

June 2, 2022

Honorable Charles P. Rettig
Commissioner
Internal Revenue Service
CC:PA:LPD:PR (REG-114339-21)
Room 5203
P.O. Box 7604
Ben Franklin Station
Washington, DC 20044

RE: Notice of Proposed Rulemaking, Affordability of Employer Coverage for Family Members of Employees, 87 FR 20354

Dear Commissioner Rettig,

The American Association of Nurse Practitioners, representing more than 355,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to provide input on this notice of proposed rulemaking on the affordability of employer coverage for family members of employees. AANP is committed to empowering all NPs to advance high-quality, equitable care, while addressing health care disparities through practice, education, advocacy, research, and leadership (PEARL).¹ We strongly support this proposed rule which aims to fix the “family glitch” and expand access to quality, affordable health care coverage.

NPs are advanced practice registered nurses (APRNs) who are prepared at the masters or doctoral level to provide primary, acute, chronic and specialty care to patients of all ages and backgrounds. 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 hold prescriptive authority in all 50 states and the District of Columbia (D.C.) and perform more than one billion patient visits annually.

NPs practice in nearly every health care setting including hospitals, clinics, Veterans Health Administration and Indian Health Services facilities, emergency rooms, urgent care sites, private physician or NP practices (both managed and owned by NPs), skilled nursing facilities (SNFs) and nursing facilities (NFs), schools, colleges and universities, retail clinics, public health departments, nurse managed clinics, homeless clinics, and home health care settings.

As of 2020, there were over 177,000 NPs billing for Medicare services, making NPs the largest and fastest growing Medicare designated provider specialty.² Approximately 40% of Medicare patients receive billable services from a nurse practitioner³, and approximately 80% of NPs are seeing Medicare and Medicaid patients.⁴ NPs have a particularly large impact on primary care as approximately 70% of all

¹ <https://www.aanp.org/advocacy/advocacy-resource/position-statements/commitment-to-addressing-health-care-disparities-during-covid-19>

² data.cms.gov MDCR Providers 6 Calendar Years 2016-2020

³ Ibid

⁴ [NP Fact Sheet \(aanp.org\)](#)

NP graduates deliver primary care.⁵ In fact, they comprise approximately one quarter of the primary care workforce, with that percentage growing annually.⁶

The COVID-19 pandemic has exposed and exacerbated many severe and pervasive health and social inequities in America,⁷ and has highlighted long-standing vulnerabilities in the American health care system. These underlying vulnerabilities include a lack of access to affordable health insurance coverage for patients and their families. In fact, a February 2022 “*Medicaid and CHIP Enrollment Trends Snapshot*” from the Centers for Medicare and Medicaid Services (CMS) noted that “since February 2020, enrollment in Medicaid and CHIP has increased by 16,693,457 individuals (23.6%)⁸. These statistics underscore the importance of removing barriers to health care coverage and ensuring that patients, and their families, have access to quality and affordable health insurance.

Therefore, we support the provisions included within this proposed rule, and the regulatory changes which would amend the existing regulations regarding eligibility for the premium tax credit (PTC). We agree with the importance of ensuring that affordability of employer-sponsored minimum essential coverage (employer coverage) for family members of an employee is determined based on the employee's share of the cost of covering the employee and their family members, instead of the cost of covering only the employee. Additionally, we support the proposed regulations which would expand the minimum value rule for family members of employees based on the benefits provided to the family members.

AANP strongly supports this proposed rule, which aims to fix the “family glitch” and expand access to quality, affordable, health care coverage. Should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs, msapio@aanp.org, 703-740-2529.

Sincerely,

Jon Fanning, MS, CAE, CNED
Chief Executive Officer
American Association of Nurse Practitioners

⁵ <https://www.aanp.org/about/all-about-nps/np-fact-sheet>.

⁶ [Rural and Nonrural Primary Care Physician Practices Increasingly Rely On Nurse Practitioners](#), Hilary Barnes, Michael R. Richards, Matthew D. McHugh, and Grant Martsof, Health Affairs 2018 37:6, 908-914.

⁷ <https://www.govinfo.gov/content/pkg/FR-2021-01-26/pdf/2021-01852.pdf>

⁸ [February 2022 Medicaid and CHIP Enrollment Snapshot](#)