

September 9, 2024

Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**Re: Medicare and Medicaid Programs; CY 2025 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Prescription Drug Inflation Rebate Program; and Medicare Overpayments [CMS-1807-P]**

Dear Administrator Brooks-LaSure,

The American Association of Colleges of Nursing (AACN) appreciates the opportunity to provide comments on the Centers for Medicare and Medicaid Services' (CMS) CY 2025 Physician Fee Schedule (PFS) Proposed Rule. As the national voice for academic nursing, AACN represents more than 875 schools of nursing at private and public universities.<sup>1</sup> Our institutions educate more than 520,000 baccalaureate, graduate, and post-graduate students, and employ more than 57,000 faculty members.<sup>2</sup> Collectively, these institutions graduate Registered Nurses (RNs), Advanced Practice Registered Nurses (APRNs),<sup>3</sup> faculty, researchers, and frontline providers. AACN is committed to preparing a highly educated nursing workforce, strengthening the foundation of nursing science, and advancing innovative solutions.

AACN has a vested interest in improving our nation's health as nursing students prepare to provide evidence-based, cost-effective, and high-quality care. Within AACN member schools, nearly 85,000 students are currently enrolled in APRN programs and will serve as our nation's next generation of expert providers.<sup>4</sup> We applaud CMS for recognizing the vital role of APRNs in this proposed rule and appreciate continued use of provider neutral language that appropriately reflects our modern healthcare delivery system. As CMS looks at ways to reduce barriers and elevate care for patients in all communities, AACN offers the following recommendations for consideration and inclusion in the CY 2025 PFS final rule.

**Recommendations for CY 2025: Building Upon Existing Frameworks**

- **Payment for Medicare Telehealth Services:**

We applaud CMS for recognizing the importance of telehealth, which provides increased flexibility and access for patients. This technology can also be utilized to satisfy some of the direct nursing clinical hours required by state boards of nursing, thereby ensuring schools of nursing are able to continue meeting the needs of the healthcare system now and in the future.

With the ongoing adoption and utilization of telehealth, there are new opportunities for maximizing this resource. A prime example outlined in the proposed rule, which AACN supports,

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<sup>1</sup> American Association of Colleges of Nursing. (2024) About AACN. Retrieved from: <https://www.aacnnursing.org/About-AACN>.

<sup>2</sup> Ibid.

<sup>3</sup> APRNs include certified nurse-midwives (CNMs), certified registered nurse anesthetists (CRNAs), clinical nurse specialists (CNSs) and nurse practitioners (NPs).

<sup>4</sup> American Association of Colleges of Nursing; 2023-2024 Enrollments and Graduations in Baccalaureate and Graduate Programs in Nursing.

is the addition of caregiver training service codes under provisional status to the Medicare telehealth list for CY 2025. AACN also agrees with CMS' proposal to remove frequency limitations on Medicare telehealth subsequent care services in inpatient and nursing facility settings and critical care consultations. With respect to additional telehealth provisions outlined in CY 2025 proposed rule, AACN supports and encourages finalization of:

- Coverage of audio-only services *with* the elimination of the technological capability requirements; and
- The policy extension for telehealth practitioners to bill from their currently enrolled location instead of their home address when providing telehealth services from their home.

Separately, AACN shares the concerns of our APRN colleagues regarding the extension of direct-supervision flexibilities, especially as it relates to 'incident-to' billing. In the June 2019 Medicare Payment Advisory Commission (MedPAC) Report to Congress,<sup>5</sup> and reiterated in their March 2024 Report,<sup>6</sup> MedPAC stated, "eliminating "incident to" billing for APRNs and PAs and instead requiring these clinicians to bill Medicare directly would update Medicare's payment policies to better reflect current clinical practice."<sup>7</sup> The extension outlined in the CY 2025 proposed rule could lead to overutilization of 'incident-to' billing and increased spending, while decreasing transparency and accountable care, two main goals at CMS. AACN supports the removal of barriers to practice, such as 'incident-to' billing, and fully supports allowing all providers to practice to the full extent of their education and training.

As we witnessed during the last public health emergency, telehealth technology allowed increased flexibility and access to the healthcare system, especially for those in rural and underserved communities. Building upon the positive lessons learned during the COVID-19 pandemic through suspension of burdensome and unnecessary restrictions is important. As CMS assesses regulations pertaining to telehealth, AACN urges the agency to consider the impact arbitrary limitations have on patients' access, while recognizing the need to empower providers, such as APRNs, to make clinical determinations.

- **Valuation of Specific Codes:** With a significant increase in Medicare beneficiaries receiving care from APRNs, we recognize that the coding and valuation system and process looks different than when it was first established in the early 1990's. As CMS works to advance health equity, improve data transparency and accuracy, and ensure processes reflect the current healthcare system, AACN requests CMS develop a valuation process that allows full participation by APRNs, who are increasingly critical providers for Medicare beneficiaries.
- **Continue the Use of Provider-Neutral Language:** In the spirit of full inclusivity and the role that all providers have in improving healthcare delivery, AACN acknowledges and endorses the important use of provider-neutral language. We applaud CMS for incorporating this throughout CY 2025 PFS. Including RNs and APRNs reinforces the reality that the contributions of all

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<sup>5</sup> Medicare Payment Advisory Commission. (June 2019). Report to Congress: Medicare and the Health Care Delivery System. Retrieved from: [https://www.medpac.gov/wp-content/uploads/import\\_data/scrape\\_files/docs/default-source/reports/jun19\\_medpac\\_reporttocongress\\_sec.pdf](https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/reports/jun19_medpac_reporttocongress_sec.pdf).

<sup>6</sup> Medicare Payment Advisory Commission. (March 2024). Report to Congress: Medicare and the Health Care Delivery System. Page 101. Retrieved from: [https://www.medpac.gov/wp-content/uploads/2024/03/Mar24\\_MedPAC\\_Report\\_To\\_Congress\\_SEC-2.pdf](https://www.medpac.gov/wp-content/uploads/2024/03/Mar24_MedPAC_Report_To_Congress_SEC-2.pdf).

<sup>7</sup> Medicare Payment Advisory Commission. (June 2019). Report to Congress: Medicare and the Health Care Delivery System. Page 158. Retrieved from: [https://www.medpac.gov/wp-content/uploads/import\\_data/scrape\\_files/docs/default-source/reports/jun19\\_medpac\\_reporttocongress\\_sec.pdf](https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/reports/jun19_medpac_reporttocongress_sec.pdf).

providers maximize the patient’s experience and quality of care. AACN thanks CMS and encourages the agency to continue including provider-neutral language in all regulatory efforts.

## **Areas for Consideration: Support Nursing Education Pathways and Ensure Nurses are Included in Health Policy Initiatives**

- **Reinforce Support for Nursing Education Pathways:**

Nursing schools have faced years of challenges meeting the increased demand for faculty and students to ensure nursing pathways remain strong. For example, in AACN’s latest survey, enrollment in entry-level baccalaureate nursing programs increased by only 0.3% (or 825 students) from 2022-2023.<sup>8</sup> “At the graduate level, students in master’s programs decreased by less than 1% (0.9% or 1,176 fewer students) since 2022, marking the third year of enrollment decline.”<sup>9</sup> Fortunately, Doctor of Nursing Practice (DNP) programs saw an increase in enrollment (increased by 2% or 810 students), “marking 20 consecutive years of continuous enrollment expansion.”<sup>10</sup> With varying enrollment levels, AACN members still find that, “the primary barriers to accepting all qualified students at nursing schools continue to be insufficient clinical placement sites, faculty, preceptors, and classroom space, as well as budget cuts.”<sup>11</sup>

Investment in educational pathways is a critical piece in supporting the growing nursing workforce demand. This is especially true as the Bureau of Labor Statistics estimates the need for RNs to increase by 6%,<sup>12</sup> and need for most APRNs to increase by 40% through 2033.<sup>13</sup> One solution that would make a significant difference in our ability to meet this demand is implementation of a permanent Medicare funding stream under which hospitals receive payments for the costs associated with providing clinical training for APRNs. Under this concept, hospitals would partner with schools of nursing and other care settings to help increase essential and desperately needed clinical education capacity for APRNs. Congress has introduced various bills that would accomplish this goal, such as the Educating Future Nurses Act (S.1586/H.R.3623). This concept is not new, as the Graduate Nurse Education (GNE) Demonstration Project, which passed as part of the Affordable Care Act, helped strengthened relationships between hospitals and schools of nursing, increased APRN student enrollment and graduation, and expanded clinical education hours for APRN students.<sup>14</sup> AACN encourages CMS to work with Congress to advance such a permanent Medicare funding stream in order to ensure increasing demand for nurses can be met.

From the classrooms to the frontlines, innovation is essential to ensuring we have a robust nursing workforce to support the needs of an aging population and healthcare in all communities across the nation. Providing incentives for clinicians to serve as preceptors to nursing students, supporting academic-practice partnerships, and partnering with schools of nursing are all critical tools we urge CMS to deploy in support of nursing education.

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<sup>8</sup> American Association of Colleges of Nursing. (2024) New AACN Data Points to Enrollment Challenges Facing U.S. Schools of Nursing. Retrieved from: <https://www.aacnursing.org/news-data/all-news/article/new-aacn-data-points-to-enrollment-challenges-facing-us-schools-of-nursing>.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<sup>12</sup> U.S. Bureau of Labor Statistics. (2024). Occupational Outlook Handbook- Registered Nurses. Retrieved from: <https://www.bls.gov/ooh/healthcare/registered-nurses.htm>.

<sup>13</sup> U.S. Bureau of Labor Statistics. (2024). Occupational Outlook Handbook – Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners. Retrieved from: <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm>.

<sup>14</sup> IMPAQ. (2019) The Graduate Nurse Education Demonstration Project: Final Evaluation Report. Retrieved from: <https://innovation.cms.gov/files/reports/gne-final-eval-rpt.pdf>.

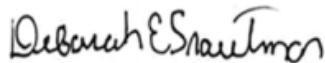
- **Increase Nursing Leadership in Healthcare and Health Policy:**

Nurses, with their direct and continuous engagement in patient care, offer unique insights into practical needs and challenges of healthcare education, delivery, and promotion. As reinforced by the National Academy of Sciences, Engineering, and Medicine’s report, *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*, nurses bring integral insight and value to health care and the health systems they support.<sup>15</sup>

Despite comprising the largest healthcare occupation,<sup>16</sup> nurses continue to be underrepresented on federal advisory committees, taskforces, and councils. The Federal Advisory Committee Act (FACA) requires that, “in the selection of members for the advisory committee, the agency will consider a cross-section of those directly affected, interested, and qualified, as appropriate to the nature and functions of the advisory committee.”<sup>17</sup> The expertise and qualifications of nurses, as well as their diverse skillset and input, serves as a valuable voice when discussing the needs of Medicare beneficiaries and the healthcare system at large. Therefore, AACN urges CMS advisory committees and boards to appoint nursing professionals so their experience and critical knowledge can contribute to the formation of new policy and regulations.

AACN appreciates CMS’ consideration of our comments and recommendations to the CY 2025 PFS proposed rule. The reduction of burdens for clinicians, providers, patients, and their families are timely, essential, and critical. Improving our healthcare system’s efficiency, safety, and innovation remains a top priority. If our organization can be of any assistance, please contact AACN’s Director of Government Affairs, Rachel Minahan at [RMinahan@aacnursing.org](mailto:RMinahan@aacnursing.org).

Sincerely,



Deborah E. Trautman, PhD, RN, FAAN  
President and Chief Executive Officer

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<sup>15</sup> National Academies of Sciences, Engineering, and Medicine. (September 202) *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. Washington, DC: The National Academies Press. Retrieved from: <https://nap.nationalacademies.org/read/25982/chapter/1>.

<sup>16</sup> Smith, Sean and Blank, Andrew. U.S. Bureau of Labor Statistics. (June 2023) Healthcare Occupations: Characteristics of the Employed. Slide Two: Employment in the 25 largest healthcare occupations, 2022. Retrieved from: <https://www.bls.gov/spotlight/2023/healthcare-occupations-in-2022/>.

<sup>17</sup> GSA Office of Governmentwide policy. Committee Management Secretariat. Office of Committee and Regulatory Management. (January 2011) Federal Advisory Committee Membership Balance Plan. Retrieved from: [https://obamawhitehouse.archives.gov/sites/default/files/microsites/ostp/b\\_flaak\\_balance\\_plan.pdf](https://obamawhitehouse.archives.gov/sites/default/files/microsites/ostp/b_flaak_balance_plan.pdf).