



February 1, 2018

Alice Gao
Mathematica Policy Research
1100 1st St, NE, 12th floor
Washington, DC 20002-4221

Dear Ms. Gao,

The American Nurses Association (ANA) is pleased to provide written comment for the Potential Opioid Overuse measure. ANA is the premier organization representing the interests of the nation's 3.6 million registered nurses (RNs) through its constituent and state nurses associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members. ANA members also include those practicing in the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.¹ ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

The opioid crisis, substance use disorder (SUD) and the nurse's role in addressing these issues has been a top priority for ANA and its practice teams for over two decades. For the majority of ANA's members, the complexity of opioid misuse will continue to be front and center as the nation grapples with changing the trajectory of this tragic epidemic. Today, over 91 Americans die every day from an opioid overdose.² According to 2014 data, an estimated 1.9 million people had an opioid use disorder related to prescription pain relievers and an estimated 586,000 had an opioid use disorder related to heroin use.³

ANA was pleased to have the opportunity to speak with Mathematica Policy Research and the Lewin Group prior to the measure being released to the public. However, we remain steadfast in our comments. ANA encourages the developer to complete additional testing across provider types and specialties to identify variations in care and differences in patient populations that would warrant refinements to the denominator and/or exclusions. It is critical to better understand whether there are other patients for whom prescribing at this level may be appropriate and how the measure performs outside of primary care.

ANA supports the measure rationale, but recommends that more providers, including APRNs with prescribing authority, who work in specialized care areas be consulted about the potential impacts and consequences to

¹ 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.

² The Centers for Disease Control and Prevention. (2017, August 30). Opioid Overdose, *Understanding the epidemic*. Retrieved from <https://www.cdc.gov/drugoverdose/epidemic/index.html>

³ Substance Abuse and Mental Health Services Administration. (2015, October 27). Substance Use Disorders. In *Mental and Substance Use Disorders*. Retrieved from <http://www.samhsa.gov/disorders/substance-use>

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their patient populations. Because of the recommended dosage, it is important to ANA that patients and providers are not penalized for providing care based on the best clinical guidelines available.

We encourage continued exploration of this measure with all potentially affected providers to ensure the measure is feasible, provides accurate representations of performance, and does not unintentionally limit treatment options for patients.

We appreciate the opportunity to share our views with the measure development team. If you have any questions, please contact Mary Beth Bresch White, Director, ANA Health Policy, at 301.628.5022 or marybreschwhite@ana.org.

Sincerely,

A handwritten signature in cursive script, reading "Cheryl A. Peterson", enclosed in a thin black rectangular border.

Cheryl Peterson, MSN, RN
Vice President for Nursing Programs

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
Debbie Hatmaker, PhD, RN, FAAN, ANA Interim Chief Executive Officer