June 3, 2022

The Honorable Chiquita Brooks-LaSure
Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-1850

Submitted electronically to www.regulations.gov

Re: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2023 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Costs Incurred for Qualified and Non-qualified Deferred Compensation Plans; and Changes to Hospital and Critical Access Hospital Conditions of Participation [CMS-1771-P]

Dear Administrator Brooks-LaSure:

The American Nurses Association (ANA) appreciates the opportunity to provide comment on the Centers for Medicare & Medicaid Services' (CMS') Inpatient Prospective Payment System (IPPS) proposed rule for federal fiscal year (FFY) 2023. As the agency considers approaches to address health care disparities and advance health equity within the IPPS proposed rule, through this comment letter we urge CMS to:

- **Look at future inclusion of health equity performance in the hospital readmission reduction program**
- **Look at current assessment on climate change impacts on outcomes, care, and health equity**
- **Look at principles for measuring healthcare quality disparities across CMS quality programs**
- **Establish a publicly reported designation to capture the quality and safety of maternity care**
- **Look at additional activities to advance maternal health equity**
- **Look at payment adjustments for domestically made NIOSH approved n95 surgical respirators**

Future inclusion of health equity performance in the hospital readmission reduction program

Health equity is a key component of healthcare as it modernizes, and hospital readmissions can be used to measure health equity as patients who receive high value care frequently do not have to return to the hospital. Nurses are leaders in health equity and due to their many interactions with patients are well positioned to use clinical judgment to recognize barriers faced by patients and their families.

ANA is interested in working with CMS and other stakeholders on this issue to reduce hospital readmissions. Patients who receive high quality care do not return to the hospital. A healthier population lowers long term healthcare costs and increases productivity nationwide.

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Current assessment on climate change impacts on outcomes, care, and health equity

Climate change is currently one of the issues that will be affecting healthcare for the indefinite future. ANA believes that looking at this issue and trying to bend the curve is necessary for the future of healthcare and population health. Climate change touches almost every aspect of healthcare including the current supply chain issue, Personal Protective Equipment (PPE) and other medical supplies, as well as other aspects of the healthcare system including practitioner health. ANA supports efforts to use sustainable energy sources, and other initiatives that decrease the contribution to global climate change. Additionally, ANA supports efforts to reduce the use of greenhouse gases. Nurses must be included in these discussions to ensure nursing practice and patient outcomes are considered in policy discussions on climate change.

Principles for measuring healthcare quality disparities across CMS quality programs

CMS is seeking information on measures that will enable comprehensive and actionable reporting of health disparities. ANA supports the agency's request for more information to address the important issue of closing the health equity gap. Registered nurses, in addition to providing quality care to patients, often serve as advocates for their patients and are best positioned to identify factors that could result in inequitable health outcomes. Nurses also reflect the people and communities they serve—allowing them to recognize the challenges faced by their patients and ensure that their patients receive culturally competent, equitable health care services.

Nurses are leaders in implementing processes that further quality patient care and highlight existing gaps in care delivery, leading to measurable improvements. As the agency looks to identify areas in care delivery that result in or exacerbate health disparities, we encourage CMS to work with nurses on which reporting measures and other patient demographic information should be captured.

This is especially important in the identification of measures that capture socio-demographic factors, such as food insecurity. Other reported measures could include identifying barriers in connected vulnerable patients to needed services in other health care settings or in the community that are critical in ensuring equitable health outcomes, such as stable, supportive housing post-discharge. In addition, it is critical that reported measures also determine a patient's access to care in the appropriate facility, including providers of choice such as advanced practice registered nurses (APRNs). Along with access to home health services and coverage and access for services provided through telemedicine technologies—both of which we have seen become increasingly important access points throughout the COVID-19 pandemic. Assessing access is critical, especially in rural and underserved areas.

The nurse is well positioned at the patient's bedside to recognize barriers faced by patients and their families. How to capture this nonclinical data is vital, but very nuanced. Nurses can best identify the type of reporting measures this requires and would be best suited to collect socio-demographic data that is appropriate and drives to the aims of advancing health equity. Collecting this type of information using the right measures and approach will allow for a more complete assessment of existing issues and factors leading to inequitable care delivery and then work toward a holistic approach to closing the health equity gap. As such, we encourage CMS to leverage the important role of the nurse in identifying and capturing measures to address health equity.

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Establish a publicly reported designation to capture the quality and safety of maternity care

Having quality and safe maternity care is important for patients and health care providers. Having a specific designation capturing these qualities can be used by patients when they choose their healthcare providers.

ANA is interested in working with CMS and other stakeholders in creating a publicly reported designation to capture the quality and safety of maternity care. Registered nurses, certified nurse midwives, and nurse practitioners all play a key role in maternity care and should be included in the creation of the designation.

Additional activities to advance maternal health equity

Grant full practice authority to Certified Nurse Midwives (CNMs) and Nurse Practitioners (NPs)
CNM and NP practice continues to be unnecessarily restricted in many states due to outdated state licensing rules. These rules present a barrier to patients and their choice of provider. Medicare coverage can only be meaningful if beneficiaries have true access to care. ANA believes that federal action is warranted to encourage state action on nurse licensing approaches that would expand scope of practice for APRNs, such as CNMs and NPs.[1] As CMS determines new policy to address maternal health, it is critical to create incentives for states to remove practice barriers that result in reduced access to high-value maternal health care services. CMS should use its waiver authorities to leverage opportunities for CNM and NP practice, and to incentive practice expansions in states with restrictions.

Measure and account for nurses in the development of payment models that address women's and maternal health
ANA urges CMS to develop payment models that account for and reward RNs, NPs, and CNMs for their high-value care and resulting high-quality birth outcomes. Such care includes primary care throughout the reproductive life span, as well as preconception care, pregnancy care, and postpartum and interconception care. While there are examples of nurse-led programs that are promising cost-effective maternal care models, these models are not sustainable or scalable unless the Medicare program adequately pays nurses for services provided.[2] ANA encourages CMS to examine and develop payment models that target women's and maternal health and ensure nursing services are measured and accounted for. These models should be scalable and integrate the critical role of nurses in addressing access to women's and maternal health care services.

CMS must provide reimbursement for telehealth services in maternal and childcare
Telehealth is a tool for providers and beneficiaries to ensure early and timely access to prenatal and postnatal care, eliminating barriers that can be created by provider shortages, transportation issues, and employment schedules. Currently only a handful of states specifically address obstetric care in reimbursement. CMS should research and evaluate which services provide the greatest value to beneficiaries including but not limited to tobacco cessation, remote monitoring of high-risk comorbidities, postpartum care, and lactation support.

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[1] The Consensus Model for APRN Regulation defines four APRN roles: NP, CNS, CNM, and CRNA. 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] American Academy of Nursing. Edge Runners: Transforming America's Health System Through Nursing Solutions. https://www.aannet.org/initiatives/edge-runners. Accessed April 2022.

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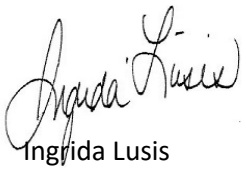
Payment adjustments for domestically made NIOSH approved n95 surgical respirators

ANA supports incentive payments for domestically made and NIOSH approved n95 surgical respirators, but there must be limits on the incentive payments. ANA is currently hearing limited amounts of n95 shortages, but it is possible that there will be future shortages of n95s and other PPE with future waves of COVID-19, other infectious diseases, and supply chain disruptions. The incentive payments must be based on the ability of nurses to obtain PPE. Hospitals, and other providers, should not receive incentive payments if they are stockpiling PPE and not making it available for staff when they need it. Nurses, and other providers, are on the front lines of the current public health emergency and without the proper equipment, including n95s, they cannot care for their patients.

ANA is the premier organization representing the interests of the nation's over 4.3 million registered nurses (RNs), through its state and constituent member associations, organizational affiliates, and individual members. ANA members also include the four advanced practice registered nurse roles (APRNs): nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs). The ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. RNs serve in multiple direct care, care coordination, and administration 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 including essential self-care, and provide advice and emotional support to patients and their family members.

ANA appreciates the opportunity to submit these comments and looks forward to continued engagement with CMS. Please contact Ingrida Lusis, Vice President, Policy and Government Affairs, at (301) 628-5081 or Ingrid.Lusis@ana.org, with any questions.

Sincerely,



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