-25.
[7]Beale, N. J., & Rajwany, N. (2022). Implementation of a unique nurse identifier. Nursing Management, 53(1), 6-9.

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