

January 27, 2015

The Honorable Kevin Brady
1135 Longworth House Office Building
United States House of Representatives
Washington, DC 20515

RE: APRN Groups Express Support for Sections 207 and 212 and Concern over Section 211 of the Hospital Improvements for Payment Act discussion draft.

Dear Chairman Brady:

On behalf of the undersigned organizations representing Advanced Practice Registered Nurses (APRNs), we express our support for Sec. 207 and Sec. 212 and our concern over Sec 211 of the Hospital Improvements for Payment (HIP) Act discussion draft.

The APRN Workgroup is comprised of organizations representing Nurse Practitioners (NPs) delivering primary, specialized and community healthcare; Certified Registered Nurse Anesthetists (CRNAs) who provide the full range of anesthesia services as well as chronic pain management; Certified Nurse-Midwives (CNMs) expert in primary care, maternal and women's health; and Clinical Nurse Specialists (CNSs) offering acute, chronic, specialty and community healthcare services. Totalling roughly 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 advance healthcare access and quality improvement in the United States and promote cost-effective healthcare delivery.

Sec. 207 (Smith) Physician Supervision

The APRN Workgroup applauds the inclusion of the provision titled "Physician Supervision" (Sec. 207) in the HIP Act discussion draft. The one-year extension of the non-enforcement instruction for direct supervision for critical access hospitals will improve patient access to therapeutic hospital outpatient services in rural America. The original language published in the 2000 Outpatient Prospective Payment System (OPPS), created an unnecessary layer of supervision that is inconsistent with current practice. Extending the non-enforcement instruction avoids additional administrative and clinical burdens for hospitals and other healthcare providers and acknowledges the high quality of service APRNs and other non-physician healthcare professionals provide.

Sec. 211 (Jenkins) Pass-Through Payments for Anesthesiologists

We respectfully request the removal of the, "Pass-Through Payments for Anesthesiologists" provision (Sec. 211) from the proposed HIP Act. As proposed, Sec. 211 will increase the overall cost of anesthesia delivery in rural America without improving outcomes or access for rural Americans. This provision increases costs to rural hospitals further by authorizing Medicare coverage of the "reasonable cost" of more expensive anesthesiologist services. The Medicare Part A

program exists to ensure that rural hospitals have access to anesthesia services at a level that is economically sustainable for facilities and providers. The provision is problematic because labor costs for anesthesiologist services average two and a half to three times the costs for the same quality of anesthesia service furnished by CRNAs. In addition to increasing costs by up to 300 percent without improving quality, the provision also may allow anesthesiologists to be reimbursed for not providing direct anesthesia care, and for billing for remote “supervision” services that are unnecessary. For these reasons, we ask that the Sec. 211 provision be removed from the HIP Act.

Sec. 212 (Black) Documentation by Non-Physician Providers

The APRN Workgroup strongly supports the “Documentation by Non-Physician Providers” (Sec. 212) provision of the proposed HIP Act. This provision, part of the “Protect Patient Access and Promote Hospital Efficiency Act,” (HR 4663) authored by Rep. Diane Black (R-TN) during the 113th Congress, ensures Medicare beneficiaries who are patients of a CNM, NP, CNS or PA have unfettered access to inpatient hospital services. Sec. 212 achieves this goal by allowing these professionals to fulfill the certification requirement within the Medicare statute after a patient is admitted to a hospital by one of these professionals. The provision also relieves physicians of the burden of certifying services for Medicare patients who are not in their immediate care.

The statutory language upon which this policy is based is original to the passage of the Medicare law and simply does not reflect the function of CNMs, NPs, CNSs, and PAs in the modern healthcare delivery system, who today routinely admit patients to the hospital for care. Compounding this problem is the fact that hospitals often apply Medicare policy to non-Medicare patients in their care, such as those with Medicaid and private health insurance. Today over 40 percent of all births in the United States are financed under the Medicaid program and 95 percent of births attended by CNMs occur in the hospital. Likewise, patients requiring hospital admission by nurse practitioners, particularly in shortage areas, would lack access if a physician must certify every admission to a hospital.

We applaud the efforts of the House Ways and Means Subcommittee on Health to amend hospital payment policies in need of improvements. While we caution the Subcommittee on the negative impacts of Sec. 211, we praise the Subcommittee’s dedication to improving patient access to healthcare through Secs. 207 and 212 of the discussion draft. 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
American Association of Nurse Anesthetists
American Association of Nurse Practitioners
American College of Nurse-Midwives
American Nurses Association
National Association of Clinical Nurse Specialists
National Association of Pediatric Nurse Practitioners

cc: Chairman Paul Ryan, House Ways and Means Committee
Ranking Member Sander Levin, House Ways and Means Committee
Ranking Member Jim McDermott, House Ways and Means Subcommittee on Health
Congressman Adrian Smith, House Ways and Means Subcommittee on Health
Congresswoman Lynn Jenkins, House Ways and Means Subcommittee on Health
Congresswoman Diane Black, House Ways and Means Subcommittee on Health