December 20, 2018

Chairman Francis J. Crosson, MD
Medicare Payment Advisory Commission
425 I Street, NW, Suite 701
Washington, DC 20001

Dear Dr. Crosson,

The American Nurses Association (ANA) is pleased to provide written comment to the Medicare Payment Advisory Commission (MedPAC) regarding two main issues the Commission has discussed throughout the fall of 2018: (1) Medicare payment policies for Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs) and (2) Managing prescription opioid use in Medicare Part D. ANA is the premier organization representing the interests of the nation's 4 million registered nurses (RNs) through its constituent and state nurses associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative 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, and provide advice and emotional support to patients and their family members. ANA members also include those practicing in the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.[1] ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

Throughout the fall of 2018, Commissioners have discussed Medicare payment policies for APRNs and PAs. Most recently, at the December 2018 meeting, Commissioners supported changes to Medicare payment policies for APRNs and PAs. ANA supports the recommendation that, "The Congress should require APRNs and PAs to bill the Medicare program directly, eliminating "incident to" billing for services they provide." ANA agrees that it is important to identify the role each person of the health care team plays in order to identify quality, efficiencies of the care team, and outcomes for all beneficiaries. APRNs are registered nurses educated at a master's or post-master's level and in a specific role and patient population. APRNs are prepared by education and certification to assess, diagnose, and manage patient problems, order tests, and prescribe medications.[2] MedPAC estimates that approximately half of the

[1] 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.
[2] National Council of State Boards of Nursing (NCSBN) APRNs in the US, (2018) Retrieved from: https://www.ncsbn.org/aprn.htm

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Nurse Practitioners and approximately 27% of the PAs are practicing primary care across the United States. There is limited information about the other practicing providers and their roles as specialist.

ANA wishes to highlight the comments by Commissioners Thompson and Ginsberg regarding the role APRNs play. Commissioner Thompson highlighted the important role that APRNs and PAs play in primary care, especially in rural communities, stating that, "they are becoming the face of primary care." Moreover, Commission Ginsburg shared that not every APRN has a desire to be a physician, that there is professional pride in the work of APRNs and PAs, and that the Commission needs to be aware that it is a mistake to assume that all APRNs and PAs are "simply physicians that haven't happened yet". ANA also applauds Chairman Crosson's response in the December 2018 meeting regarding how we speak about APRNs and PAs as providers rather than "extenders". Because of their important role as health care providers and, in some communities, the only provider, using provider neutral language in conversations and in recommendations is important to the profession, the community, and the industry.

In the October 2018 meeting, the Commission took up managing prescription opioid use in Medicare Part D and Opioids and Alternatives in Hospital Setting: Payment, Incentives, and Medicare Data. Along with substance use disorders, well-meaning attempts to control chronic pain has fueled the opioid crisis. Chronic pain is complex and involves biological, psychological, and social factors. As such, there exist pain management strategies besides prescribing opioids to mitigate chronic pain conditions and prevent the worsening of the opioid epidemic. ANA advocates that all providers should have the authority to determine the best course of patient care, including the ability to prescribe complementary and alternative therapies, in order to treat the underlying and direct causes of pain and substance use disorders.

This epidemic will not be solved by solely focusing on prescribing limits on opioids. However, many times by setting restrictions on prescriptions or increasing documentation on providers, unintended consequences for certain patient populations such as those in palliative care or those in treatment for cancer or sickle-cell can occur. We support the sentiment of many of the Commissioners in the desire for more radical and bold approaches to fighting this epidemic. As the Commission continues its conversations and puts forth recommendations, reflecting on how the Commission and the Medicare program talk about pain and pain management, and changing that narrative to be realistic about acute and chronic pain, could lay the foundation for new and innovative solutions. Along with education to beneficiaries and their families, the Commission should consider recommendations for full practice authority for APRNs who are on the front lines of fighting the epidemic as well as increasing access to complimentary and alternative therapies for Medicare beneficiaries.

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We appreciate the opportunity to share our views with MedPAC and hope to continue to be a partner to contribute nursing expertise to this important discussion. If you have any questions, please contact Ingrid Lusis, Vice President, ANA Policy and Government Affairs, at 301.628.5081 or Ingrid.Lusis@ana.org.

Sincerely,

Debbie Hatmaker

Debbie Hatmaker, PhD, RN, FAAN
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cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
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