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Rebecca Fish
National Vaccine Program Office
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 733G
Washington, DC 20201

Attn: HHS Adult Immunization

Submitted electronically to Rebecca.Fish@hhs.gov

Re: Comments on the Draft National Adult Immunization Plan

Dear Ms. Fish:

On behalf of the American Nurses Association (ANA), we are pleased to comment on the draft National Adult Immunization Plan (NAIP), published for comment in the Federal Register on February 6, 2015. As the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses (RNs), ANA is privileged to speak on behalf of its state and constituent member associations, organizational affiliates, and individual members.¹ 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 the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.²

We support the efforts of the National Vaccine Program Office (NVPO) in developing this draft NAIP, including the four goals articulated in the plan: to strengthen the adult immunization infrastructure; to improve access to adult vaccines; to increase community demand for adult immunizations; and to foster innovation in adult vaccine development and vaccination related technologies. We applaud the use of inclusive language when referencing and describing the clinicians who provide vaccines to patients, as such language reflects the range of clinicians who may be providing immunization services to patients.

We do recommend several changes related to provider-neutral language in order to fully recognize the role of APRNs and other providers in administering vaccinations.

¹ ANA is providing comments under the category "advocacy groups, non-profit organizations, and public interest organizations" and the category "academics, professional societies, and healthcare organizations."

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.

Suggested revision to goal 2

We recommend revising goal 2 to include more inclusive provider language. Goal 2, objective 2.3 (“*Expand the adult immunization provider network*”) currently states:

Adults frequently obtain needed vaccinations in complementary, nonclinical settings, such as workplaces, schools, and retail pharmacies, so it is especially important for these providers to have the capability to exchange information and document administration in collaboration with physicians and the patients’ medical homes.

APRNs often act in the role of primary care provider for patients, and have delivered professional health services to patients for decades. In addition to the direct provision of health care, APRNs play an integral role in managing and coordinating care for patients. In order to fully recognize and acknowledge this role, we recommend revising objective 2.3 to refer to the exchange of information and document administration in collaboration with *health care providers* and patients’ medical homes.

Table 3, Indicators for the Goals of NAIP

The plan includes indicators (Table 3) and milestones for specific improvements to be achieved by 2020, which will be used to monitor progress. Several of these indicators focus exclusively on collecting and reporting data from physicians. For example, one key indicator for goal 1 is “*percentage of surveyed primary care physicians who record information on adult vaccinations in state or regional [Immunization information systems].*” Similarly, while the language of a developmental measure for goal 3 has provider-neutral language (“*Percentage of surveyed adult health care providers who report assessing vaccination status at every visit*”), the baseline noted in Table 3 reflects the percentage of internists and family physicians reporting this assessment.

We understand that these indicators are primarily based on data already being collected by partner agencies, and that the use of existing measures may limit the extent to which you can obtain survey results from all health care providers regarding the recording or assessing vaccination status. However, to the extent possible, we urge NVPO to identify and utilize measures that collect data on the full range of health care providers who administer vaccinations, including APRNs. Doing so will help shed light on key aspects of adult vaccination programs where ongoing attention and improved data collection may be needed.

We appreciate the opportunity to share our views on this matter. If you have questions, please contact Mary Jo Assi, Director, Nursing Practice and Work Environment (maryjo.assi@ana.org).

Sincerely,



Debbie D. Hatmaker, PhD, RN, FAAN
Executive Director

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
Marla Weston, PhD, RN, FAAN, ANA Chief Executive Officer