March 25, 2014

Sen. Ron Wyden
Chairman
Senate Finance Committee
219 Dirksen Building
Washington, DC 20510

Sen. Orrin Hatch
Ranking Member
Senate Finance Committee
219 Dirksen Building
Washington, DC 20510

SUBJ: APRN Organizations Support SGR Repeal and Beneficiary Access Improvement Act of 2014 (S 2110)

Dear Chairman Wyden and Ranking Member Hatch:

On behalf of the undersigned organizations representing Advanced Practice Registered Nurses (APRNs), we join in expressing our support for the Senate to adopt the "SGR Repeal and Medicare Beneficiary Access Improvement Act" (S 2110). Repealing the Medicare sustainable growth rate (SGR) and reforming Medicare Part B payment are long overdue. In the interest of the patients for whom we provide care, we urge Senate passage of this legislation, which also recognizes APRNs the same as physicians in the development and implementation of quality measures for payment incentives.

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. Totaling more than 200,000 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.

APRNs Support Repealing the SGR and Reforming Medicare Payment

We join in expressing support for the provisions of S 2110 that permanently repeal the flawed SGR provision that frequently threatens Medicare beneficiaries, providers and the Medicare program with unsustainable and draconian cuts. This legislation would replace the SGR with five years of annual 0.5 percent positive updates and a 10-year period of payment stability as Medicare payment systems transition to alternative payment models. Such provisions protect the Medicare program and provide an environment for developing, testing and implementing

innovation. Over the next 10 years the Medicare population will increase by 20 million beneficiaries to 72 million. We look forward to continuing work with you to enact legislation that stabilizes Medicare payment and promotes innovations that increase quality and access and help control healthcare cost growth, and to addressing the issues associated with its costs.

As you know, RNs in general and APRNs in particular provide crucial care to patients in every environment that healthcare is delivered, contribute to community health and healthcare delivery for populations, and engage in leadership activities necessary to promote patient access to better healthcare and cost savings. The care that our members provide includes services billed directly to Part B, services bundled into hospital or other facility claims, services billed "incident-to" the services of a physician and reported by the physician not the APRN providing the care, and population and community healthcare. **Thus, as Congress completes work on legislation to repeal the SGR and reform the Medicare payment system, we ask on behalf of the patients for whom we provide care that you keep this in mind: Nurses will always put patients first.**

In *The Future of Nursing: Leading Change, Advancing Health*, **the Institute of Medicine's (IOM) first recommendation is for APRNs to practice to the fullest scope of their education and training, and its third is to expand opportunities for RNs and APRNs to develop and exercise leadership in redesigning healthcare in the United States. The IOM recommends policymakers eliminate barriers to the fullest and best use of APRNs, not only so that they can practice to the fullest extent of their license but also to provide for the growing number of Medicare beneficiaries and other patients' access to high quality, cost-effective care.** This action is a crucial imperative at every level of healthcare policy from Congress and the Administration, to states, to healthcare facilities and private enterprise, and in every part of our country, particularly rural and medically underserved America which rely heavily on APRN care. Failure to make the highest and best use of APRNs by protecting unnecessary and costly guild-driven barriers to their care denies patient access to quality care, limits healthcare improvement, and wastes taxpayer and private resources.

APRN Workgroup Recommendations for S 2110

We understand that members of Congress continue work on improving S 2110, including developing plans to extend and reform certain expiring policies, and to finance it. Though most of the legislation meets the beneficial public policy objective of treating APRNs the same as physicians in Medicare payment reforms, some provisions deserve special attention. These include:

- The transitional value-based payment modifier for "specific physicians and groups of physicians" for services furnished between Jan. 1, 2015 – Jan. 1, 2018, overlooks that under current law the Secretary is given the option of applying the modifier to other eligible professionals beginning Jan. 1, 2017. [S 2110, Sec. 2(b)(3)(A), amending Sec. 1848(p)(4)(B) of the Social Security Act] Transitional modifiers should apply equally to APRNs and physicians, on the same schedules.

- In carrying out provisions establishing quality measures and registries for use in Medicare payment reforms, we appreciate that the bill authorizes the Secretary to engage in "consultation with relevant eligible professional organizations and other relevant stakeholders," as we requested. [S 2110, Sec. 2(3)(B)(c)(1), adding Sec. 1848(q)(2)(D)(viii) to the Social Security Act.] However, to the extent that it specifically draws attention to "State and national medical societies," it should also reference "organizations representing nurses and other healthcare professionals." Further, Congress and the Secretary should remain vigilant against the illegitimate use of registries as a means to protect guilds, impair choice and inflate healthcare costs, rather than for their primary purpose of advancing quality improvements.

- In promoting the implementation of electronic health records (EHR) systems, the legislation does not reflect that many provider types, including many APRN specialties, are ineligible for current EHR incentive programs authorized by the Hi-Tech Act, under Medicare, Medicaid or both. Providers ineligible for EHR incentive programs by licensure should be held harmless from penalties associated with failure to submit claims and quality measures via EHR systems, and should be given the mean and not the lowest potential score applicable to such measure or activity. [S 2110, Sec. 2(3)(B)(c)(1), adding Sec. 1848(q)(5)(B)(i) of the Social Security Act.]

- We thank you for ensuring that the bill allows nurse practitioners, clinical nurse specialists and physician assistants to be eligible for reimbursement for the complex chronic care management services they provide.

We thank you for your attention to these issues as you continue working to permanently repeal the Medicare SGR provision and reform Medicare payment, and to develop provisions to fund these provisions. We look forward to continue keeping members of Congress informed about the interests and concerns of hundreds of thousands of APRNs and the millions of patients for whom they provide care all across America. If you have questions, please contact Frank Purcell of the American Association of Nurse Anesthetists, 202-741-9080, fpurcell@aanadc.com, and thank you.

Sincerely,

American Association of Colleges of Nursing, AACN

American Association of Nurse Anesthetists, AANA

American Association of Nurse Practitioners, AANP

American College of Nurse-Midwives, ACNM

American Nurses Association, ANA

National Association of Clinical Nurse Specialists, NACNS

National Association of Nurse Practitioners in Women's Health, NPWH

National Association of Pediatric Nurse Practitioners, NAPNAP