

October 31, 2019

Alex Azar, Secretary  
Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

Seema Verma, Administrator  
Centers for Medicare and Medicaid Services  
200 Independence Avenue SW  
Washington, DC 20201

Submitted electronically: [Alex.Azar@HHS.GOV](mailto:Alex.Azar@HHS.GOV); [Seema.Verma@cms.hhs.gov](mailto:Seema.Verma@cms.hhs.gov)

Dear Secretary Azar and Administrator Verma:

On behalf of the American Nurses Association (ANA), I am writing to express our continued strong support for expanding access in Medicare to advanced practice registered nurses (APRNs). We are pleased that the Administration focused on APRNs among the directives in its October 3, 2019, Executive Order.

The Executive Order charges the Department of Health and Human Services (HHS) with proposing regulations in the next 12 months that will eliminate excessive supervision and enable APRNs to practice to the full extent of their education and clinical training. ANA believes these changes in Medicare policy would significantly improve beneficiaries' experience and access to care, while reducing paperwork burdens on providers.

As the Executive Order recognizes, APRNs in Medicare are subject to various restrictions such as physician supervision requirements even when state laws do not impose such rules. "Incident-to" billing rules further constrain APRN participation in the program, at a time when APRNs are increasingly providing primary care.<sup>1</sup> The Medicare Payment Advisory Commission (MedPAC) has recommended eliminating incident-to billing, and ANA has joined other nursing groups asking HHS to support this recommendation.

Federal restrictions on APRN practice can have systemic consequences, especially in rural, underserved, and appointment shortage areas, where innovative models are sorely needed to ensure access, quality and value. ANA has repeatedly called upon the Centers for Medicare and Medicaid Services (CMS) to address practice barriers and empower APRNs to contribute fully to patient care in the communities they serve.

ANA stands ready to work with HHS on this matter and we urge you to convene a robust APRN stakeholder process to meaningfully carry out the intent of the Executive Order. We would appreciate an opportunity to meet with CMS staff tasked with implementing the directives relating to APRNs, in order to share our perspective and review relevant data and research.

---

<sup>1</sup>Medicare Payment Advisory Commission. (2019). Report to the Congress: Medicare and the Health Care Delivery System. 128. [http://medpac.gov/docs/default-source/reports/jun19\\_medpac\\_reporttocongress\\_sec.pdf?sfvrsn=0](http://medpac.gov/docs/default-source/reports/jun19_medpac_reporttocongress_sec.pdf?sfvrsn=0).

In addition, we urge HHS and CMS to consider additional steps to implement the spirit of the Executive Order. For instance, the Innovation Center recently used its waiver authority to allow nurse practitioners (NPs) in the state of Maryland to certify their patients' need for Medicare home health services. In granting this waiver, CMS implicitly acknowledged that the current rules restricting NPs in home health are not necessary, and that these rules impede innovation in health care. The Innovation Center could review nationwide models currently in demonstration or under development and identify additional areas appropriate for waiving barriers to APRN care that are unnecessarily restrictive.

In another example of innovation, the Oncology Care Model (OCM) allows for \$160 per beneficiary per month that can be used to support care coordination activities that are not subject to Medicare's supervision rules. Evidence-based best practices can be evaluated from this model and incorporated into future models that continue to remove unnecessary and burdensome supervision requirements. We believe that doing so would expedite expanded access to APRN care, while also creating new opportunities to include and evaluate APRNs in emerging Medicare and all-payer care models.

ANA is the premier organization representing the interests of the nation's 4.0 million RNs, through its state and constituent member associations, organizational affiliates, and individual members. ANA members also include the four advanced practice registered nurse roles (APRNs): Nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs) and certified registered nurse anesthetists (CRNAs).<sup>2</sup> ANA is dedicated to partnering with health care consumers and payers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

We look forward to following up with appropriate agency staff about these concerns. If you have any questions, please contact Brooke Trainum, Assistant Director, Policy and Regulatory Advocacy, at 301.628.5027 or [brooke.trainum@ana.org](mailto:brooke.trainum@ana.org).

Sincerely,



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

cc: Ernest Grant, PhD, RN, FAAN, ANA President  
Loressa Cole, DNP, MBA, RN, NEA-BC, FACHE, ANA Chief Executive Officer

---

<sup>2</sup>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.