

The Honorable Max Baucus
Committee On Finance
219 Dirksen Senate Office Building
Washington, DC 20510-6200

The Honorable Charles Grassley
Committee On Finance
219 Dirksen Senate Office Building
Washington, DC 20510-6200

May 15, 2009

Dear Senators Baucus and Grassley:

The Nurse Practitioner Roundtable, representing the memberships of the American Academy of Nurse Practitioners, the American College of Nurse Practitioners, the National Association of Pediatric Nurse Practitioners and the National Organization of Nurse Practitioner Faculties, would like to commend the Senate Finance Committee on sharing its vision for health care reform through the white paper: “Transforming the Health Care Delivery System: Proposals to Improve Patient Care and Reduce Health Care Costs.” We appreciate the Committee’s willingness to accept suggestion for further refinements of the proposals.

This first set of proposals from the Committee reflects thoughtful consideration of options to revise payment systems and policies in Medicare to motivate changes to our current system of health care delivery. While we generally support the principles presented, our comments address our concern that the proposals focus, to a great extent, on physician-centric policies and do not reflect the role of all the health care providers within the health system who provide cost-effective, high-quality, and progressive models of care. If we are to achieve real reform of the delivery system and ensure access to the millions of the uninsured in this country, our public policies must support the full integration and utilization of the diverse health care team, particularly in the provision on primary care services. As a significant component of the primary care workforce, NPs are essential to effective health reform proposals.

To support our comments, we are providing background information on the role of the nurse practitioner as rationale for why we see the nurse practitioner as a pivotal player in health care reform. Following the role description, we detail the areas in the “Transforming the Health Care Delivery System” document that we feel could be expanded to be more explicit about the inclusion of the NP.

The Nurse Practitioner Role

Nurse practitioners are registered nurses with advanced, graduate education who are legally authorized to diagnose, prescribe, and manage medical care. Over the years their numbers have grown to the more than 125,000 nurse practitioners currently licensed and practicing in the

United States today. Over 7,000 new NPs graduate each year.

For the nurse practitioner, providing care is a dynamic process across care settings and encompassing a range of services that include the diagnosis and treatment of acute and chronic illnesses, health promotion, disease prevention, health maintenance, complex disease management and end of life care. The overwhelming majority of NPs are trained as and practice as primary care providers whose services emphasize preventive, curative and integrated care, as well as teaching and counseling for health promotion, disease prevention and chronic disease management.

Nurse practitioners practice both autonomously and in cooperation with other health professionals to diagnose, treat and manage patient health problems. They also serve as health care researchers, inter-professional consultants and patient advocates. Nurse practitioners are accountable for their own professional behavior and the health care outcomes of the patients they treat through professional licensure, advanced practice board certification, regular peer review, clinical outcomes evaluation and continued professional development and maintenance of clinical skills.

The role of the nurse practitioner as an APRN is grounded in specialized theoretical knowledge obtained in graduate nursing education and in expanded clinical training. Nurse practitioners complete course work in physiology and pathophysiology, and advanced health assessment and pharmacology. This course work is supplemented with training that prepares students for achievement of the identified competencies necessary for safe and effective advanced practice as a NP. Faculty-supervised, performance-based clinical practice in which nursing and other health related theories and research are applied prepares NPs for their roles as primary care providers in a variety of settings.

Including the Nurse Practitioner in the Existing Proposals for Reform

In reviewing the proposals in “Transforming the Health Care Delivery System,” we have identified a number of specific areas where it would be beneficial to include nurse practitioners. We are detailing here the sections in which NPs should be included. We hope that legislation specific to each of these suggestions will explicit as to the inclusion of nurse practitioners so that the sense of the Congress is clear.

Section I: Payment Reform - Options to Improve the Quality and Integrity of Medicare Payment Systems

- **Primary Care & General Surgery Bonus Subsection:** (p.10)
the language should specify the inclusion of nurse practitioners as part of the “certain Medicare providers” who would be eligible. NPs are recognized primary care providers.
- **Payment for Transitional Care Activities Subsection:** (pp. 10-11)
it is appropriate for NPs to be reimbursed if they are providing the same health care services as physicians in this section and the language should reflect the inclusion of NPs.

- **PQRI Improvements and Requirements:** (p. 6)
Proposals for Value-based purchasing appear to be limited to physicians. Methods for inclusion of nurse practitioners who maintain national certification through programs accredited by NCCA or ABNS should be included in the alternate proposals.
- **Hospital Readmissions and Bundling:** (pp. 14-16)
If hospital inpatient and outpatient services are to be bundled into a single payment, steps must be taken to prevent disenfranchisement of providers who do not have hospital privileges. Access to care must not be sacrificed for the purposes of bundling. Likewise, creating barriers to patient choice and to utilization of clinicians such as nurse practitioners should not be sacrificed in the development of bundling payment policies.

Section II: Long-Term Payment Reforms - Options to Foster Care Coordination and Provider Collaboration

- **CMS Chronic Care Management Innovation Center Subsection:** (pp. 11-13)
The testing of care coordination models should include NPs since chronic care management is a key function of the NP. Historically, CMS does not include NPs in testing or pilot studies unless the statute specifies that NPs should be included.
- **Medicare Shared Savings Program:** (pp. 17-18)
In the description of groups of providers, NP practices and nurse-managed health centers should be included to be clear that they would be eligible to qualify.
- **Extension and Expansion of the Medicare Health Care Quality Demonstration:** (p. 19)
Expansions to the program should include the addition of nurse practitioners.
- **Sustainable growth rate:** (pp. 16-17)
As nurse practitioners are affected by SGR, nurse practitioners should be included in any payment adjustments made.

Section III: Health Care Infrastructure Investments - Tools to Support Delivery System Reform

- **Health IT Subsection:** (pp. 19-21)
As valuable health care providers who will also incur significant financial burden from HIT adoption, nurse practitioners should be eligible for EHR Medicare incentive payments. We thank you for your consideration of this matter and encourage you to adopt this policy.
- **Improving Quality Measurement Subsection:** (pp. 21-23)
The proposed multi-stakeholder groups to give guidance to the Secretary should include NP representation.
- **Comparative Effectiveness Research Subsection:** (pp. 24-25)

Comparative effectiveness research must include nurse practitioners. It is important for health care consumers to have quality data on all of the providers who are available to them to provide care.

- **Proposal on Development of a National Workforce Strategy:** (pp. 36-37)
We believe that more detail is needed in the proposal to clarify the purpose of the health workforce commission relative to the work of the Senate Committee on Health, Education, Labor and Pensions (HELP). It is our assumption that the proposed linkage between the commission and the HELP Committee would impact NP workforce strategies. Therefore, if such a commission is formed, it would be critical to ensure that NP are included among the external stakeholders.
- **Nursing Home Transparency:** (pp. 29-33)
In addition, nurse practitioners should be authorized to admit patients to skilled nursing facilities and provide medical oversight in skilled nursing facilities in accordance with state law.
- **Workforce:** (pp. 33-36)
Funding should also be made available for nurse practitioners clinical preparation to increase access to primary care.

Additional Proposals

In addition, we would like to identify other areas of expansion that we believe will positively affect health care reform:

- While this document proposes many novel and innovative changes to the Medicare program, we would encourage the committee to consider additional reform proposals that will reform health care delivery to other populations as well. Though Congress took great strides by reauthorizing SCHIP this past year and your Committee has already proposed additional reforms to the SCHIP program, it is essential that policy makers recognize the unique needs of children in new care delivery policies as well. Though still imperfect, the Medicaid program's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) is the most comprehensive federal model of health care services for children. Unfortunately, not all children have access to these services, even under the newly reauthorized SCHIP program. We would encourage the Finance Committee to consider children and other populations in future reform proposals. Needed reforms cannot be accomplished by changes to SCHIP alone. These proposals should ensure that children and other populations have access to the services of nurse practitioners as well. The recognition of nurse practitioners as primary care providers in Medicaid managed care programs such as the Primary Care Case Management program is one such change that would provide children, who currently cannot obtain care, with access to the high quality, cost effective primary care provided by nurse practitioners.
- In addition authorizing nurse practitioners to order/certify patients for Medicare home health care and hospice care would facilitate access to these services at a reduced cost. Currently excessive costs are incurred when patients of nurse practitioners need these

services because the patient must be referred to another clinician to order the service. This occurs at an increased cost each time that order is made, which leads to multiple unnecessary patient encounters for which payment at higher rates must be made. In addition it causes delays in treatment which can result in increased hospitalizations and emergency room visits.

- Finally, we suggest that a program be developed under the Medicare program to expand support to the advanced practice nursing educational programs to address coverage of essential clinical education costs. Beginning in 2011, payments would be made to hospitals and community-based suppliers and providers in coordination with accredited advanced practice nurse educational programs. Such payments would reimburse both direct and indirect costs relating to clinical education for APRN students.

Thank you for your consideration of these comments. We would be happy to provide more detail for any of the suggestions above and look forward to addressing any additional questions you may have. Please contact _____ at _____ with any questions.

Sincerely,

American Academy of Nurse Practitioners
American College of Nurse Practitioners
National Association of Pediatric Nurse Practitioners
National Organization of Nurse Practitioner Faculties