



NATIONAL ASSOCIATION OF
CLINICAL NURSE SPECIALISTS

July 21, 2008

Katherine K. Wallman
Chief Statistician
Office of Management and Budget
10201 New Executive Office Building
Washington, DC 20503

RE: Notice of Standard Occupational Classification Policy Committee;
Recommendations to OMB and Solicitation of Comments; *Federal Register* / Vol. 73,
No. 100

Dear Ms. Wallman:

The National Association of Clinical Nurse Specialists (NACNS) was founded in 1995 to enhance and promote the unique, high value contribution that the clinical nurse specialist brings to the health care system. NACNS policies and services are designed to meet the needs of the over 72,000 clinical nurse specialists in the United States. I am writing to raise our concerns that the notice of Standard Occupational Classification Policy Committee, published in the May 22, 2008 *Federal Register*, does not include the clinical nurse specialist as a separate category from registered nurses in the 29-0000 Healthcare Practitioners and Technical Occupations.

We support the separation of all advanced practice registered nurses (APRNs) into distinct categories. We would propose that the 2010 revisions be modified to include this important change. We believe that there is sufficient evidence that the clinical nurse specialist are workers that comprise a single category of nurses that have a distinct and high level of skill as well, uniquely distinct from all other RN and APRNs, as clearly defined by specific CNS clinical competencies. Therefore, this group should be coded in the higher occupational category along with the other APRN categories. We propose that the category be modified to include "29-1171 Clinical Nurse Specialist."

CNSs are masters or doctorally prepared expert clinicians who are most often employed in acute care hospitals. Some CNSs offer primary care services in private practice settings. CNSs tend to care for extremely complex patients and specialize in specific populations or disease processes (e.g. cardiovascular nursing, cancer nursing, and diabetes management). Their role within the health care delivery setting includes both direct patient care and indirect care through quality improvement, and to provide expert



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teaching and coaching to the RN staff. Many CNSs are eligible to prescribe pharmaceuticals, laboratory tests and durable medical equipment.

CNS certification exams are available in the most common specialty practice areas. Most states license or recognize CNSs. The American Nurses Association and the American Board of Nursing Specialties have recently collaborated with NACNS to validate comprehensive Masters level role-specific competencies that combine the core CNS competencies expected of all CNSs, regardless of specialty, and the specialty CNS competencies. These Masters level competencies have just recently completed the public comment phase and will be published in the near future. In addition, NACNS is currently working on Doctoral level CNS competencies. These competencies have been drafted and are currently entering the validation phase. Once this phase is completed, these competencies will be available for public comment prior to publication.

Most nurse workforce researchers are predicting a severe nursing shortage beginning in 2010 and stretching for at least a decade. This is the result of the "graying of America" and the retirement of the baby boomer generation of nurses. This will result in major shifts in healthcare delivery. NACNS has noticed that hospitals and other tertiary care healthcare facilities have identified clinical nurse specialists as the key to achieving optimum patient outcomes related to safety, quality of care, and cost effectiveness of care. Clinical nurse specialists also serve in mentoring and coaching roles to enhance the career development of staff nurses. Clinical nurse specialists are critical part of bridging the gap in this country's registered nurse workforce.

The advanced expertise of clinical nurse specialists, including, assessment, patient management, and system change make CNSs a unique and much sought after employee. It is critical that this role be designated so that the Department of Labor's statistics that relate to the nurse workforce adequately represent the full field of nurses at the generalist and advanced practice level. Discriminating the CNS as a separate category is essential to provide accurate and meaningful data on the availability of all nurse health care providers.

Thank you in advance for your full and careful consideration of this important issue.

Sincerely,

Sue Sendelbach, PhD, CCRN, FAHA
President



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