



December 14, 2017

Chairman Francis J. Crosson, M.D.
Medicare Payment Advisory Commission
425 I Street, NW, Suite 701
Washington, DC 20001

Dear Dr. Crosson,

The American Nurses Association (ANA) is pleased to provide comment to the Medicare Payment Advisory Commission regarding two issues the Commission has discussed throughout the fall of 2018: (1) Primary Care Providers and (2) Telehealth. In addition to these two issues, ANA also sees an opportunity to expand care coordination services to beneficiaries and reimbursement to providers through the Medicare system. 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.

During the November 2017 meeting, Commissioners recognized the role that APRNs played in filling the void of primary care providers in certain communities. ANA supports APRNs working to the full extent of their education, training and scope of practice, and to be reimbursed at the same rates of other primary care providers, when providing care to Medicare beneficiaries. As mentioned in the November 2017 meeting, 21% of primary care reimbursements are to non-MD providers. These include APRNs, many of whom provide care in underserved areas, along with other RNs. Moreover, the 2010 report released by the Institute of Medicine (IOM), *The Future of Nursing: Leading Change, Advancing Health*, outlines several paths by which patient access to care may be expanded, quality preserved or improved, and costs controlled through greater use of APRNs. We encourage the Commission to continue to support the role that APRNs and RNs provide in both urban and rural communities and to reimburse **all** providers to the full extent of the care that they are providing.

We encourage the Commission to further review and expand reimbursement for APRNs and reimburse RNs for their services in care coordination, especially in the context of medically complex and chronic care management. Six initiatives are currently in place under provisions of Medicare law and regulations; moreover, there are currently five models for which the Centers for Medicare and Medicaid Innovation (CMMI) has authority under Section 3021 of the Affordable Care Act to waive current provisions of law and

¹The 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.

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regulations. We ask the Commission to continue to support the implementation and expansion of various care coordination models and the expansion of the role of the RN within such models under CMMI. As voiced by individual Commissioners, ANA echoes the sentiment of several individual Commissioners in our hope to see various care coordination models studied under CMMI in the future, as well as Medicare expansion of care coordination services for Medicare beneficiaries. We firmly believe that doing so will advance patient safety, improve quality outcomes, lower costs, and increase access to care.

Finally, the Commission has discussed expanding telehealth services to beneficiaries. After hearing the Commission's presentation of the findings from site visits and interviews with both Medicare and commercial insurance providers, ANA would like to express our continued support to expand telehealth services to Medicare beneficiaries, especially in areas in which RNs and APRNs provide care. Moreover, the principles (access, quality, and cost) that the Commission is considering to weigh the potential of expanding services are supported by ANA. We would, however, encourage the Commission to also consider the role that RNs and APRNs can be utilized in providing these services to increase access to beneficiaries, while also recognizing that in providing these services, reimbursement is necessary to not only provide the services, but also fill the void of providers in certain specialties and geographies. As with any service, ANA advocates that patient safety and privacy are at the forefront of any decision to expand telehealth services.

While certain services (telestroke and telemental) were discussed more than others at the meetings this past fall, this could also be an opportunity for the Commission to further its position on helping to overcome the opioid epidemic by expanding telehealth services for mental health and substance use disorders. The resolution of this national public health emergency requires a comprehensive approach which includes such services. Nurses have been on the front line of this crisis for years, and in some communities, they are the sole provider of health care services to patients and their families. At this critical juncture, we need to remove all barriers for patients to receive the care that they need, especially for mental health, substance abuse, and chronic pain issues.

We appreciate the opportunity to share our views with the Commission. If you have any questions, please contact Mary Beth Bresch White, Director, ANA Health Policy, at 301.628.5022 or marybreschwhite@ana.org.

Sincerely,



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