ANA Principles and Policy Priorities for Affordable Care Act (ACA), Replacement or Repair

The following are ANA policy priorities as captured in ANA responses to Notices of Proposed Rule Making (NPRMs) occurring during the period of the implementation of the Affordable Care Act. All of the policy issues presented here are framed by ANA's four Principles of Health System Transformation.

ANA Policy Priorities for ACA Replacement or Repair

I. *Ensure universal access to a standard package of essential health care services for all citizens and residents.*

- ANA letter 12/21/2015
  - ANA opposes the laissez-faire approach CMS proposed with respect to regulating Qualified Health Plans within Federally Facilitated Exchanges. Continuation of existing private insurance practices in the Exchanges would extend the anti-competitive discrimination against APRNs.
  - ANA supports the guidelines for maintenance of provider directories; but cautions that strict enforcement of those rules will be required.
- ANA letter 11/16/2015
  - A new payment system designed to incentivize high quality, value-based services must clearly and consistently identify the actual provider that rendered a service.
- ANA letter 9/4/2015
  - ANA proposed that CMS must include APRNs as covered advance care planning (ACP) providers.
- ANA letter 12/19/2014
  - ANA proposes a level playing field—not preferred treatment—for providers seeking network certification by plans in the Federally-facilitated Exchanges. Plans with blanket exclusion rules for certain categories of clinicians should not be allowed to participate in the Exchanges.

II. *Optimize primary, community based preventive services while supporting the cost effective use of innovative, technology driven, acute hospital based services.*

- ANA letter 9/26/2016
  - ANA supports authorizing APRNs to certify hospitalized Medicare patients for home health care services.
  - ANA seeks prohibition of "incident to" billing for APRN services. APRN services should be identified with the NPI of the specific NP or CNS that rendered the service; subject to the 85% payment limit.
- ANA letter 6/17/2016
  - ANA proposes adding critical safety structural measures (nurse staffing and skill mix) to the CMS Inpatient Quality Reporting Program;
  - ANA seeks timely inclusion of critical safety clinical measures (falls and falls with injury) for public reporting in the CMS Inpatient Quality Reporting (IQR) Program or timely CMS support for electronic clinical measures development;
  - ANA supports CMS retention of IQR public reporting for participation in a systematic clinical database registry for nursing.
- ANA letter 6/15/2015
  - ANA supports the inclusion of ANA's two critical safety structural measures, nurse staffing and skill mix, in the CMS Inpatient Quality Reporting (IQR) Program for timely national transparent public reporting.
- ANA letter 9/2/2014
  - ANA proposed allowing APRNs to order home health benefits for Medicare beneficiaries.
- ANA letter 8/29/2014
  - ANA seeks improvement in the Physician Compare website because it compromises beneficiaries' ability to transparently access provider information. The website is a disservice to nearly 40% of Part B providers [non-physicians] who offer covered services to the beneficiary population, because their directory information is more difficult to search.

- ANA letter 6/27/2014
  - ANA deplores the continued absence of measures that capture nursing data to evaluate quality in the CMS accountability portfolio. This is of great concern to multiple stakeholders including consumers.
- ANA letter 8/26/2013
  - ANA clarified that APRNs and PAs are educated and qualified to self-document for the DME face-to-face requirement. ANA opposes the addition of a physician signature as an unnecessary step that will delay the provision of needed medical equipment to Medicare beneficiaries, especially in rural and underserved areas.
- ANA letter 7/19/2013
  - ANA demands that CMS require Qualified Health Plans (QHPs) in Federally-facilitated Exchanges to credential APRNs in their networks. Requiring QHPs to credential sufficient APRNs to match one tenth of Medicare Part B APRN provider counts in their State is a standard that is easy to understand, easy to police, and easy to meet for those candidate QHPs that are serious about addressing the issue of potential strains on patient access to primary care services.
- ANA letter 4/8/2013
  - ANA proposes that Institute of Medicine (now the National Academy of Medicine) seek input from registered nurses and clinicians, such as physical therapists and social workers, to ensure proper representation of their unique perspectives on quality measurement.
- ANA letter 8/30/2012
  - ANA urges CMS in its Physician Fee Schedule rule to support the nursing profession through the adoption of:
    - CPT codes, and Medicare reimbursement, for transitional care management and chronic care coordination services;
    - Provider-neutral language and attribution policies capturing the work of RNs & APRNs;
    - Direct Medicare reimbursement for chronic pain management services by CRNAs;
    - Clarification that NPs, CNSs, and CNMs may order portable X-ray services;
    - New policies allowing NPs, CNSs and CNMs to order durable medical equipment and conduct the face-to-face encounter for their patients.
- ANA letter 5/31/2011

  ANA documents that CMS has largely neglected to include the contributions of nursing in its provisions and parameters describing integrated practice in general, and the ACO in particular.
  - Registered Nurses provide care coordination and patient-centered care as a core professional nursing standard of practice.
  - Registered Nurses' innovations in care delivery models offer principles and experience to guide successful care coordination and quality improvement, particularly with high risk and vulnerable populations.
  - Registered Nurses are integral to quality of care improvement and their contributions should be recognized and measured.
  - Nurse practitioners, clinical nurse specialists, and certified nurse midwives are essential primary care providers.
  - Financial and systemic incentives should be required for care coordination to assure that it is properly designed and implemented by qualified healthcare professionals with experience in care coordination.
- ANA letter 12/3/2010
  - Investments in EHRs will result in far greater improvement in patient outcomes if steps are taken to ensure prevention of avoidable adverse events such as stages 3 and 4 pressure ulcers in acute care settings.

III. *Encourage mechanisms to stimulate economic use of health care services while supporting those who do not have the means to share in costs.*

- ANA letter 1/26/2016
  - ANA proposes that a high-severity chronic care management code appropriately targets Medicare resources to beneficiaries with the greatest need for chronic care management.

- ANA proposes that APRNs should be classified as eligible clinicians to bill for a high severity chronic care code.

- ANA letter 9/6/2013
  - ANA demands the elimination of incident to billing for APRN services.

IV. ***Ensure sufficient supply of a skilled workforce dedicated to providing high quality health care services.***

- **ANA proposes that clinician-employed RNs be added to the Medicare benefit package as "limited" Part B providers in Medicare. They would be permitted to provide and bill for certain primary care services under their own National Provider Identifier.**
- ANA letter 8/15/2016
  - ANA proposes the addition of requirements to hospital conditions of participation to ensure that hospitals provide adequate numbers of Registered Nurses and other staff to provide the best quality of care for patients.
  - ANA proposes that CMS require hospitals to include practitioners other than physicians on their medical staffs to ensure that hospitals keep an open door to APRNs and other non-physician practitioners, so that patients can have access to the providers of their choice within the hospital setting.
- ANA letter 7/19/2016
  - ANA demands that the Department of Veterans Affairs authorize full practice authority for all of its employed APRNs, including Certified Registered Nurse Anesthetists.
- ANA letter 7/17/2015
  - ANA supports the development and enforcement of network adequacy standards, including time and distance standards for the essential categories of providers.
  - ANA recommended several changes to ensure that the prevalence of certified nurse-midwives is consistently recognized in network adequacy standards.
  - ANA supports requiring some Medicaid/CHIP measures to be reported consistently in order to promote correspondence and consistency between state programs.
- ANA letter 12/23/2011
  - ANA applauded CMS for recognizing the contributions of nursing services within hospitals in its revisions to the Conditions of Participation.
  - ANA strongly urged CMS to consider adding additional provisions to support and ensure safe and adequate nurse staffing in Medicare and Medicaid hospitals.
  - ANA recommended that CMS add requirements to help assure that hospitals provide adequate numbers of registered nurses and other staff to provide the best quality care to patients.
  - ANA supported CMS's proposed language requiring a hospital to "ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient."
  - ANA recommended that CMS revise section 482.22(a) Standard: Composition of the medical staff to require hospitals to include practitioners other than physicians on their medical staffs.
  - ANA also recommended that language be added to ensure that all practitioners are granted clinical privileges and accorded all categories of medical staff privileges, including voting rights and full due process.
  - ANA proposed modifications to section 482.22(b)(3), to allow hospitals the flexibility to follow a truly interdisciplinary model of care in their medical staff composition.