ANA
AMERICAN NURSES ASSOCIATION

April 29, 2019

CDC/HRSA Advisory Committee
1600 Clifton Road NE, Mailstop: E–07,
Atlanta, GA 30329-4027

Submitted electronically to *zkr7@cdc.gov*

Dear Committee Members:

The American Nurses Association (ANA) is pleased to submit public comments to the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment in advance of your May 14-15 meeting. We appreciate the inclusion of an agenda item on collaboration across responsibilities. Registered Nurses (RNs) have historically been on the front lines of care for persons living with HIV/AIDS (PLWHA)[1] and continue to play a crucial role in both care and prevention. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. ANA urges the Committee to recommend steps for the lead agencies to expand and support engagement of nurses and nursing communities as collaborative partners in federal initiatives to end HIV.

ANA is the premier organization representing the interests of the nation's 4.0 million RNs, through its state and constituent member associations, organizational affiliates, and individual members. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA members also include the four advanced practice registered nurse roles (APRNs): Nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs) and certified registered nurse anesthetists (CRNAs).[2] ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

The Administration has announced a goal of reducing new HIV infections by 75 percent in the next five years and by 90 percent in the next 10 years. To achieve this ambitious agenda, the Secretary of the Department of Health and Human Services (HHS) has recognized the need to target resources to a select

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[1]Austin, Diana. *The Unbroken Chain: Three Decades of HIV/AIDS Nursing.* Science of Caring, University of California San Francisco. November 2014. Web: https://scienceofcaring.ucsf.edu/patient-care/unbroken-chain-three-decades-hivaids-nursing.
[2]The Consensus Model for APRN Regulation defines four APRN roles: Certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation. Web: https://www.nursingworld.org/certification/aprn-consensus-model/

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group of "hotspot" areas where HIV is most rapidly spreading. Secretary Alex Azar called for creation of local HealthForces to expand prevention and treatment in these areas.[3]

RNs and APRNs are well positioned to lead and participate in the collaborative teamwork needed for this undertaking. As discussed more below, RNs and APRNs are indispensable to HIV care and prevention efforts. Key collaborative roles for RNs and APRNs in local HealthForces include: 1) Coordinating care for PLWHA to ensure their best treatment outcomes and prevent transmission; and 2) Providing access to prevention and related services, including direct care by NPs and other APRNs.

1. Coordinating Care for PLWHA

The National HIV/AIDS Strategy recognizes that care coordination and linkages across settings are key aspects of effectively treating PLWHA and reducing risks of risk of transmission. RNs play a key role in care coordination and should be considered key collaboration partners in the Administration's efforts to reduce HIV infection by ensuring viral suppression in PLWHA.

Patient-centered care coordination is a core professional standard and competency for all RN practice. Based on a partnership guided by the health care consumer's and family's needs and preferences, the RN is integral to patient care quality, satisfaction, and the effective and efficient use of health care resources. RNs are qualified and educated for the role of care coordination, especially with high risk and underserved populations,[4] including those with a need for multiple providers to treat complex chronic conditions – notably HIV/AIDS and the comorbidities associated with it.

RNs who have care coordination responsibilities for PLWHA have the training and ability to support individuals to remain in care, adhere to their medications, and ultimately maintain viral suppression. They also coordinate or partner with other providers who treat HIV-related and non-HIV-related conditions and connect patients to community supports needed to remain in care.[5] Initiatives to address HIV should incorporate strong roles and resources for nurses to participate at all levels.

> *ANA urges the Committee to recommend that HRSA identify ways to support and incentivize roles for RNs in federally-funded HIV care. For instance, ANA believes there is a significant opportunity to work with the Centers for Medicare and Medicaid Services (CMS) to develop a Medicaid payment model that allows for the direct payment of RN care coordination activities for PLWHA and for those at high risk of HIV/AIDS infection.*

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[3]Azar, Alex. *Ending the HIV Epidemic: A Plan for America.* Department of Health and Human Services blog, February 5, 2019. https://www.hhs.gov/blog/2019/02/05/ending-the-hiv-epidemic-a-plan-for-america.html

[4]American Nurses Association (ANA). *ANA Official Position Statement: Care Coordination and Registered Nurses' Essential Role.* June 2012. Web: https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/care-coordination-and-registered-nurses-essential-role/

[5]ANA. *The Value of Nursing Care Coordination*. June 2012. Web: https://www.nursingworld.org/~4afc0d/globalassets/practiceandpolicy/health-policy/care-coordination-white-paper-3.pdf

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ANA recommends that CDC consider ways to expand resources for RN leadership roles in local health departments engaged in new HIV initiatives.

2. Access to Prevention and Preventive Care

Expanding access to preventive services, including post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP), is a top priority in the National HIV/AIDS Strategy. ANA believes that RNs and APRNs, especially NPs, are indispensable to equipping a local HealthForce to implement this priority.

Federal HIV initiatives present a unique opportunity to integrate APRNs as full partners. As the Administration has recognized, APRNs such as NPs "can safely and effectively provide some of the same healthcare services as physicians, in addition to providing complementary services."[6] In many states, NPs are engaged in primary care practice and are in a position, at a minimum, to facilitate access to PEP and PrEP. While state licensing requirements vary widely, NPs in 22 states and the District of Columbia[7] can prescribe without physician oversight. In the federal Veterans Affairs medical system, NPs are also able to prescribe, by virtue of full practice authority granted in 2017.

Further, NPs are more likely than physicians to practice in rural and underserved areas. Indeed, expanded practice for NPs and other APRNs is often cited as a solution to shortages of primary care physicians.[8] While the Administration has recommended state reforms to expand APRN scope of practice, we believe more can and should be done at the federal level to drive this agenda. Targeting resources in identified HIV hotspots, as the Administration proposes, presents a unique opportunity to leverage APRN capacity and promote expanded practice scopes.

Similarly, RNs and NPs in community-based primary care roles are well positioned to support patients in adhering to their PEP and PrEP regimens. NPs and RNs regularly counsel patients on medication use and the health benefits of adherence. In addition, RNs in outpatient settings play an important role connecting patients to other health care providers and community resources addressing social determinants. This is an especially valuable role in HIV care and prevention. Many people at high risk for HIV also have other health care conditions and may also confront unstable and unjust housing and food insecurity. These factors can present significant challenges to medication adherence and to remaining in care. To meet these challenges effectively, it is imperative that RNs and APRNs be included fully in programs expanding access to PEP and PrEP.

[6] HHS, Department of Labor, and Department of the Treasury. *Reforming America's Healthcare System Through Choice and Competition*, 2019. https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf

[7] These jurisdictions are: AK, AZ, CO, CT, DC, HI, ID, IA, ME, MD, MN, MT, NE, NV, NH, NM, ND, OR, RI, SD, VT, WA, WY. California Health Care Foundation, *California's Nurse Practitioners: How Scope of Practice Laws Impact Care*, September 2018.

[8] See HHS, Department of Labor, and Department of the Treasury. 2019.

ANA urges the Committee to explore opportunities to support the fullest and best use of RNs and APRNs in CDC and HRSA initiatives specifically to expand access to PEP and PrEP. At a minimum, funding opportunities should strongly encourage participation of non-physician practitioners, such as RNs and APRNs, practicing to the full extent of their license and qualifications. More specifically, HRSA could partner with CMS to pilot an innovative payment and delivery model for APRNs to provide, and be reimbursed for, direct HIV prevention services.

We look forward to opportunities to engage with the Administration on strategies to end HIV, and to improve outcomes for PLWHA and people at high risk for HIV/AIDS. We thank the Committee for considering our recommendations and engaging with CDC and HRSA to advance these recommendations. If you have any questions, please contact Ingrid Lusis, Vice President, Policy and Government Affairs (Ingrid.Lusis@ana.org) or (301) 628-5081).

Sincerely,

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