



March 5, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services (CMS)
Department of Health and Human Services
Attention: CMS-1678-P
P.O. Box 8013
Baltimore, MD 21244-1850

Submitted electronically to <http://www.regulations.gov>

Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Policies and 2019 Draft Call Letter

Dear Administrator Verma,

The American Nurses Association (ANA) is pleased to provide written comment for the Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Policies and 2019 draft Call Letter. 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 those practicing in 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.

The opioid crisis, substance use disorder (SUD) and the nurse's role in addressing these issues has been a top priority for ANA and its practice teams for over two decades. For the majority of ANA's members, the complexity of opioid misuse will continue to be front and center as the nation grapples with changing the trajectory of this tragic epidemic. Today, over 91 Americans die every day from an opioid overdose.² According to 2014 data, an estimated 1.9 million people had an opioid use disorder related to prescription pain relievers and an estimated 586,000 had an opioid use disorder related to heroin use.³

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.

² The Centers for Disease Control and Prevention. (2017, August 30). Opioid Overdose, *Understanding the epidemic*. Retrieved from <https://www.cdc.gov/drugoverdose/epidemic/index.html>

³ Substance Abuse and Mental Health Services Administration. (2015, October 27). Substance Use Disorders. In *Mental and Substance Use Disorders*. Retrieved from <http://www.samhsa.gov/disorders/substance-use>

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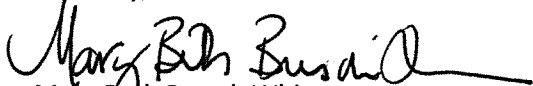
ANA is cautious to support a cut off at a specific Morphine Milligram Equivalent (MME) if there is no consensus that arbitrary hard stops are efficacious, as such cut offs have the potential to seriously undermine the provider's ability to individualize patients' chronic pain management plans. As part of the overall review of efficacy of arbitrary MME limits, CMS should also review concurrent increases in pain complaints, as well as push for third party payment for non-opioid pain management strategies, including Complementary and Alternative Medicine (CAM). It is critical to better understand whether there are other patients for whom prescribing at this level may be appropriate, such as patients receiving care for diagnoses other than cancer or hospice care. Language should be made clear early and often in *Improving Drug Utilization Review Controls in Medicare Part D*, Part D Opioid Overutilization Policy that proposed recommendations are not inclusive for patients receiving cancer or hospice care. Additional neurological and hematological categories for which high opioid prescriptions have proven efficacy also should be highlighted.

ANA supports the underlying rationale of decreasing opioid overutilization, but recommends that more providers, including APRNs with prescriptive authority and those providing CAM and who work in specialized care areas, be consulted about the potential impacts and consequences to their patient populations. Because of the recommended dosage, it is important to ANA that patients and providers are not penalized for providing care based on the best clinical guidelines available.

We encourage continued exploration of these proposed changes with all potentially affected providers to ensure the recommendation is feasible, provides accurate representations of performance, and does not unintentionally limit treatment options for patients. All efforts to address the opioid epidemic should be prudent and done through proven policy changes without jeopardizing effective and equitable patient care.

We appreciate the opportunity to share our views with CMS. If you have any questions, please contact me at 301.628.5022 or marybreschwhite@ana.org.

Sincerely,



Mary Beth Bresch White
Director, Health Policy

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
Debbie Hatmaker, PhD, RN, FAAN, ANA Interim Chief Executive Officer