

June 28, 2021

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

Re: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2022 Rates; Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals [CMS-1752-P]

Dear Administrator Brooks-LaSure,

The American Association of Colleges of Nursing (AACN) offers the following comments in response to the Centers for Medicare and Medicaid Services' (CMS) proposed rule to revise the Medicare Hospital Inpatient Prospective Payment Systems for FY 2022 [CMS-1752-P].

As the national voice for baccalaureate and graduate nursing education, AACN has a vested interest in improving our nation's health and health care. For more than five decades, AACN has established quality standards for professional nursing education to ensure Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs)* are prepared to provide evidence-based and cost-effective care. At AACN member schools, more than 580,000 students are enrolled in nursing programs; these students will serve as our nation's next generation of expert providers.¹

AACN commends CMS for highlighting the review of acute inpatient prospective payment hospitals and long-term care hospitals regarding medical reviews performed by Medicare contractors to ensure that billed items or services are covered and are reasonable and necessary as specified under section 1862(a)(1)(A) of the Social Security Act. The CMS Inpatient Prospective Payment System Hospital and Long-Term Care Hospital Review and Measurement Fact Sheet² outlines that qualified clinicians, such as nurses and therapists, will perform the reviews, consulting with physicians or other specialists as needed. AACN applauds the language, which recognizes the expanding roles for nurses outside of acute care settings. The review language supports the training and competency-development of nurses needed to work across practice settings and lead efforts to build a culture of health and health equity, as outlined in the National Academy of Medicine's Future of Nursing 2020-2030 Report.³

Additionally, CMS is proposing regulations to implement sections 126, 127, and 131 of the *Consolidated Appropriations Act, 2021 (Pub. Law No. 116-260)*. These sections updated Graduate Medical Education (GME) programs to increase training opportunities for physicians in rural and underserved areas. As CMS implements new regulations to advance access to quality care in these regions, AACN would like to highlight the importance of ensuring that all RNs and

* Advanced Practice Registered Nurses (APRNs) include Nurse Practitioners, Certified Nurse-Midwives, Certified Registered Nurse Anesthetists, and Clinical Nurse Specialists

¹ <https://www.aacnnursing.org/About-AACN>

² <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/InpatientReviewFactSheet.pdf>

³ <https://www.nap.edu/read/25982/chapter/1>

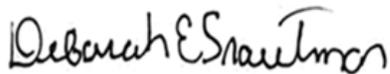
APRNs, in addition to allied healthcare providers, are included in such opportunities. In this vein, AACN proposes consideration of the following recommendations stemming from the National Academies of Science, Education and Medicine's (NASEM) recently released report *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*.⁴

- Support training primary care clinicians in community settings. Specifically, support partnerships with nursing and other allied health schools to establish preceptorships in all communities and healthcare settings, including long-term care;
- Expand the distribution of training sites to better meet community and population needs, particularly in rural and underserved areas;
- Prioritize effective Health Resources and Services Administration (HRSA) models for existing GME funding redistribution and sustained discretionary funding; and
- Realign GME funding to support the training of all members of the interprofessional primary care team, including NPs, pharmacists, physician assistants, behavioral health specialists, pediatricians, and dental professionals.⁵

RNs and APRNs represent an integral component of the healthcare workforce in rural and underserved communities. As CMS develops new regulations and guidelines to advance access to quality care in these communities, AACN appreciates the opportunity to provide comment and further insight into the vital role of the nursing workforce.

Thank you for your consideration of AACN's comments on CMS' proposed rule to revise the Medicare Hospital Inpatient Prospective Payment Systems for FY 2022. If our organization can be of any assistance, please contact AACN's Director of Policy, Colleen Leners at cleners@aacnnursing.org.

Sincerely,



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

⁴ <https://www.nap.edu/read/25983> .

⁵ <https://www.nap.edu/resource/25983/High%20Quality%20Primary%20Care%20Policy%20Brief%203%20Workforce.pdf>