October 11, 2016

Honorable Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–4168–P
P.O. Box 8016
Baltimore, MD 21244–8016

Submitted electronically to regulations.gov

Re: CMS–4168–P; Medicare and Medicaid Programs; Programs of All-Inclusive Care for the Elderly

Dear Acting Administrator Slavitt:

On behalf of the American Nurses Association (ANA), we are pleased to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed rule, Medicare and Medicaid Programs; Programs of All-Inclusive Care for the Elderly (PACE). 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 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.

Expanded Role for Nurse Practitioners

The PACE regulations currently require that the Interdisciplinary Team include a primary care physician (§ 460.102(b)(1)), and that a PACE primary care physician oversee and manage care (§ 460.102(c)). The supplementary information in the proposed rule describes changes that have occurred in the delivery of health care, including greater use of Nurse Practitioners (NPs) and other non-physician providers, and notes that utilizing such practitioners in expanded roles can be cost-

[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.

8515 Georgia Ave., Suite 400
Silver Spring, MD 20910
www.nursingworld.org

effective and foster flexibility to allow PACE Organizations (POs) to address shortages of primary care providers, particularly in rural areas or areas with high labor costs.

Proposed changes in the rule include the following:

- The language in §460.102(b)(1) would be changed from "primary care physician" to "primary care provider"
- The language in §460.102(c)(1) would be revised to allow a range of providers (including nurse practitioners) to furnish primary care
- The language in §460.102(c)(2) would be revised to refer to "primary care provider" rather than "primary care physician"

ANA strongly supports these changes and commends CMS for taking steps to recognize the essential role of nurse practitioners and others in providing primary care services to PACE participants. An essential step to achieving high quality, integrated primary care is to ensure that all health care providers are fully utilized and work to the full extent of their education and training. For example, research has established that APRNs consistently deliver exceptional care with high patient satisfaction when they are allowed to work to the full extent of their education and training. The concept of APRNs practicing to the top of their training and expertise is consistent with the evidenced based recommendations advanced by the Institute of Medicine (now the National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division) in its 2010 report, *The Future of Nursing: Leading Change, Advancing Health*, which recommended that APRNs "should be able to practice to the full extent of their education and training." APRNs have been leaders in the development of innovative models of care delivery and are fully prepared to serve in this role. It is within an APRN's professional judgment and responsibility to assess and treat patients within the bounds of his or her scope of practice. As is true with our physician colleagues, APRNs regularly consult, collaborate and refer as necessary to ensure that the patient receives appropriate diagnosis and treatment.

ANA appreciates the opportunity to comment on this proposed rule. If you have questions, please contact Mary Beth Bresch White, Director, Health Policy (marybreschwhite@ana.org).

Sincerely,

Debbie Hatmaker

Debbie D. Hatmaker, PhD, RN, FAAN
Executive Director / Executive Vice President

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