



**American Association of Nurse Practitioners
 Gerontological Advanced Practice Nurses Association
 National Association of Pediatric Nurse Practitioners
 National Association of Nurse Practitioners in Women's Health
 National Organization of Nurse Practitioner Faculties**

August 16, 2013

Hon. Dave Camp
 Chairman
 House Committee on Ways and Means
 1102 Longworth House Office Building
 Washington, DC 20515

Hon. Sander Levin
 Ranking Member
 House Committee on Ways and Means
 1106 Longworth House Office Building
 Washington, DC 20515

Hon. Kevin Brady
 Chairman
 House Committee on Ways and Means
 Subcommittee on Health
 1135 Longworth House Office Building
 Washington, DC 20515

Hon. Jim McDermott
 Ranking Member
 House Committee on Ways and Means
 Subcommittee on Health
 1135 Longworth House Office Building
 Washington, DC 20515

Submitted via email at entitlementreform@mail.house.gov

RE: The President's and Other Bipartisan Proposals to Reform Medicare: Modernizing Beneficiary Cost-Sharing and Post-Acute Care (PAC) Reform

Dear Chairmen Camp and Brady, and Ranking Members Levin and McDermott:

The undersigned organizations, representing the interests of more than 171,000 nurse practitioners (NPs) across the country, appreciate the opportunity to provide our comments regarding your consideration of proposals to reform the Medicare program. These proposals, as well as the "Medicare Patient Access and Quality Improvement Act" (H.R 2810), provide an important opportunity to consider how Medicare can be improved to ensure that beneficiaries have sustainable access to high-quality affordable health care. However, we strongly urge you to look beyond the current proposals and recognize other outdated policies that we believe should be addressed as part of any Medicare modernization effort.

The Nurse Practitioner Roundtable is comprised of five national nurse practitioner associations representing the interests and concerns of nurse practitioners (NPs) across the country. Our organizations advocate for the active role of NPs as providers of high quality, cost-effective, comprehensive, patient-centered healthcare and their patients. NPs have been furnishing primary, acute and specialty healthcare to patients of all ages and walks of life for nearly half a century. They assess the health care needs of patients; order, perform, supervise, and interpret diagnostic tests; make diagnoses; and initiate and manage treatment plans including prescribing medications.

Modernizing the Medicare program is critically important to beneficiaries and the providers who care for them. To ensure that patients have access to high quality, cost-effective healthcare, the Institute of Medicine recommended in its 2010 report, *"The Future of Nursing: Leading Change, Advancing Health,"* that nurse practitioners and other advanced practice nurses be able to practice to the fullest extent of their scope, skills and training. Based on that report, which reflects lessons learned from state and private sector innovations, we urge you and your colleagues to eliminate the following outdated barriers to nurse practitioners' practice.

- Authorize NPs to Certify Home Health Services: Nurse practitioners with patients who need home health care services are currently required to locate a physician who will document the nurse practitioner's assessment for this care. Further, even though NPs are authorized to perform a face-to-face assessment of the patient's needs, current law requires that a physician document that the encounter has taken place – even if the physician is not involved in the assessment. These delays in treatment jeopardize the health of the patient and cause the Medicare program to incur additional costs by requiring that additional providers be involved.

Given their proven track record and the authorization of the Balanced Budget Act of 1997 for the care of seniors and the disabled, it is illogical and impractical that nurse practitioners are recognized as Part B Medicare providers, yet are still unable to document face-to-face patient assessments to certify home health care plans of care for their patients. The "Home Health Care Planning Improvement Act" (H.R. 2504/S. 1332) would eliminate these barriers, and we urge the committee to include its provisions in any Medicare modernization proposal.

- Restore Authorization for NPs to Certify Durable Medical Equipment: Nurse practitioners have been independently and safely ordering durable medical equipment (DME) for their Medicare patients since 1997. However, a provision of the Patient Protection and Affordable Care Act now requires that a physician document that the nurse practitioner has conducted a face-to-face encounter with the patient within the six months prior to ordering certain DME.

NPs agree with the importance of a face-to-face encounter with the patient for whom they order DME, but it is an unreasonable and costly administrative burden to require that a physician sign off on commonly ordered items of DME. This additional requirement increases the cost of patient care and leads to unnecessary delays for Medicare patients to obtain the medical equipment they need. We urge the committee to include provisions in any Medicare modernization proposal that would clearly restore authorization for NPs to document face-to-face encounters with Medicare patients for whom they order any durable medical equipment, without requiring any additional review by a physician.

- Authorize NPs to Certify Hospice Care: Medicare authorizes nurse practitioners to provide and bill for services as attending providers and to recertify Medicare patients' eligibility for hospice care, but current law does not allow them to provide the initial certification of patients for hospice care. Instead, they must find a physician to certify the patients' initial eligibility, creating needless delays for patients and their families and additional costs for the Medicare program. This barrier could be eliminated with a simple modification of Part A, Section 1814, of the Medicare law to enable hospice programs to accept initial certifications from nurse practitioners. We urge the committee to include provisions in any Medicare modernization proposal to clearly authorize nurse practitioners to provide the initial certification of patients for hospice care, in addition to their current ability to recertify patients and serve as attending providers.
- Authorize NPs to Provide Admitting Examinations for Skilled Nursing Facilities: Nurse practitioners have been authorized to provide Medicare services to residents of long term care facilities for more than 25 years, demonstrating their ability to improve the cost-effective quality of care provided to those patients. However, current Medicare conditions of participation governing reimbursable services furnished in skilled nursing facilities (SNFs) limit the ability of facilities to make full use of the abilities of nurse practitioners to care for patients. Outdated requirements for physician contact

with patients have become increasingly obstructive. In particular, the requirements that a physician must perform the admitting examination and the first and alternating monthly assessments of patients in SNFs are serious obstacles to efficient patient care. These inappropriate restrictions do not apply to other long-term care nursing facilities, but they remain in place for Medicare beneficiaries in SNFs.

In its 2010 report, “The Future of Nursing: Leading Change, Advancing Health,” the Institute of Medicine specifically recommends that nurse practitioners be authorized to conduct initial admitting physical examinations and required monthly assessments. We agree and urge the committee to include provisions in any Medicare modernization proposal to amend Medicare conditions of participation for skilled nursing facilities to authorize nurse practitioners to perform admitting examinations and to provide monthly patient assessments. Recognizing the proven track record of nurse practitioners in providing high quality care to elderly patients in all settings, it is impractical and illogical to restrict their ability to admit and assess patients in skilled nursing facilities when they are recognized conduct these examinations in other practice settings.

- Recognize NP Practices as Medicare Shared Savings Accountable Care Organizations: The Affordable Care Act recognizes nurse practitioners as authorized “ACO professionals” eligible to participate in Accountable Care Organizations (ACOs) under the Medicare Shared Savings Program. In fact, NP practices are capable of meeting the requirements laid out for ACO participants. However, the current statute bases the assignment of beneficiaries on primary care services provided solely by a physician. As a result, patients who are assigned to this program cannot be counted as beneficiaries if they choose a nurse practitioner for their primary care provider. While this restriction does not prevent individual nurse practitioners from joining an ACO, it does prevent their patients from being assigned to a Medicare Shared Saving ACO and any benefits that result from such participation.

Section 1899(c) limits assignment of beneficiaries “based on their utilization of primary care services provided under this title by an ACO professional described in subsection (h)(1)(A).” Striking the reference to subsection (A) would allow primary care services provided by nurse practitioners and physician assistants to also be considered in assigning beneficiaries to ACOs. By excluding these patients from assignment to Medicare Shared Savings ACOs, whether in the nurse practitioner’s practice, a group practice including nurse practitioners or a physician practice employing nurse practitioners, a significant portion of the Medicare population is being overlooked.

If ACOs are to develop as practice models that improve patient access, quality and cost effectiveness, the exclusion of nurse practitioner’s patients must be eliminated. We urge the committee to include provisions in any Medicare modernization proposal amending Section 1899(c) to allow patients to be included in Accountable Care Organizations based on primary care services provided by nurse practitioners, enabling NPs practices to join or establish their own ACOs.

Again, we are grateful for the opportunity to share our suggestions with the committee on modernizing Medicare and eliminating unnecessary barriers to providing more cost-efficient, high quality care for the program’s beneficiaries. We look forward to working with you and your colleagues in drafting legislation that will sustain and improve the Medicare program and enable nurse practitioners to provide all of the care they are educated and clinically prepared to furnish for Medicare beneficiaries.

Sincerely,

American Association of Nurse Practitioners
Gerontological Advanced Practice Nursing Association
National Association of Nurse Practitioners in Women’s Health
National Association of Pediatric Nurse Practitioners
National Organization of Nurse Practitioner Faculties