

March 10, 2022

Rochelle P. Walensky, MD, MPH
Director
Centers for Disease Control and Prevention (CDC)
1600 Clifton Road,
Atlanta, GA 30329

Submitted electronically to www.regulations.gov

RE: Proposed 2022 CDC Clinical Practice Guideline for Prescribing Opioids; Notice with Comment Period [Docket No. CDC–2022–0024]

Dear Director Walensky:

The American Nurses Association (ANA) appreciates the opportunity to provide comments on the proposed clinical practice guidelines, the *CDC Clinical Practice Guideline for Prescribing Opioids—United States, 2022*. ANA appreciates the CDC’s continued focus on the safe handling and prescribing of opioids as the nation continues to battle the opioid epidemic. The agency is right to update the guidelines—building off the current prescribing guidelines focused on chronic pain that were released in 2016—to reflect evolving research and knowledge about the role of opioids in pain care and management. The CDC is also right to propose to expand the current, draft iteration of the guidelines to encompass the full spectrum of pain, from acute to chronic, experienced by patients in outpatient settings.

As the CDC works to finalize these guidelines, ANA urges the agency to:

- 1. Ensure provider definitions include all providers involved in pain care and management, and**
- 2. Promote the use of data and best practices to address and overcome barriers to pain management care.**

ANA appreciates CMS’ thoughtful consideration of our comments.

- 1. CDC must ensure the guidelines include all providers, in particular Registered Nurses (RNs) and Advanced Practice Nurses (APRNs), involved in pain care and management in any provider definitions used in and for the applicability of the guidelines.**

In the draft guidelines, the CDC notes that the definition of clinicians includes Nurse Practitioners. ANA urges the CDC to make clear that any definitions and applicability of the guidelines for clinicians recognize RNs and APRNs. RNs are at the forefront of the opioid epidemic and are best-positioned and equipped to recognize and address patient pain levels and need for pharmacological interventions to address that pain. APRNs, whose education prepare them to appropriately assess and manage patient problems, including through pharmacological interventions, also play a critical role in pain care and

management. As the nation's health care system continues to focus on patient-centered coordinated care delivery models, RNs and APRNs are critical in delivering care to patients within that model. RNs and APRNs practice in a variety of direct-care, care-coordination, leadership, and executive roles in all patient care settings, placing them in the key position to help patients and their families understand the risks and benefits of pain treatment options. Further, nurses are educators and patient advocates, helping patients with non-opioid pain management including other medication modalities, regional anesthetic interventions, surgery, psychological therapies, rehabilitative/physical therapy, and complementary and alternative medicine (CAM). Nurses are also critical in the creation and maintenance of treatment plans—working closely with patients to determine appropriate pain treatment decisions and management. As such, they must be recognized in any guidelines pertaining to prescribing opioids for pain care and management.

2. Promote the use of data and best practices to address and overcome barriers to pain management care.

ANA supports the CDC's recognition of the need for data and best practices to inform opioid prescribing and pain management guidelines. The agency is right in this approach. However, ANA encourages the agency to promote the use of collected data and information to identify and address additional barriers to pain management care. Removal of barriers ensures patients have access to needed care and allows them to be connected to the providers that are best positioned to manage their pain appropriately and effectively. Barriers at the clinician level include education and the need for resources. It is critical that all clinicians involved in pain management partake in continued education that focuses on evidence-based models and guidelines that facilitate appropriate, high-quality care. Clinicians, especially nurses, also need additional resources to support care coordination efforts that ensure patient pain is being managed appropriately and in a timely fashion without redundancy or gaps in care. ANA also continues to advocate for the removal of barriers to medication-assisted treatment, which is a critical component of care for patients' struggling with substance use and opioid use disorders. As such, we urge the CDC to continue to promote the use of data and best practices among clinicians and leverage information collected to remove barriers to effective and appropriate pain care and management.

ANA is the premier organization representing the interests of the nation's 4.3 million RNs, through its state and constituent member associations, organizational affiliates, and individual members. ANA members also include the four APRNs: NPs, clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs). ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. RNs serve in multiple direct care, care coordination, and administration 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 including essential self-care, and provide advice and emotional support to patients and their family members.

ANA appreciates the opportunity to submit these comments and looks forward to continued engagement with the CDC. Please contact Ingrida Lusi, Vice President for Policy and Government Affairs at Ingrid.Lusi@ana.org or (301) 628-5081 with any questions.

Sincerely,



Debbie Hatmaker, PhD, RN, FAAN
Chief Nursing Officer / EVP

cc: Ernest Grant, PhD, RN, FAAN, ANA President
Loressa Cole, DNP, MBA, RN, NEA-BC, FAAN, ANA Chief Executive Officer