

May 6, 2019

Seema Verma
Administrator
Centers for Medicare and Medicaid
Department of Health and Human Services
P.O. Box 8016
7500 Security Blvd.
Baltimore, Maryland 21244-8016

RE: CMS-9921-NC; Patient Protection and Affordable Care Act; Increasing Consumer Choice Through the Sale of Individual Health Insurance Coverage Across State Lines Through Health Care Choice Compacts

Dear Administrator Verma:

On behalf of the undersigned organizations representing Advanced Practice Registered Nurses (APRNs), we are pleased to provide comments in response to the request for information on the sale of individual health insurance coverage across state lines. APRNs include Certified Nurse-Midwives (CNMs), Certified Registered Nurse Anesthetists (CRNAs), Clinical Nurse Specialists (CNSs), and Nurse Practitioners (NPs). Including two of the ten largest categories of Medicare Part B provider specialties¹ and totaling over 340,000 health care practitioners, our primary interests are patient care including patient wellness and improving access to safe and cost-effective healthcare services. In every setting and region, for every population, particularly among the rural and medically underserved, America's growing numbers of highly educated APRNs improve healthcare access, quality and promote cost-effective healthcare delivery.

The Sale of Individual Health Insurance Coverage Across State Lines

Ensuring access to medically necessary services is an important component of a stable healthcare system. While APRNs are committed to treating patients in all walks of life and across all healthcare settings, lack of access to healthcare coverage is a significant impediment to providing patients with the care that they require and deserve. Lack of coverage is not just reflected in the number of covered individuals, but also by the quality of the coverage that they receive. As such, we believe that any future Centers for Medicare & Medicaid Services (CMS) rulemaking or guidance regarding selling insurance across state lines must include the following components: comprehensive coverage; protection of patients with pre-existing conditions; and enforcement of provider non-discrimination statutes and regulations, including providing robust healthcare networks.

Comprehensive Coverage: As CMS evaluates future rulemaking regarding selling health insurance across state lines, we firmly believe in the importance of upholding the principle that these plans should cover comprehensive health benefits. This coverage includes providing patients with access to ambulatory care, emergency services, hospitalization, maternity and

¹ https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMSProgramStatistics/2017/Downloads/PROVIDERS/2017_CPS_MDCR_PROVIDERS_6.PDF (Based on Medicare's provider billing data, in 2017 NPs were the largest billing specialty and CRNA's were eighth.)

newborn care, pediatric services, mental health services, addiction treatment, prescription coverage, rehabilitative services and devices, laboratory services, preventive services, wellness services, anesthesia and pain management services, and chronic disease management.

Protection of Patients with Pre-Existing Conditions: Historically, patients with pre-existing conditions have faced higher premiums or exclusion from the healthcare marketplace without significant safeguards to prevent these outcomes. APRNs provide extensive treatment to patients with pre-existing conditions and are acutely aware of the negative impact that lack of coverage can have on these patients and their families. Allowing the sale of plans that do not provide comprehensive coverage or impose increased premiums or cost-sharing on patients with pre-existing conditions can disrupt the marketplace and further erode quality coverage for patients with pre-existing conditions. It is imperative that strong protections are in place to ensure that patients with pre-existing conditions maintain access to affordable, comprehensive health care coverage.

Provider Non-Discrimination: In the Trump Administration's report, "Reforming America's Healthcare System Through Choice and Competition,"² the Administration recommended reforming scope of practice laws to authorize APRNs to care for their patients to the full scope of their education and clinical training.³ We have concerns that if a plan originating in a state with a restrictive APRN practice environment is sold in states without those same restrictions, the plan may unnecessarily impose practice restrictions on APRNs in excess of state law. This could cause certain providers, such as APRNs, to not be able to practice to the full extent of their education and practice, which could result in reduced patient choice and access to safe and high quality APRN services. We strongly request CMS to address this issue in any proposed rulemaking to ensure that plans do not create additional practice barriers for APRNs.

CMS must also ensure that patients have access to robust healthcare networks and are able to select the provider of their choice, including APRNs. Health plans must not be able to discriminate against healthcare providers based on licensure by denying them access to panels, imposing additional cost-sharing on their patients or denying them equitable reimbursement. This leads to inadequate network panels that limit patient choice and provider competition. Provider non-discrimination is federal law under the Affordable Care Act and this must be upheld and enforced in any future guidance or rulemaking.

We thank you for the opportunity to comment on this request for information and look forward to further discussions on the role of APRNs in delivering high-quality, cost-effective care to our nation's patients. Should you have any questions, please feel free to contact the AANA Senior Director of Federal Government Affairs, Ralph Kohl, at 202-741-9080 or rkohl@aanadc.com.

² <https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf>

³ *Ibid*, at page 36.

Sincerely,

American Association of Colleges of Nursing

American Association of Nurse Anesthetists

American Association of Nurse Practitioners

American College of Nurse-Midwives

American Nurses Association

American Organization for Leaders in Nursing

Gerontological Advanced Practice Nurses Association

National Association of Nurse Practitioners in Women's Health

National Association of Pediatric Nurse Practitioners

National Organization of Nurse Practitioner Faculties