



August 28, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-6082-NC, P.O. Box 8016
Baltimore, MD 21244-8016

Re: Medicare Program; Specialty Care Models to Improve Quality of Care and Reduce Expenditures [CMS-5527-P]

Dear Administrator Verma,

The American Association of Colleges of Nursing (AACN) offers the following comments on CMS proposed rule, *Medicare Program; Specialty Care Models to Improve Quality of Care and Reduce Expenditures [CMS-5527-P]*.

As the national voice for baccalaureate and graduate nursing education, AACN has a vested interest in improving health and health care throughout the nation. For more than five decades, AACN has established quality standards for professional nursing education to ensure that Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRN's; which include Nurse Practitioners (NPs), Certified Nurse-Midwives (CNMs), Certified Registered Nurse Anesthetists (CRNAs), and Clinical Nurse Specialists (CNSs)) are prepared to provide evidence-based and cost-effective care. Within AACN member schools, more than 100,000 nursing students are currently enrolled in APRN programs and will serve as our nation's next generation of expert providers.¹

AACN appreciates the opportunity to comment on the new mandatory Medicare payment model under section 1115A of the Social Security Act—the End-Stage Renal Disease (ESRD) Treatment Choices Model (ETC Model). We applaud the initiatives that CMS has created to reduce Medicare expenditures and approach health care with patient-centered models to improve the lives of individuals and families across the country. Furthermore, we recognize that the proposed ETC Model's aim to expand home dialysis and kidney transplants for Medicare beneficiaries with ESRD is an innovative and patient-centered approach, as home dialysis has been proven to be as effective as in-center hemodialysis and focuses on the wellbeing of the patient and family.

In its proposed ETC Model, CMS recognizes the ESRD facilities and Managing Clinicians to be the “*key providers and suppliers managing the dialysis care and treatment modality options for ESRD Beneficiaries and have a vital role to play in beneficiary selection and assisting beneficiaries through the transplant process.*” CMS defines “Managing Clinicians” to be “Medicare-enrolled physicians and non-physician practitioners who furnish and bill the monthly capitation payment for managing one or more adult ESRD beneficiary.”² Managing Clinicians, therefore, include RNs and NPs. According to the CMS 2008 Report to Congress,

¹ 2018-2019 Enrollments and Graduations in Baccalaureate and Graduate Programs in Nursing. Washington, DC: American Association of Colleges of Nursing.

² Centers for Medicare & Medicaid Services. (2019). ESRD Treatment Choices (ETC) Model. Retrieved from <https://innovation.cms.gov/initiatives/esrd-treatment-choices-model/>.

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RNs make up approximately 25 percent of the occupational mix in ESRD facilities.³ Furthermore, the demand for highly educated nurses (e.g. NPs) is increasing as the number of incident and comorbid patients requiring skilled nursing services grows.⁴

NPs and RNs practicing in home health care currently face burdensome requirements, as they must locate a physician to document that a face-to-face patient assessment has occurred and certify or recertify the home health plan of care. AACN urges CMS to expand practice authority for these primary care providers in home health care programs by removing these burdensome requirements. As CMS considers models to improve patient-centered care and save Medicare expenditures going forward, it is important to note that most of the 86.6 percent of NPs certified in primary care see Medicare and Medicaid patients.⁵ NPs complete more than one billion patient visits annually. It does not benefit the American people for CMS to limit qualified health practitioners' ability to care for a chronically ill population, given that, according to the Administration, "37 million patients suffer from chronic kidney disease and more than 726,000 have end-stage renal disease."⁶

AACN recommends removing this outdated and unnecessary requirement to allow all Managing Clinicians to provide efficient care and delivery of home health services. NPs are primary care providers, and yet they are not able to initiate or make necessary modifications to medication or treatment without obtaining a physician's signature. This puts patients at risk for avoidable complications by delaying care, which is entirely problematic for home health care patients who suffer from more chronic conditions and report more limitations on activities of daily living.⁷ Removing the administrative burden of requiring physician documentation of face-to-face patient assessment for home health services would ensure continuity of care while reducing expenditures, as the redundant structure where multiple providers are billing for repetitive services increases costs for taxpayers and patients.

Thank you for considering these comments in response to the proposed rule, *Medicare Program; Specialty Care Models to Improve Quality of Care and Reduce Expenditures [CMS-5527-P]*. Please consider AACN an ally in this endeavor to reevaluate Medicare programs and enhance the quality of the nation's health through innovative, patient-centered models of care. If our organization can be of any assistance, please contact AACN's Director of Policy, Dr. Colleen Leners at cleners@aacnnursing.org.

³ Leavitt, Michael O., Secretary of Health and Human Services. (2008). *A Design for a Bundled End Stage Renal Disease Prospective Payment System*. Retrieved from <https://www.cms.gov/Medicare/End-Stage-Renal-Disease/ESRDGeneralInformation/downloads/ESRDReportToCongress.pdf>.

⁴ Centers for Medicare & Medicaid Services. (2019). *Acumen: End Stage Renal Disease Prospective Payment System, Technical Expert Panel, Summary Report*. Retrieved from <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ESRDpayment/Downloads/ESRD-PPS-TEP-Summary-Report-June-2019.pdf>.

⁵ Centers for Medicare & Medicaid Services. (n.d.) *Medicare Providers: Number of Medicare Non-Institutional Providers by Specialty, Calendar Years 2012-2016*. Retrieved from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMSProgramStatistics/2016/Downloads/PROVIDERS/2016_CPS_MDCR_PROVIDERS_6.pdf.

⁶ U.S. Department of Health and Human Services. (2019). *HHS Launches President Trump's Advancing American Kidney Health Initiative*. Retrieved from <https://www.hhs.gov/about/news/2019/07/10/hhs-launches-president-trump-advancing-american-kidney-health-initiative.html>.

⁷ Avalere Health. (2018). *Home Health Chartbook 2018: Prepared for the Alliance for Home Health Quality and Innovation*. Retrieved from http://ahhq.org/images/uploads/AHHQI_2018_Chartbook_09.21.2018.pdf.

Sincerely,

Deborah E. Trautman

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