Dear Chairmen Baucus and Camp, and Ranking Members Hatch and Levin:

On behalf of the undersigned organizations representing Advanced Practice Registered Nurses (APRNs), we extend our support for legislation awaiting action in the Senate Finance and House Ways & Means Committees that permanently repeals the devastating cycle of “sustainable growth rate” (SGR) cuts to Medicare Part B and reforms Medicare payment.

The APRN Workgroup is comprised of organizations representing Nurse Practitioners (NPs) delivering primary, specialized and community healthcare; Certified Registered Nurse Anesthetists (CRNAs) who provide the full range of anesthesia services as well as chronic pain management; Certified Nurse-Midwives (CNMs) expert in primary care, maternal and women’s health; and Clinical Nurse Specialists (CNSs) offering acute, chronic, specialty and community healthcare services. Totaling more than 200,000 healthcare professionals, including two of the ten largest categories of Medicare Part B provider specialties according to Medicare claims data, our primary interests are patient wellness and improving patient access to safe and cost-effective healthcare services. In every setting and region, for every population particularly among the rural and medically underserved, America’s growing numbers of highly educated APRNs advance healthcare access and quality improvement in the United States and promote cost-effective healthcare delivery.

Our previous comments to Congress have stressed the importance of treating APRNs the same as physicians in the development, vetting, implementation and evaluation of quality measures and incentive reimbursement programs, and in the application of alternative payment models. Your bipartisan, bicameral legislative proposal keeps that promise in the interest of patient safety and market competition for patient-centered innovations in healthcare delivery.

We continue to be concerned that the measure’s 10-year 0% update does not keep up with healthcare cost growth. However, we also note that the bill allows for providers such as APRNs to receive positive updates as they meet and exceed quality objectives and advance practice models that improve value to patients and eliminate wasteful healthcare expenditures. We hope
that the continued legislative process would support fair consideration and funding of a positive update for fee for service providers. We also request that further consideration of offsetting revenue sources for this legislative package would promote sound healthcare policy.

We support further improvements to the legislation that promote patient access to safe, cost-effective healthcare by recognizing APRNs so that they may practice at their full scope and exercise leadership in healthcare transformation -- recommendations consistent with the Institute of Medicine report *The Future of Nursing: Leading Change, Advancing Health*. One example would be to incorporate the language of the “Home Health Care Planning Act” (S 1332 / HR 2504). This bipartisan provision would enable NPs, CNMs and CNSs to document their patients’ need for home healthcare without the current burden of additional physician documentation, and would eliminate delays in patient care that incur additional costs to the Medicare program and risk patient harm. We also request lawmakers oppose any amendments that would impair patient access to APRNs practicing to their full scope, and any anesthesia policy related amendments that do not have the support of national organizations representing CRNAs and anesthesiologists.

Thank you for your consideration, and we look forward to continuing to engaging with you in support of legislation permanently repealing the cycle of SGR cuts that harm healthcare and reforming Medicare payment to promote access to quality care. If you have any questions, please contact Frank Purcell at the AANA Washington office, 202-484-8400, fpurcell@aanadc.com.

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 Nurses Association, ANA
American College of Nurse-Midwives, ACNM
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 Organization of Nurse Practitioner Faculties, NONPF

Cc: Members of the Senate Finance Committee
Members of the House Ways & Means Committee