December 20, 2017

Kate Goodrich
Director and CMS Chief Medical Officer
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr Goodrich:

On behalf of the undersigned organizations representing the interests of Advanced Practice Registered Nurses (APRNs), we request that CMS remove from subregulatory guidance the exclusion of practitioners who are not physicians from serving on Medicare Carrier Advisory Committees (CACs). We ask that this change be made as part of CMS's current efforts to revise the Medicare Program Integrity Manual and as part of CMS's commitment to reducing regulatory burdens in healthcare.

APRNs include Certified Nurse-Midwives (CNMs), Certified Registered Nurse Anesthetists (CRNAs), Clinical Nurse Specialists (CNSs), and Nurse Practitioners (NPs). APRNs play a significant role in the provision of high-quality cost-effective healthcare. In primary care settings as well as settings at the bedside, in the operating room, and on the hospital floor, APRNs are crucial to access to care and patient safety. However, federal policy barriers to APRN practice continue to exist, impairing access to services, impeding patient choice, and raising healthcare costs.[1]

The Medicare Program Integrity Manual excludes APRNs from membership on CACs. We note that Exhibit 3 of Section 13.8.1 of Chapter 13 of the Medicare Program Integrity Manual specifically states, "Do not include other practitioners on this committee," which ultimately precludes APRNs from participation.[2] We urge removal of this clause from the manual. We also ask that Section 13.8.1.2 be revised to read (additional language is underlined), "[t]he CAC is to be composed of physicians, a beneficiary representative, other healthcare providers including advanced practice registered nurses, and representatives of other medical organizations…"

As an important provider community of more than 340,000 members, we are troubled by multiple instances where MACs have exceeded their authority by issuing local coverage determinations (LCD) that contradict existing CMS statutes, regulation, and guidance. As CACs

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[1] Federal Trade Commission. Policy Perspectives: Competition and the Regulation of Advanced Practice Nurses, March 2014, https://www.ftc.gov/system/files/documents/reports/policy-perspectives-competition-regulation-advanced-practice-nurses/140307aprnpolicypaper.pdf.
[2] Medicare Program Integrity Manual, Chapter 13 – Local Coverage Determinations, Rev. 608, August 4, 2015, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pim83c13.pdf and http://www.cms.gov/manuals/downloads/pim83exhibits.pdf.

are crucial in the development and review of LCDs, it is imperative that practitioners such as APRNs are represented on CACs to ensure that the LCD process reflects evidence-based policies, the perspective of practitioners who are not physicians, and protects robust patient access to medically necessary APRN services under Medicare.

We thank you for taking the initiative to resolve this issue. Should you have any questions regarding these matters, please feel free to contact Ralph Kohl, Senior Director of Federal Government Affairs, American Association of Nurse Anesthetists, at 202.484.8400, rkohl@aanadc.com.

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Sincerely,

American Academy of Nursing (AAN)
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)
American Nurses Association (ANA)
American Organization of Nurse Executives (AONE)
Gerontological Advanced 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 League for Nursing (NLN)

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