July 14, 2026

Submitted electronically to: www.regulations.gov

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Docket No. 2026–12090 — Healthy People 2030 Proposed Objectives and Request for Information on Screen Time

Dear Secretary Kennedy:

The American Nurses Association (ANA) appreciates the opportunity to submit comments on the Request for Information (RFI) on Proposed Healthy People 2030 Objectives and Screen Time to inform Healthy People by the Office of Disease Prevention and Health Promotion (ODPHP). ANA commends the Department for continuing to advance measurable, evidence-based national health objectives and recommends that HHS engage in the following steps:

- **removing practice barriers that limit APRN practice to expand access to mental health care and improving federal data collection on mental health service utilization and outcomes;**
- **expanding access to school nursing services as a strategy for achieving developmentally on track and ready to learn children;**
- **and the refinement of data collection around screen time utilization among children 2-5 years old.**

ANA represents more than 5 million registered nurses (RNs), including Advanced Practice Registered Nurses (APRNs)—nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs), and is the only full-service professional organization representing the interests of the nation's registered nurses through its constituent and state associations, organizational affiliates, and individual members.

Nurses form the backbone of the American healthcare system, and RNs serve across the full spectrum of healthcare settings in multiple direct care, care coordination, research, and administrative leadership roles. Nurses provide and coordinate patient care, educate patients and the public about self-care and various health conditions, and offer counsel and emotional support

to patients and their family members. As the most trusted profession, nurses play a critical role in treating patients and influencing health behaviors.[1]

1. **Access to Health Services (New Objective–10): Reduce the proportion of persons who are unable to obtain or delay obtaining mental health care due to cost**

HHS seeks input on a new access-to-health-services objective aimed at reducing the proportion of people who are unable to obtain, or who delay obtaining, mental health care because of cost. ANA strongly supports the inclusion of this objective and agrees that reducing cost-related barriers is critical to improving access to mental health services and advancing national mental health outcomes. **ANA supports full utilization of APRNs, enforcing nondiscrimination protections, strengthening network adequacy standards, and investing in the behavioral health workforce are essential components of meeting Healthy People 2030 objectives.**

Cost is only one of several significant barriers to care. Delays in accessing mental health services are also driven by persistent workforce shortages, particularly in underserved and rural areas, and improvement in data collection particularly around cost and health outcomes related to mental health services. These shortages limit provider availability, increase wait times, and contribute to delayed treatment. Delayed access to care can worsen health outcomes and often leads to greater reliance on higher-cost emergency department and inpatient services. Therefore, meaningful progress toward this objective will require a comprehensive approach that addresses not only affordability, but also workforce shortages, coverage limitations, and other structural barriers that impede timely access to mental health care.

There is a well-documented and persistent shortage of behavioral health providers—including psychiatric mental health nurse practitioners (PMHNPs), which limits timely access to care.[2,3] These shortages are particularly acute in rural and underserved urban areas, where individuals frequently experience prolonged wait times for initial psychiatric and psychotherapy services.

Structural barriers within insurance plan design further exacerbate challenges to accessing mental health care. Although federal mental health parity requirements are intended to prevent inequitable coverage and ensure comparable access to behavioral health services, patients continue to face obstacles navigating plan networks and coverage requirements. In some health

[1] American Nurses Association. (2026, January 12). Nurses ranked most trusted profession for 24th consecutive year [Press release]. Nurses Ranked Most Trusted Profession for 24th Consecutive Year
[2] Health Resources and Services Administration, National Center for Health Workforce Analysis. (2025). *State of the behavioral health workforce, 2025*. U.S. Department of Health and Human Services. https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand
[3] U.S. Government Accountability Office. (2022). *Behavioral health: Available workforce information and federal actions to help recruit and retain providers* (GAO-23-105250). https://www.gao.gov/products/gao-23-105250 [gao.gov], [gao.gov]

plans, behavioral health services remain "carved out" into separate, often more limited provider networks, making it difficult for individuals to identify and access participating providers.

Additional barriers, including transportation challenges and requirements for in-person treatment, can further impede access to mental health care. These obstacles are particularly burdensome for individuals who require intensive outpatient services or partial hospitalization programs, which often involve frequent appointments and significant travel commitments. Addressing these structural barriers is essential to ensuring timely, equitable, and sustained access to care.

Telehealth remains a critical component of the mental health care delivery system and an important tool for expanding access to services. ANA strongly supports policies that preserve and expand telehealth and teleprescribing flexibilities for mental health care. These flexibilities help reduce geographic, transportation, and mobility barriers, increase provider reach, and support continuity of care, particularly for individuals in rural, underserved, and health professional shortage areas. Sustaining and strengthening telehealth access will be essential to improving mental health outcomes and advancing health equity.

Equally important, ANA remains concerned about ongoing discriminatory practices that limit APRN participation in health plan networks. Plans frequently exclude APRNs or impose unnecessary barriers in contracting, reimbursement, and administrative requirements. These practices directly undermine access, restrict patient choice, and contribute to delays in care—particularly in communities where APRNs may be the most accessible providers. **ANA urges HHS to enforce provider nondiscrimination provisions under federal law and strengthen network adequacy requirements to ensure that APRNs are fully included and recognized as essential providers**[4]

ANA urges HHS to recognize that addressing access requires a comprehensive strategy that includes full utilization of the health care workforce—particularly APRNs. APRNs, including PMHNPs, provide safe, high-quality, and cost-effective care across settings.[5,6]However, outdated and unnecessary practice restrictions continue to limit their ability to deliver care to the full extent of their education and clinical training. Removing these barriers and ensuring APRNs can practice at the fullest extent of their license across all care settings will significantly increase access points for mental health services and help mitigate workforce shortages.

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[4] American Nurses Association. (2026, March 9). *Comment letter on the Notice of Benefit and Payment Parameters for 2027*. https://www.nursingworld.org/globalassets/docs/ana/comment-letters/ana-comment-letter---nbpp-2026-03-10.pdf

[5] Health Resources and Services Administration, National Center for Health Workforce Analysis. (2025). *State of the behavioral health workforce, 2025*. U.S. Department of Health and Human Services. https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand

[6] U.S. Government Accountability Office. (2022). *Behavioral health: Available workforce information and federal actions to help recruit and retain providers* (GAO-23-105250). https://www.gao.gov/products/gao-23-105250

Finally, **ANA recommends strengthening federal data collection efforts to better understand access challenges and workforce utilization**. Surveys such as the National Health Interview Survey should include measures capturing both cost-related delays in care and the type of provider delivering mental health services (e.g., psychiatrist, psychologist, PMHNP). These data will support evidence-based policymaking and highlight the critical role of APRNs in improving access and cost efficiency and serve to track progress on this proposed Healthy People 2030 objective.

More detailed workforce data is also needed to assess the contribution of APRNs, particularly PMHNPs, in addressing mental health workforce shortages. Current federal datasets may not adequately capture the extent to which PMHNPs serve as primary mental health providers, especially in rural, frontier, and underserved areas. Improved data collection would help quantify the role of APRNs in expanding access, reducing wait times, improving care coordination, and delivering cost-effective mental health services.

In addition, federal surveys should collect information on insurance-related barriers beyond cost, including network adequacy, provider availability within plan networks, prior authorization requirements, and difficulties obtaining behavioral health appointments. These barriers can significantly delay access to care even when individuals have health insurance coverage. Capturing these factors would provide a more accurate picture of the challenges patients face in obtaining timely mental health services.

Enhanced data collection would also support accountability and measurement of progress toward this Healthy People objective. By tracking trends in affordability, provider availability, utilization by provider type, wait times, and patient outcomes, HHS can better assess the effectiveness of policies designed to improve mental health access and ensure that future interventions are evidence-based, equitable, and responsive to evolving workforce and patient needs.

2. **Early and Middle Childhood (New Objective-05): Increase the proportion of children who are developmentally 'on track' and healthy and ready to learn at school**

HHS is requesting information on measures to increase the proportion of children who are developmentally on track and ready to learn at school via the National Survey of Children's Health, Health Resources and Services Administration/Maternal and Child Health Bureau. ANA strongly supports the proposed objective to increase the proportion of children who are developmentally on track and healthy and ready to learn at school and asks that HHS consider the role of the school nurse in achieving said goals.

School nurses play a critical role in advancing this goal by addressing students' physical, behavioral, and social health needs, which directly affect school readiness, attendance, and

academic success.[7] School nurses empower students to be well by providing health education, treatment, counseling, and care coordination, helping increase classroom seat time while reducing health-related absences and unnecessary visits to the health office.[8] Research demonstrates that the presence of a school nurse is associated with reduced absenteeism and missed instructional time, and experts recommend that school nurses be routinely included as integral members of school attendance teams to effectively address chronic absenteeism.[9,10] School nurses are also often the first professionals to identify behavioral health concerns and connect students and families to needed services and community resources. Evidence shows that coordinated programs involving children, families, schools, and communities are particularly effective in improving health outcomes, especially among children from lower socioeconomic backgrounds.[11] By improving attendance, reducing early dismissals, and facilitating timely access to health and behavioral health services, school nurses help create the conditions necessary for children to thrive academically, achieve higher test scores, and ultimately improve graduation rates. **Therefore, ANA recommends expanding access to school nursing services and recognizing school nurses as key partners in achieving this Healthy People objective.**

3. **Request for Information (Physical Activity-13 and Physical Activity Research Objective-02): Screen Time Objectives**

HHS is seeking comments on emerging public health issues that lack research and reliable national data, superficially on the proportion of children aged 2-5 who get more than 1 hour of screen time a day. As highlighted in the Surgeon General's Advisory, excessive screen use is associated with adverse mental, behavioral, and physical health outcomes across age groups.[12]

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[7] National Association of School Nurses. (2023). *Addressing chronic absenteeism* (Position Statement). National Association of School Nurses. https://www.nasn.org

[8] Best, N. C., Oppewal, S., & Travers, D. (2021). *School nurses and student health outcomes: Advancing health and academic success*. In National Association of School Nurses. Referenced in *NASN Position Statement: Student Access to School Nursing Services*. NASN School Nurse, 37(4), 222–225. https://doi.org/10.1177/1942602X221098463

[9] Yoder, C. M. (2020). School nurses and student academic outcomes: An integrative review. *The Journal of School Nursing, 36*(1), 49–60. School Nurses and Student Academic Outcomes: An Integrative Review - Oregon Health & Science University

[10] Rankine, J., Goldberg, L., Miller, E., Kelley, L., & Ray, K. N. (2023). School nurse perspectives on addressing chronic absenteeism. *The Journal of School Nursing, 39*(6), 496–505. ERIC - EJ1400906 - School Nurse Perspectives on Addressing Chronic Absenteeism, Journal of School Nursing, 2023

[11] Hoagwood, K. E., Rotheram-Borus, M. J., McCabe, M. A., Counts, N., Belcher, H. M. E., Walker, D. K., & Johnson, K. A. (2018). *The interdependence of families, communities, and children's health: Public investments that strengthen families and communities, and promote children's healthy development and societal prosperity*. National Academy of Medicine. https://nam.edu/perspectives/the-interdependence-of-families-communities-and-childrens-health-public-investments-that-strengthen-families-and-communities-and-promote-childrens-healthy-development-and-societal-prosperity/

[12] U.S. Department of Health and Human Services, Office of the Surgeon General. (2026). *The harms of screen use: An advisory and toolkit on how to protect children and adolescents*. The Harms of Screen Use | HHS.gov

ANA recommends that refinements to these objectives reflect the broader context in which screen use occurs, including links to mental health, social isolation, and environmental constraints such as lack of access to safe outdoor spaces and community programming.

Nurses and APRNs play an essential role in educating patients and families about healthy behaviors, including screen use, and should be incorporated into implementation strategies across clinical, school-based, and community settings.

ANA appreciates the opportunity to have this discussion and looks forward to continued engagement with CMS on shared priorities. Please contact Tim Nanof, ANA's Executive Vice President, Policy & Government Affairs at (301) 628-5166 or tim.nanof@ana.org with any questions.

Sincerely,

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Chief Nursing Officer

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