

October 16, 2017

Seema Verma
Administrator
Centers for Medicare and Medicaid
Department of Health and Human Services
Attn: CMS-5524-P
PO Box 8016
7500 Security Blvd.
Baltimore, Maryland 21244-8016

RE: CMS-5524-P – Medicare Program; Cancellation of Advancing Care Coordination Through Episode Payment and Cardiac Rehabilitation Incentive Payment Models; Changes to Comprehensive Care for Joint Replacement Payment Model (82 Fed. Reg. 39310, August 17, 2017).

Dear Administrator Verma:

The American Association of Nurse Practitioners (AANP), representing more than 234,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to provide comment in response to the cancellation of the Cardiac Rehabilitation (CR) incentive payment model (82 FR 39310).

NPs are advanced practice registered nurses who are prepared at the masters or doctoral level to provide primary, acute, chronic and specialty care to patients of all ages and walks of life. Daily practice includes: assessment; ordering, performing, supervising and interpreting diagnostic and laboratory tests; making diagnoses; initiating and managing treatment including prescribing medication and non-pharmacologic treatments; coordinating care; counseling; and educating patients and their families and communities. NPs practice in nearly every health care setting including clinics, hospitals, Veterans Affairs and Indian Health Care facilities, emergency rooms, urgent care sites, private physician or NP practices (both managed and owned by NPs), nursing homes, schools, colleges, retail clinics, public health departments, nurse managed clinics, homeless clinics, and home health. NPs hold prescriptive authority in all 50 states and the District of Columbia. It is important to note that 89.2% of NPs are certified in primary care, the majority of whom see Medicare and Medicaid patients. NPs complete more than one billion patient visits annually.

AANP is disappointed that CMS is proposing to cancel the CR incentive payment model. We encourage you to reverse this decision and move forward with the incentive payment model that was originally approved through prior rulemaking, or at a minimum, maintain the portion of the rule that authorizes nurse practitioners to order and supervise cardiac rehabilitation in a mandatory or voluntary manner in either all or a sampling of hospitals.

The CR incentive payment model waived restrictions that prohibit NP ordering and supervising CR. CMS has acknowledged that stakeholders not only support removing the physician supervision requirements because they “contribute to a lack of access to cardiac rehabilitation,” but also encourage a

broadening of the waiver to include non-model beneficiaries.¹ A review of the received comment letters reveals that the supporters of removing this restriction include a broad coalition of health care entities, multiple health systems and various provider organizations.

CMS continues to stress that removing regulatory barriers that decrease access to care is a priority of the agency. In this instance, however, a barrier that was set to be removed, with the support of a wide range of stakeholders, is now being reinstated. We urge CMS to retain and implement this portion of the rule. If it is not plausible to maintain this payment model in a mandated manner, then we suggest it be converted to a voluntary payment model as is proposed with the joint model contained in this rule.

Nurse practitioners have the education and clinical training to order and supervise cardiac rehabilitation. We have heard from many of our members that the current order and supervision regulations are burdensome and restrict patient access to CR. When CMS proposed the CR incentive payment model, they commented on the multiple studies where CR improved long-term patient outcomes, but noted that CR was underutilized.² The removal of these current regulatory barriers that negatively impacts NPs and their patients is essential to increasing utilization of CR which, when implemented, has been shown to decrease hospitalizations, increase adherence to preventive medication, improve overall health and reduce the need for costly care.³

We ask CMS to reconsider its decision to cancel the CR incentive payment model and to at least retain the direct supervision and ordering authorization for NPs. Ideally, this should be extended to all settings and beneficiaries in order to increase the number of Medicare beneficiaries receiving this medically necessary but underutilized treatment. We ask CMS to take immediate action to allow nurse practitioners to order and supervise cardiac rehabilitation so that Medicare patients treated by nurse practitioners have access to this treatment.

We thank you for the opportunity to comment on this proposed regulation. We look forward to discussing these issues with you. Should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs, msapio@aanp.org, 703-740-2529.

Sincerely,

David Hebert
Chief Executive Officer

¹ 82 FR 39310, 39313.

² 82 FR 50784, 50800.

³ https://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_493752.pdf.