

July 16, 2008

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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 Madam:

I am writing on behalf of the Society of Urologic Nurses and Associates, an organization comprising 3300 urologic nurses and associates, regarding the Department of Labor proposal to expand the RN classification by identifying individual advanced practice registered nurse (APRN) categories. I am writing to request that Clinical Nurse Specialist (CNS) be included along with the other three advanced practice groups as a distinct category in the Standard Occupational Classification.

While we fully support the decision to elaborate the different categories within the APRN category, the DOL proposed rule includes only three of the four categories of advanced practice nurses. Since federal law defines the four categories of advanced practice nurses to include: nurse practitioners, clinical nurse specialists, certified nurse midwives and certified registered nurse anesthetists. (42 CFR Part 405, et. al.), it is surprising that the DOL proposed rule is inconsistent with the rest of the federal sector.

The CNS is a well-respected and established role that was first created in 1954. The clinical nurse specialist role is widely used within many clinical settings. While a large proportion of these advanced practice nurses work in tertiary care settings, such as hospitals, a number of CNSs work in independent practices, some of whom are reimbursed directly for their services.

The essence of CNS practice is clinical nursing expertise in diagnosis and treatment to prevent, remediate, or alleviate illness and promote health with a defined specialty population. CNSs are responsible and accountable for the diagnosis and treatment of illnesses/suffering and risk behaviors among individuals, families, groups, and communities.

More than 40 state boards of nursing regulate CNSs through licensure or administrative rule. Some include prescriptive authority in the defined scope of CNS practice.

The role of the CNS ensures high quality care measured in improved patient outcomes, cost effectiveness and improvements in nursing practice, all of which contribute to patient safety. Like Nurse Practitioners (NPs), Certified Nurse Midwives (CNMs) and Certified Registered Nurse Anesthetists (CRNAs), CNSs are advanced practice registered nurses who deserve to be recognized in the Standard Occupational Classification.

I strongly urge the inclusion of CNSs so that the full range of nurse providers that comprise the APRN category will be rightfully classified.

Thank you in advance for considering this important inclusion.

Sincerely,

Tamara Dickinson RN, CURN, CCCN, BCIA-PMDB

Tamara Dickinson, RN, CURN, CCCN, BCIA-PMDB
President