

July 11, 2023

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Washington, DC 20201

Submitted electronically to [1115publiccomments.medicaid.gov/](https://www.1115publiccomments.medicaid.gov/)

Re: Medicaid Program – Section 1115 Demonstration: California Reproductive Health Access Demonstration (CalRHAD)

Dear Administrator Brooks-LaSure:

The American Nurses Association (ANA) appreciates the opportunity to submit comments on California's pending application for a Medicaid Section 1115 demonstration waiver aimed at bolstering access to reproductive health for Medi-Cal beneficiaries and other vulnerable patient populations. ANA supports the state's intent as laid out in the waiver application as we strongly believe that all patients must have equitable access to sexual and reproductive health (SRH) services, and that such services fulfill a core component of public health. Further, this waiver has the potential to serve as a model for other state Medicaid programs, and to influence how care is delivered to SRH beneficiaries.

As the Centers for Medicare & Medicaid Services (CMS) reviews the pending waiver application, we urge the agency to work closely with California to ensure a demonstration that truly supports and promotes a diverse SRH provider pool, including qualified advanced practice registered nurses (APRNs) practicing to the full extent of their state license. ANA supports CMS' overall efforts to ensure patients covered by Medicaid can access critical health care services, such as SRH care. At the same time, ANA remains concerned that all too often access to registered nurses (RNs), and more specifically APRNs, is overlooked when innovative approaches to the health care delivery system are designed and implemented.

California's proposed demonstration project would build upon the capacity of providers that are currently providing SRH services to Medi-Cal patients. In response to a set of public comments summarized in the pending application, California notes that the state is focused on strengthening and expanding existing Medi-Cal providers, rather than using the waiver to bring additional SRH providers into the state's Medicaid provider network. We feel this is a missed opportunity to expand access. We urge CMS to work closely with California on uses of waiver funding that supports beneficiaries' choice of providers who may not currently accept Medi-Cal beneficiaries, or accept only on a limited basis. Often, due to Medicaid's generally low reimbursement rates, access is limited for patients, and providers must weigh the financial burden of accepting patients covered by Medicaid. If California's intended goal is to increase access to care, it stands to reason that approved demonstration funding should be made available to any provider that is qualified to provide SRH services.

Moreover, we urge CMS to work closely with California to ensure participating APRN providers in the demonstration project are practicing to the fullest extent of their license, education, and training. Medicaid coverage can only be meaningful if beneficiaries have access to care. Evidence demonstrates

that APRNs provide safe and cost-effective care—while increasing access to care and utilization of needed services.¹ However, we often see states unnecessarily restricting APRN practice, and therefore limiting patient choice of provider. This can restrict access to care as APRNs stand ready to provide primary care and other services at the top of their license. Leveraging the clinical expertise of these providers will only serve to bolster California’s Medicaid provider networks as the state works to implement the proposed demonstration project, allowing Medi-Cal patients to receive needed SRH services. Specifically, we urge CMS to work with California to more explicitly list APRNs—and encourage APRN participation—as eligible providers participating in CaLRHAD. CMS must provide the leadership needed to ensure access to the SRH services provided by APRNs and that these clinicians have and retain full scope of practice.

An SRH waiver that promotes choice of provider could create valuable care connections and continuity for SRH beneficiaries, and ultimately the Medi-Cal program. For many persons of reproductive age, SRH care is an entry to the health care system, especially primary care. With increased choices of SRH providers, young adults have more opportunities to experience integrated care, and seek care as appropriate. To the extent that the SRH waiver integrates primary care and prevention, Medi-Cal can avoid more costly interventions in the future.

ANA is the premier organization representing the interests of the nation’s over five million RNs, through its state and constituent member associations, organizational affiliates, and individual members. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA members also include the four APRN roles: nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs). RNs serve in multiple direct care, care coordination, and administration 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 including essential self-care and provide advice and emotional support to patients and their family members.

ANA appreciates the opportunity to submit these comments and looks forward to continued engagement with CMS. Please contact Tim Nanof, Vice President, Policy and Government Affairs, at (301) 628-5166 or Tim.Nanof@ana.org, with any questions.

Sincerely,



Debbie Hatmaker, PhD, RN, FAAN
Chief Nursing Officer / EVP

cc: Jennifer Mensik Kennedy, PhD, RN, NEA-BC, FAAN, ANA President
Loressa Cole, DNP, MBA, RN, NEA-BC, FAAN, ANA Chief Executive Officer

¹ Kleinpell, R., Myers, C. R., & Schorn, M. N. (2023). Addressing Barriers to APRN Practice: Policy and Regulatory Implications During COVID-19. *Journal of nursing regulation*, 14(1), 13–20. [https://doi.org/10.1016/S2155-8256\(23\)00064-9](https://doi.org/10.1016/S2155-8256(23)00064-9). Accessed July 7, 2023.