On behalf of the undersigned organizations, we are pleased to provide comments on this proposed rule, Medicare Program; Medicare Shared Savings Program: Accountable Care Organizations, Proposed Rule (79 Fed.Reg. 72760, December 8, 2014).

Advanced Practice Registered Nurses (APRNs) include Certified Nurse-Midwives (CNMs), Certified Registered Nurse Anesthetists (CRNAs), Nurse Practitioners (NPs), and Clinical Nurse Specialists (CNSs). APRNs play a significant role in ensuring patient access to high quality, cost effective healthcare. We thank the agency for the opportunity to comment on the provisions in this proposed rule.

Remove the Requirement that a Medical Director who is a Physician Must Oversee Clinical Management and Oversight

We appreciate that the agency is providing some flexibility into the requirements for ACO leadership and management (42 CFR §425.108). Unfortunately, the changes proposed at §425.108 do not change the requirement that the medical director for clinical management and oversight must be a board-certified physician. This unnecessary requirement should be
eliminated so that such leadership may also be provided by an APRN who is also fully qualified to serve in this role. The Institute of Medicine recommends that government policy expand opportunities for nurses to lead collaborative healthcare improvement efforts, and prepare and enable nurses to lead changes that advance health.\(^1\) Increasingly, APRNs are recognized for a wide variety of leadership roles to which they have been entrusted in the healthcare industry, including in clinical, educational and academic, executive, board, legislative, and regulatory domains. In addition to their roles as expert healthcare professionals, APRNs are CEOs of hospitals and health systems, chief nursing officers, chairs of regulatory bodies and advisory committees, and have taken many other positions with wide spans of responsibility. Within the federal government, the President has entrusted the Medicare and Medicaid programs and the implementation of the Affordable Care Act to an expert registered nurse, and critical healthcare workforce development and preventative and community health programs to a PhD credentialed registered nurse.

Further noting that the enabling statute makes no requirement that the medical director for clinical management and oversight of an ACO be a physician of an ACO be a physician,\(^2\) we ask the agency to make policy consistent with the recommendations of the IOM and instead allow that this individual be a qualified and licensed healthcare professional such as an APRN.

We thank you for the opportunity to comment on the proposed rule. Should you have any questions regarding these matters, please feel free to contact the AANA Senior Director of Federal Government Affairs, Frank Purcell, at 202.484.8400, fpurcell@aanadc.com.

Sincerely,

American Academy of Nursing, AAN


\(^2\) Patient Protection and Affordable Care Act, Public Law No.111-148, Sec. 3022 Medicare Shared Savings Program, adding Sec. 1899 (b)(2)(F) [42 U.S.C. 1395jjj]
American Nurses Association, ANA
American Association of Colleges of Nursing, AACN
American Association of Nurse Anesthetists, AANA
American Association of Nurse Practitioners, AANP
American College of Nurse-Midwives, ACNM
Gerontological Advance Practice Nurses Association, GAPNA
National Association of Clinical Nurse Specialists, NACNS
National Association of Nurse Practitioners in Women's Health, NPWH
National Association of Pediatric Nurse Practitioners, NAPNAP
National Organization of Nurse Practitioner Faculties, NONPF