

Make Your Voice Heard: Promoting Efficiency and Equity Within CMS Programs  
CMS Request for Information  
ANA Comments submitted through [online form](#).

## 1) Accessing Healthcare and Related Challenges

***CMS wants to empower all individuals to efficiently navigate the healthcare system and access comprehensive healthcare. We are interested in receiving public comment on personal perspectives and experiences, including narrative anecdotes, describing challenges individuals currently face in understanding, choosing, accessing, paying for, or utilizing healthcare services (including medication) across CMS programs.***

There is a solid body of evidence that advanced practice registered nurses (APRNs) provide safe and cost-effective care. However, states with outdated licensing rules unnecessarily restrict APRN practice, and therefore limit patient choice of provider. Yet whether or not a state grants full practice authority for APRNs, patient access can be hampered by inappropriate barriers posed throughout care systems. ANA believes CMS can do more to provide the leadership needed to address these situations. Unfortunately, ANA is able to share numerous accounts from our APRN members with first-hand experience of how plans discriminate against them, and the adverse impacts on patients and care-seekers. As one nurse practitioner (NP) summarized, plan exclusions lead to “delayed care, inaccurate follow up or confusion, and patient dissatisfaction.” Others point out, further, that patients may end up having to pay out of pocket when APRN claims are denied, or they may have to look for another clinician who will be paid.

However, a physician may not be available or accessible, especially in rural and underserved areas. Patients are left without meaningful choices, even though APRNs stand ready to provide primary care and other services at the top of their license. For example, we heard from a member about an “NP-run HIV practice with one MD who works only one day per week; whereas the NP sees patients five days per week.”

In a growing mental health crisis, deploying qualified NPs could fill critical care gaps. Yet accessing mental health services from APRNs can be particularly challenging. A member told us: “Aetna and Optum UBH have both declined credentialing me. I work under an attending physician and [the insurers] will not allow me to care for mental health patients. There are many patients that have this insurance and cannot access quality mental health services because they cannot afford to pay out of pocket. This leads to patients unable to be seen and care disrupted. Many of the patients live near the clinic so that is the closest medical care.” Another APRN found that disability paperwork for a patient was rejected because only a psychiatrist’s signature would suffice. It seems that the patient’s coverage, care, and potentially other supports were delayed unnecessarily.

Unfortunately, public payers also discriminate. A member candidly shared, “I find it absurd that I can prescribe controlled substances for a Medicare patient but not diabetic shoes.” State Medicaid coverage rules may not be aligned with their own state’s practice authority. For instance, a member told us of a state Medicaid rule requiring a medical specialist to treat Hepatitis C patients with direct-acting antivirals (DAAs). The member wrote, “These medications are safe and effective and well within the APRN scope of practice and prescribing rules. This rule (among others) delays the time to curative treatment of the virus.”

***Recommendations for how CMS can address these challenges through our policies and programs.***

ANA believes CMS can do more to address restrictions on access to APRN care, through regulatory action and leadership as the largest purchaser of health care in the United States. First, CMS must promulgate strong regulations implementing the federal provider nondiscrimination law, enacted by the Affordable Care Act of 2010, commonly known as section 2706. ANA urges CMS to act expeditiously with partner agencies to finalize an enforceable rule that allows APRNs to practice at the top of their license. Regulations should explicitly bar all forms of discrimination, including contracting, payment, value-based incentives, and unnecessary requirements such as physician supervision and prior authorization.

CMS should also use its full administrative authority to remove regulatory barriers to APRN practice in Medicare, and work diligently with Congress to ensure that legislative barriers are also rescinded. In addition, ANA urges CMS to leverage its Medicaid waiver authorities to incentivize states Medicaid and CHIP programs to cover and encourage APRN care to the extent of state licensing provisions.

***2) Understanding Provider Experiences***

***CMS wants to better understand the factors impacting provider well-being and learn more about the distribution of the healthcare workforce. We are particularly interested in understanding the greatest challenges for healthcare workers in meeting the needs of their patients, and the impact of CMS policies, documentation and reporting requirements, operations, or communications on provider well-being and retention.***

Nurses have remained steadfast on the front lines since the beginning of the pandemic, while overcoming challenges such as limited personal protective equipment and the personal impact and toll of the COVID-19 virus. The possibility of new variants continue, overrunning hospital and staff capacity. These circumstances have only exacerbated underlying, chronic staffing challenges that have persisted for years. Since the nation began COVID-19 mitigation and response efforts, much focus has been placed on nurses facing shortages of equipment to appropriately care for patients. Now, it is imperative that the CMS, with other related federal agencies, acknowledge and take concrete steps to address a more dire shortage: a crisis-level nurse staffing shortage that puts our ability to care for patients in jeopardy.

Hospitals and other facilities continue to reach capacity limits and face other challenges due to ongoing COVID-19 cases and the nursing shortages across the country. It is imperative that CMS, with other related agencies, utilize all available authorities to address this issue. Nurses are still in need of resources to combat the pandemic and ANA continues to call for action in response.

Standing on the front lines, our nation's nurses are becoming increasingly burned out as the pandemic continues to weigh heavily on them. We are seeing large numbers of nurses leaving the profession as a result. This only results in further strain on the nursing workforce, which was already in a supply crisis before the pandemic. Recent survey data of ANA members showed that only around 40 percent of nurses view their work environments as healthy and half of all nurses reported that their units are not consistently, adequately staffed. This only serves to contribute to existing workplace environment challenges and results in further strains on the workforce.

Additionally, certain Medicare payment rules restrict APRN practice beyond their state scope-of-practice rules. Examples include unnecessary supervision requirements, as well as payment restrictions for certain Medicare services provided by APRNs. Such restrictions limit access to care and beneficiaries'

choice of qualified provider. Several of these federal practice restrictions have been waived during the COVID-19 public health emergency (PHE). As experiences resulting from these waivers demonstrate, allowing APRNs to practice to the full extent of their state license translates to needed system capacity and expanded access for patients. We continue to call on CMS to grant permanent regulatory relief for APRN practice, so that access is not constricted when the PHE ends.

The COVID-19 pandemic response also has made clear that APRNs and RNs are indispensable to providing the care that patients need now and in the future. For instance, APRNs are a significant source of primary care, especially in rural and underserved areas. Further, RNs are responsible for a wide array of direct care and care coordination services in community settings as well as hospitals and long-term care facilities. These health care services are key in ensuring access to care, a critical aspect of addressing health inequity. However, there must be parity in how these vital services are reimbursed.

***Recommendations for CMS policy and program initiatives that could support provider well-being and increase provider willingness to serve certain populations.***

Prior to the COVID-19 pandemic, nurses already experienced tremendous levels of stress in their day-to-day work. The pandemic has further intensified the feelings of exhaustion, anxiety and being overwhelmed especially with respect to patients that are dying and having to inform and comfort their surviving family members. It is vital the nation prioritizes the mental health of nurses and other health professionals who are caring for our most vulnerable patients. ANA actively advocates to reduce stigma around seeking help for mental health and substance use disorders for health professionals as well as their patients.

Moreover, nurses also must be treated and compensated appropriately as they provide care under extraordinary circumstances, so that the next generation is encouraged to enter the field and ensure the nation's readiness for public health emergencies. Recognition through appropriate payment for nursing services is critical in ensuring a resilient nursing workforce ready and able to meet future needs. It is long overdue for nursing services to be separated from "room and board," as currently considered by the Medicare program. Nurses provide vital services to patients across the care continuum and the health care delivery system must recognize their critical role through appropriate reimbursement. ANA urges CMS to consider methodologies and approaches that will ensure payment equity for nursing services.

Appropriate compensation ensures that the health care delivery system retains the nurses needed to provide care to patients. We are seeing examples throughout the country of nurses leaving their communities for the higher compensation offered by travel nurse agencies. This only serves to further local staffing strains, often in the most underserved communities.

However, a resilient workforce is achieved not only by adequate pay, as the working environment must also allow nurses to flourish in their profession. Nurses are clinicians providing critical health care services to patients—they should not have to fight for allotted breaks and other challenges created by antiquated views of the profession. All too often, we hear of staffing plans not being enforced, resulting in long shifts and strains on nurses providing care. Nurses know best the provisions that they and their team need, from patient complexity to layout of the nursing unit. This is just another instance where health care delivery and outcomes would be improved by greater nurse involvement. It is crucial for nurses to take on leadership roles, in all settings, to meet the demands of our ever-changing health care system, including being permitted to practice to the full extent of their education, training and licensure.

CMS must oversee that facilities set and maintain meaningful staffing standards that ensure the safety of nurses, other health care providers, and patients.

Additionally, the introduction of electronic health records (EHR) has proved to be burdensome, detracting from patient-centered care. Documentation and required recording of various questions is time consuming, which leaves less time for nurses to connect with patients. CMS should reevaluate current and future requirements and ensure the right balance is struck between the positive impact of EHR in comprehensive, coordinated care and provider burden.

ANA is not alone in identifying challenges with provider well-being and urges CMS to look to the National Academy of Medicine's [National Plan for Health Workforce Well-being](#), which provides several recommendations resulting from an action collaborative convened to discuss clinician well-being and resilience. ANA not only participated in this multi-stakeholder collaboration but supports the recommendations. Recommendations in the report range from investments in research, supporting mental health and reducing stigma, recruiting and retaining a diverse and inclusive workforce, and addressing regulatory barriers to reduce workplace burdens.

To ensure a future workforce that meets all the needs and demands of patient care, it is crucial that we not only attract students to the nursing profession but retain skilled nurses throughout their careers. Effective workforce planning and policymaking require better data collection and an improved information infrastructure. ANA encourages CMS to work with nurses to identify approaches to bolstering a resilient nursing workforce ready to meet the demands of today and tomorrow's health care delivery system.

### 3) Advancing Health Equity

***CMS wants to further advance health equity across our programs by identifying and promoting policies, programs, and practices that may help eliminate health disparities. We want to better understand individual and community-level burdens, health-related social needs (such as food insecurity and inadequate or unstable housing), and recommended strategies to address health inequities, including opportunities to address social determinants of health and burdens impairing access to comprehensive quality care.***

ANA remains focused on the prominent issue of advancing health equity in our nation's health care delivery system. Providing culturally competent care to patients has long been an ethical imperative for the nursing profession. Nurses embrace diversity and engage in culturally competent care, while working to remove unconscious biases to effectively promote meaningful patient outcomes. Ultimately, nurses are key in designing and directing care that appropriately meets the needs of patients, improve access to needed care, promote positive outcomes, and reduce disparities.

Nurses, in addition to providing quality care to patients, often serve as advocates for their patients and are best positioned to identify factors that could result in inequitable health outcomes. Nurses also reflect the people and communities they serve—allowing them to recognize the challenges faced by their patients and ensure that their patients receive culturally competent, equitable health care services. Nurses are leaders in implementing processes that further quality patient care and highlight existing gaps in care delivery, leading to measurable improvements. The National Academy of Medicine's expert Committee on the Future of Nursing 2020-2030 released a report, [Charting a Path to Achieve Health Equity](#). The report serves as a detailed blueprint for engaging nurses "in the complex work of aligning

public health, health care, social services, and public policies to eliminate health disparities and achieve health equity.”

CMS also has sought feedback in recent Medicare payment rules on incorporating quality measures into reporting programs that capture socio-demographic factors, such as food insecurity. Any measures that the agency selects must capture the impact of nursing care on patients that reflect the role of the nurse in identifying and addressing health disparities.

***Understanding the effects on underserved and underrepresented populations when community providers leave the community or are removed from participation with CMS programs.***

When providers leave a community or no longer participate with CMS coverage programs, underserved and underrepresented patient populations face barriers in accessing needed health care services. One such barrier—restricting nurses’ ability to practice at the top of their license—keep patients from receiving care from their provider of choice. This is especially true for Advanced Practice Registered Nurses such as Certified Nurse Midwives (CNMs) and Nurse Practitioners (NPs). Medicare or Medicaid coverage can only be meaningful if beneficiaries have true access to care. States that have not allowed CNMs and NPs full practice authority are only exacerbating existing access issues and shortages in maternal health care providers. ANA believes that federal action is warranted to encourage state action on nurse licensing approaches that would expand scope of practice for APRNs, such as CNMs and NPs.

ANA knows that innovative nurse-led models are vital to ensure access, quality, and value in the health care delivery system—especially in rural areas. ANA has repeatedly called for CMS to address practice barriers and empower APRNs to contribute fully to patient care in the communities they serve. ANA believes that federal policymakers must provide incentives for states to adopt scope of practice expansions as part of an overall strategy to transform health care delivery—especially in rural and underserved areas.

***Recommendations for how CMS can promote efficiency and advance health equity through our policies and programs.***

ANA recommends CMS to support ongoing research to identify and implement culturally appropriate care to patients. Moreover, specifically research into what the nurse’s role is in designing and delivering that care. This focus is imperative as health care policymakers and providers continue to meet the needs of changing patient demographics while overcoming health disparities. By the very nature of their role, nurses see firsthand the challenges that some patients face and stand ready to find sustainable solutions that address and reduce health care disparities across the nation. As such, we encourage CMS to collaborate closely with nurses to identify approaches to addressing health inequities by leveraging the key role of the nurse in the health care delivery system.

In addition, any quality measures incorporated into CMS reporting programs must appropriately reflect the role of the nurse in identifying and addressing health care disparities. The nurse’s role in achieving health equity cannot be overstated, as nurses see firsthand the barriers faced by patients in accessing needed health care services in other care settings or in the community, such as stable, supportive housing post-discharge.

ANA also recommends that the agency make changes at the federal level to encourage expansion of scope of practice for APRNs. Increasing the availability of these nurses and leveraging their clinical

expertise is a key step to ensuring vulnerable patients have adequate and appropriate access to needed health care services.

Last, ANA encourages the agency to examine recommendations contained in the National Academy of Medicine's Future of Nursing 2020-2030 report, [Charting a Path to Achieve Health Equity](#). Some of the recommendations in the report call on government agencies and other stakeholders to take action that allow nurses to comprehensively address social determinants of health across care settings, allow nurses to practice to the top of their license, support the mental well-being of nurses and ensure a robust and diverse workforce ready for future challenges, and implement payment strategies that support addressing patients' social needs and health equity challenges. The report also specifically calls on CMS, with other federal agencies, to convene nurses and other key stakeholders to work together to identify research areas and other evidence-based approaches that examine the impact of nursing services on patients' health and nurses' well-being. CMS should look to this work as the agency continues its focus on advancing health equity through policies and programs.

#### **4) Impact of the COVID-19 Public Health Emergency (PHE) Waivers and Flexibilities**

***CMS wants to understand the impact of waivers and flexibilities issued during the COVID-19 PHE, such as eligibility and enrollment flexibilities, to identify what was helpful as well as any areas for improvement, including opportunities to further decrease burden and address any health disparities that may have been exacerbated by the PHE.***

The COVID-19 PHE has had an immense impact on waivers, flexibilities and preparation for future health emergencies (e.g., unintended consequences, disparities) on providers, suppliers, patients, and other stakeholders.

CMS implemented several waivers during the COVID-19 pandemic and ANA encourages the agency to make them permanent, in the absence of compelling publicly available evidence of access and quality concerns. These waivers aided our members in treating their patients and the end of the PHE should not be seen as a way to return to the inefficient way that health care was delivered prior to the beginning of the pandemic. These waivers have encouraged nurses, and other health professionals, to innovate—leading to better care for patients nationwide. These innovations, mainly based on telehealth, have revolutionized the health care system for the better and there is no reason that CMS should remove the waivers and move backwards.

We understand that there are some instances where Congress must change statute, but in many cases, CMS has the authority to make the current waivers permanent and ANA implores CMS to do so before the end of the PHE. Ending the PHE without making the waivers permanent would leave health care workers in a state of limbo thereby causing a diminution in services and care provided by health care workers nationwide.

Waivers introduced during the PHE allowed Advanced Practice Registered Nurses (APRNs) to practice to the top of their license in places that they had not been allowed to practice prior to the waiver. This not only improves care for patients but also lowers costs within the health care system. Many states have rescinded the waivers grants to APRNs during the PHE, but Medicare should continue allowing APRNs to practice at the top of their license.

Prior to the COVID-19 pandemic, telehealth was only utilized in limited circumstances, but the pandemic induced closing of many medical facilities forced practitioners to innovate and integrate telehealth into existing practices. The move to telehealth has been a great equalizer in health care. Health professional shortage areas exist throughout the country in both rural and urban areas. The common denominator behind shortage areas is that many of these areas are not wealthy and have trouble convincing practitioners to work there. Telehealth has completely changed how practitioners view treating patients in health professional shortage areas. Not requiring physical visits has encouraged practitioners to accept more patients in these areas and making many of the current telehealth flexibilities permanent will only encourage these practitioners to continue seeing their current patients and hopefully add additional patients who had not been receiving the care that they need.

Additionally, telehealth is a lower cost option for many patients within Medicare. In some circumstances, Medicare pays for transportation to and from medical appointments. This is done for some of the sickest patients who require specialty care. Allowing some of these appointments to remain virtual will save Medicare millions of dollars in future years.

A further reason to make many of the telehealth flexibilities permanent is that it lowers the need for specialists. Hospitals might contract with many specialists and depending on the hospital's location the specialist may not want to move to that area. Allowing telehealth to continue would allow hospitals to hire practitioners without the need to sell the hospital's location to the practitioner. This could also be a factor for lower costs as some locations in the country must pay extra to lure practitioners to their facility due to factors that might drive practitioners to other parts of the country.

ANA also strongly supports the removal of barriers for nurses to practice over state lines. Telehealth has blurred the line between location of the practitioner and the patient and state lines should not be an arbitrary line between one being able to treat a patient and having to transfer the patient over to other practitioners. If a nurse is licensed by the appropriate board to treat patients in a state, they should be allowed to do so regardless of the practitioner's physical location.

***Recommendations for CMS policy and program focus areas to address health disparities, including requested waivers/flexibilities to make permanent; any unintended consequences of CMS actions during the PHE; and opportunities for CMS to reduce any health disparities that may have been exacerbated by the PHE.***

ANA strongly encourages CMS to maintain the telehealth flexibilities that were introduced during the COVID-19 pandemic. The telehealth waivers have greatly increased the number of providers available in areas where there historically have been shortages and maintaining telehealth allows patients to access needed health care services—especially those faced with barriers to access.

This has been especially true in rural areas. The distances that many patients need to travel in order to see their preferred practitioner can be a barrier for many people to receive necessary health care. Issues that can be treated early are left to fester and eventually the only remaining treatment is a visit to the emergency room, which is one of the most expensive ways to treat common maladies.

Telehealth has also been extremely useful to Medicare patients with limited access to transportation and/or mobility. Getting to medical appointments can be the most difficult part of the day for these vulnerable patients. By allowing them to remain comfortably in their home encourages patients to schedule and attend necessary medical appointments.

