

June 27, 2023

The Honorable Xavier Becerra  
Secretary  
Department of Health and Human Services  
Hubert H. Humphrey Building, Room 509F  
200 Independence Avenue SW  
Washington, DC 20201

Submitted electronically to [www.regulations.gov](http://www.regulations.gov)

**Re: Medicaid Program; Ensuring Access to Medicaid Services [CMS–2442–P]**

Dear Secretary Becerra:

The American Nurses Association (ANA) is pleased to comment on the Centers for Medicare & Medicaid Services (CMS) proposed rule on ensuring access to services and payment transparency in the Medicaid program. ANA supports the agency's efforts to ensure patients covered by Medicaid can access critical health care services. At the same time, ANA remains concerned that all too often access to registered nurses (RNs), and more specifically advanced practice registered nurses (APRNs), is overlooked. As the agency considers which provisions to finalize, through this comment letter we urge CMS to:

- 1. Ensure access to services provided by APRNs is included in patients' provider networks.**
- 2. Make certain that payment rate transparency efforts and rate reviews encourage direct payment and parity for APRN services.**
- 3. Explicitly include nurses on any advisory groups tasked with advising on payment rates.**
- 4. Continue to work closely with nurses with approaches to achieve health equity.**

ANA is the premier organization representing the interests of the nation's over 4.4 million registered nurses (RNs), through its state and constituent member associations, organizational affiliates, and individual members. 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. ANA members also include the four APRN roles: nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs). 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.

**1. CMS must ensure Medicaid beneficiary access to services provided by APRNs.**

CMS proposes to rescind current access monitoring review plans with several provisions focused on state requirements to access payment rate transparency. ANA is concerned that this approach to determine provider availability for Medicaid beneficiaries does not adequately and explicitly ensure access to the critical health care services provided by clinicians such as APRNs. Medicaid coverage can only be meaningful if beneficiaries have access to care. There is a solid body of evidence that APRNs

provide safe and cost-effective care—while increasing access to care and utilization of needed services.<sup>1</sup> However, states with outdated licensing rules unnecessarily restrict APRN practice, and therefore limit patient choice of provider. Even in states with full practice authority, provider groups and health systems may also decline to employ APRNs. All too often patients are left without meaningful choices, as physicians may not be available or accessible—especially in rural and underserved areas. However, APRNs stand ready to provide primary care and other services at the top of their license. For example, as the nation faces a growing mental health crisis, deploying qualified NPs could fill critical care gaps. Yet accessing mental health services from APRNs can be particularly challenging. CMS also continues to make addressing the nation’s maternal health crisis a key national priority.<sup>2</sup> Access to CNMs and the critical services they provide to pregnant people covered by Medicaid is imperative to actualize real impact on maternal health challenges.

CMS must do more to provide the leadership needed to address these situations. As the agency considers evaluating provider access through rate transparency, it is imperative that CMS require states to allow APRNs to practice to the fullest extent of their license and include them equitably in payment rate determinations. State Medicaid agencies must explicitly include and consider access to APRN services, with corresponding and adequate payment rates. CMS must ensure Medicaid beneficiaries who rely on these clinicians for needed care continue to have access to their choice of provider. **As such, ANA urges CMS to require states to explicitly consider and ensure Medicaid beneficiary access to APRN services when determining access and payment adequacy across the Medicaid program.**

**2. CMS must make certain that payment rate reviews and related requirements encourage direct payment and parity for APRN services.**

CMS proposes several provisions to assess payment rates in the Medicaid fee-for-service (FFS) program. The Medicaid program continues to struggle with low reimbursement rates at the state level that limit access to beneficiaries and cause financial burdens for providers. ANA supports the agency’s focus on examining payment rates to address these persistent challenges. More specifically, ANA encourages CMS to make certain that any efforts to address payment rates and related requirements encourage direct payment and parity for APRN services. Clinicians working within their established scope of practice should receive equal payment for the same level of quality patient health care services. CMS must not allow differentiations in payment between professions that are more female dominated in 2023 and beyond.<sup>3</sup>

As noted above, APRNs are a significant source of primary care, especially in rural and underserved areas. Further, RNs provide a wide array of direct care and care coordination services in community settings as well as hospitals and long-term care facilities. These health care services are key in ensuring

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<sup>1</sup> Kleinpell, R., Myers, C. R., & Schorn, M. N. (2023). Addressing Barriers to APRN Practice: Policy and Regulatory Implications During COVID-19. *Journal of nursing regulation*, 14(1), 13–20. [https://doi.org/10.1016/S2155-8256\(23\)00064-9](https://doi.org/10.1016/S2155-8256(23)00064-9). Accessed June 9, 2023.

<sup>2</sup> Centers for Medicare & Medicaid Services. MS Releases Maternity Care Action Plan to Implement Biden-Harris Maternal Health Blueprint; Launches Industry Call to Action. July 26, 2022. <https://www.cms.gov/newsroom/press-releases/cms-releases-maternity-care-action-plan-implement-biden-harris-maternal-health-blueprint-launches>. Accessed June 9, 2023.

<sup>3</sup> U.S. Bureau of Labor Statistics. Labor Force Statistics from the Current Population Survey. January 25, 2023. <https://www.bls.gov/cps/cpsaat11.htm>. Accessed June 9, 2023.

access to care, a critical aspect of addressing health inequity. However, there must be consistent parity in how these vital services are reimbursed.

Recognition through appropriate payment for APRNs is critical in safeguarding access to care for Medicaid beneficiaries. These nurses provide vital services to patients across the care continuum and the health care delivery system must recognize their critical role through appropriate reimbursement.

**As such, ANA urges CMS to ensure efforts to address payment rates in FFS Medicaid take into account key health care services provided by APRNs.**

**3. CMS must explicitly include nurses in any advisory groups tasked with advising on payment rates.**

CMS proposes the creation of an advisory group on payment rates within the Medicaid program. ANA supports the creation of such a group that would include interested parties, including beneficiaries and providers. In the proposed rule, the agency outlines some requirements for states to follow as they create these groups, but largely leaves it to their discretion. While we understand the desire to give states flexibility, we urge CMS to explicitly require nurses on any advisory group created by states. Registered nurses are central to organizing and supporting patients' health care experiences, among diverse populations and across care settings. Further, nurses are central to many care innovation models driven by payment incentives for home-based and other services. Thus, the nurse perspective is critical when examining reimbursement rates and the potential impact of current and future payment methodologies. **As such, ANA urges CMS to require states to require nurses on any advisory groups for Medicaid payment rates.**

**4. CMS must work with nurses on approaches to achieve health equity.**

ANA remains focused on the prominent issue of advancing health equity in our nation's health care delivery system and is pleased to see that CMS's focus on this critical issue across its programs. We know that Medicaid is particularly important to increase access and offer financial protections for people of color, for whom Medicaid is a primary source of coverage.<sup>4</sup> Approaching patient care with cultural humility has long been an ethical imperative for the nursing profession. Nurses embrace diversity and engage in culturally sensitive care, while working to manage unconscious biases to effectively promote meaningful patient outcomes. Ultimately, nurses are key in designing and directing care that appropriately meets the needs of patients, improves access to needed care, promotes positive outcomes, and reduces disparities.

Nurses, in addition to providing quality care to patients, often serve as advocates for their patients, at the bedside and beyond, and are best positioned to identify factors that could result in inequitable health outcomes. Nurses also typically reflect the people and communities they serve—allowing them to recognize the challenges faced by their patients and ensure that their patients receive 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. The National Academy of Medicine's expert Committee on the Future of Nursing 2020-2030 released a report, which serves as a

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<sup>4</sup> Kaiser Family Foundation. Medicaid and Racial Health Equity. June 2, 2023. <https://www.kff.org/medicaid/issue-brief/medicaid-and-racial-health-equity/>. Accessed June 9, 2023.

detailed blueprint for engaging nurses “in the complex work of aligning public health, health care, social services, and public policies to eliminate health disparities and achieve health equity.”<sup>5</sup>

Quantifying health care disparities and barriers faced by patients is extremely nuanced due to the sensitive nature of this issue. Nurses at the bedside understand these nuances as they interact with and advocate for patients and their families on a daily basis. Any policies or programs to address health inequities for Medicaid beneficiaries must preserve the ability of the nurse to use a patient- and family-centered approach that allows for natural interactions to better reveal a patient's circumstances. **As such, we urge CMS to work closely with nurses as the agency determines which measures to collect and processes to implement to address health care disparities and advance health equity.**

ANA appreciates the opportunity to submit these comments and looks forward to continued engagement with HHS. Please contact Tim Nanof, Vice President, Policy and Government Affairs, at (301) 628-5166 or [Tim.Nanof@ana.org](mailto:Tim.Nanof@ana.org), with any questions.

Sincerely,



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Chief Nursing Officer / EVP

cc: Jennifer Mensik Kennedy, PhD, RN, NEA-BC, FAAN, ANA President  
Loressa Cole, DNP, MBA, RN, NEA-BC, FAAN, ANA Chief Executive Officer

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<sup>5</sup> National Academy of Medicine. The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity. <https://nam.edu/publications/the-future-of-nursing-2020-2030/>. Accessed June 9, 2023.