



June 30, 2017

The Honorable Tom Price, MD  
Secretary  
The U.S. Department of Health & Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Secretary Price:

On behalf of the Nursing Community coalition, we write to offer the following considerations as you lead the U.S. Department of Health & Human Services during this time of reform. Our organizations represent a broad cross-section of the nursing profession, including education, practice, research, regulation, and executive leadership. As the largest sector of the health professions workforce comprising nearly four million licensed professionals, Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs) are essential members of the healthcare team who serve in a multitude of settings. Nurses are often the lynchpin in the coordination of complex services stemming from an interprofessional team.

We appreciate your opening statements before the House Ways and Means and Senate Finance Committees' Hearings on the Department of Health and Human Services' Fiscal Year (FY) 2018 Budget Request earlier this month. The Administration's emphasis on three top "public health crises," including serious mental illness; substance abuse; and childhood obesity are of significant concern to the nursing workforce, and we stand ready to work with your agencies to achieve progress.

Nurses are critical agents in all three of these priorities— prevention, public health, and acute care. RNs and APRNs treat patients that experience these crises, and are sometimes the sole providers of this care in regions that struggle to recruit and retain providers. We implore the Administration to support policies that maximize the role of the nursing profession in achieving positive health outcomes in these areas. Moreover, it is important to recognize the role of RNs and APRNs in increasing access to primary care services. We take concern with any isolated policy focus that would not incorporate *all eligible providers*. In the changing healthcare environment, we cannot rely on "put[ting] patients, families and doctors in charge of medical decisions, bring[ing] down costs, and increase[ing] choices." We must look to the whole interprofessional team in which, APRNs may be leading a patient's plan of care. To this end, we encourage all of your communications and policies to focus on provider neutral language and ensure barriers are removed that prevent clinicians from practicing to the full extent of the education and clinical training.

Recently, you hosted a listening session with Medical and Health Professionals at the White House. We were disappointed that the posted attendee list included only physicians, and not other healthcare providers, as the title suggested. In the release on June 15, 2017, it noted:

*Secretary Price affirmed the Department and President Trump's commitment to put in place a healthcare system that's responsive to the needs of patients and a system where doctors, families, and patients are making medical decisions—not Washington, D.C. Secretary Price noted the Administration is committed to improving healthcare in America and to provide individuals and families the relief they so desperately need.*

We agree that America's healthcare system needs improvement. However, we wholeheartedly disagree that those parts of the discussion should be limited to only "doctors, families, and patients." To achieve well-informed reform, we need all voices involved in the discussion. We want to work with your Department to find positive solutions and look forward to the opportunity to meet with you and your leadership to outline steps forward. If our organizations can be of future assistance, please contact Dr. Suzanne Miyamoto, Convener of the Nursing Community, at [Smiyamoto@aacn.nche.edu](mailto:Smiyamoto@aacn.nche.edu), or (202) 463-6930, ext. 247.