

February 11, 2015

The Honorable Fred Upton
Chairman, House Energy and Commerce
2125 Rayburn House Office Building
United States House of Representatives
Washington, DC 20515

RE: APRN Groups Express Support and Recommendations for the 21st Century Discussion Document.

Dear Chairman Upton:

On behalf of the member organizations of the Advanced Practice Registered Nurse (APRN) Workgroup, we commend your publication of the “21st Century Cures Act” discussion document. We appreciate your request for public comment and are pleased to offer our recommendations in support of provider-neutral language throughout the proposal as well as in the telemedicine provision, and our support for the young researchers (Sec. 2261) and local and national coverage decision reform (Sec. 4161) proposals.

The APRN Workgroup is comprised of organizations representing Nurse Practitioners delivering primary, specialized and community healthcare; Certified Registered Nurse Anesthetists who provide the full range of anesthesia services as well as chronic pain management; Certified Nurse-Midwives expert in primary care, maternal and women’s health; and Clinical Nurse Specialists offering acute, chronic, specialty and community healthcare services. Totalling more than 340,000 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 expand healthcare access and quality improvement in the United States and promote cost-effective healthcare delivery.

Consistent Use of Provide-Neutral Language

Our first recommendation is that the 21st Century Cures Act should include provider-neutral language throughout. Where it makes assignments or ascribes benefits to physicians, it should also include APRNs and other providers. Healthcare leadership, care delivery, research and innovation are provided in 21st Century healthcare system by a full range of healthcare professionals, therefore, legislation intended to advance innovations within the healthcare system should not deter the contributions of all qualified healthcare professionals. We request that the following instances of “physician” in the discussion document dated January 26, 2015, be corrected to “physician or other healthcare providers,” including but not limited to: page 22 line 1; page 84 line 6; page 85 line 11; page 145 lines 12, 13 and 15; page 164 line 2; page 189 line 11; page 315 line 4; page 321 lines 10 and 16; and page 371 line 7. Further, the following

references to “medicine” should be replaced with neutral language encompassing all qualified professionals. Examples of such language include: “healthcare” or “medicine and healthcare” and should be inserted in the following instances: page 3 the title of Title II, and the title of Subtitle C and Sec. 2041; page 5 the title of Subtitle Q; page 6 the title of Subtitle I; page 7 the title of Subtitle O; and the same titles and subtitles where they occur in the discussion document.

Title II Subtitle O “Helping Young Emerging Scientists”

We commend the inclusion of investments in young emerging scientists. According to the American Association of Colleges of Nursing, in the last academic year, there were 5,145 nursing students in research focused doctoral programs. These terminal degree programs prepare nursing students to pursue intellectual inquiry and conduct independent research for the purpose of extending knowledge. During their programs, they are prepared to drive change and innovation that will improve health outcomes nationally and globally. Like other scientists, competition is intense after these nurse researchers graduate and pursue programs of research as principle investigators. It is important that emerging scientists with strong research questions have opportunities to build a long career as investigators. Section 2261, clearly denotes that these funds would be available to all institutes and centers, which includes the National Institute of Nursing Research (NINR). Research funded at NINR helps to integrate biology and behavior as well as design new technology and tools. NINR’s research fosters advances in nursing practice, improves patient care, works to eliminate health disparities, and attracts new students to the profession. Support for emerging scientists is an investment in the scientific endeavors that will generate new knowledge for better health.

Title IV Subsection H “Local and National Coverage Decision Reforms”

The APRN workgroup supports the updates and requirements for public comment for Medicare Administrative Contractors (MAC) local coverage determinations (LCDs) established in Sec. 4161. Establishing a more timely and transparent process provides healthcare professionals the opportunity to share how the proposal would have a positive or negative impact and receive advanced notice of potential changes to their practice. Currently under Medicare policy, a Carrier Advisory Committee (CAC) consists only of physicians.¹ We would recommend updating this outdated statutory condition to include APRNs so that a variety of perspectives from qualified health care professionals could be heard. This revised process also allows MACs to modernize as practice styles change and new evidence-based research and practice techniques are established. A more inclusive LCD process assures patients and providers’ voices are heard and the highest quality of care is provided.

Title IV Subtitle I “Telemedicine”

Telehealth services are increasingly provided by healthcare professionals who are not physicians, including APRNs. And so first, the provision should be titled “telehealth” or similar term, to reflect current common usage, and to remove any mistaken impression that the provision pertains solely to physicians. Second, provisions relating to medical board compacts should apply similarly to nursing board compacts (page 299 line 1 et seq). Third, the list of covered telehealth services selected by the Secretary (page 293 line 14 et seq) must expressly exclude services that

do not provide patients with greater quality or access, such as remote “tele-supervision” or “tele-collaboration” that physicians may seek to charge unnecessary oversight of APRNs. There is no clinical or economic value for such “tele-supervision” or “tele-collaboration” services to patients or the public and Medicare should not pay for them.

We applaud the efforts of the House Energy and Commerce Committee for your work on the 21st Century Cures initiative and addressing necessary improvements to accelerate the delivery and discovery of quality treatments and cures for patients through Sec. 2261 and 4161. We also praise the Committee’s dedication to improving patient access to healthcare services through telemedicine, yet caution the potential for unnecessary tele-supervision of APRNs services. We appreciate your consideration of our views on these topics and thank you. If you have any questions, please contact Frank Purcell at 202-484-8400 or via email at fpurcell@aanadc.com.

Sincerely,

American Association of Colleges of Nursing (AACN)

American Association of Nurse Anesthetists (AANA)

American Association of Nurse Practitioners (AANP)

American Colleges of Nurse Midwives (ACNM)

American Nurses Association (ANA)

Gerontological Advance Practice Nurses Association (GAPNA)

National Association of Clinical Nurse Specialists (NACNS)

National Association of Pediatric Nurse Practitioners (NAPNAP)

cc: Chairman Joe Pitts, House Energy and Commerce Committee Subcommittee on Health
Ranking Member Frank Pallone, House Energy and Commerce Committee
Vice Chair Brett Guthrie, House Energy and Commerce Committee Subcommittee on Health
Congresswoman Diana DeGette, House Energy and Commerce Committee
Congressman Andy Harris

¹ Medicare Program Integrity Manual Ch. 13, Sec. 13.8.1.2 and Exhibit 3.1. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pim83c13.pdf>, and <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pim83exhibits.pdf> .