

November 2, 2020

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-3372-P
P.O. Box 8013
Baltimore, MD 21244-8013

RE: Proposed Rule Medicare Program; Medicare Coverage of Innovative Technology (MCIT) and Definition of “Reasonable and Necessary” CMS-3372-P

To whom it may concern,

The American Association of Nurse Practitioners (AANP), on behalf of the over 290,000 nurse practitioners (NPs) across the nation, appreciates the opportunity to provide comment in response to the proposed rule Medicare Program: Medicare Coverage of Innovative Technology (MCIT) and Definition of “Reasonable and Necessary” CMS-3372-P. We appreciate that CMS is proposing to streamline the coverage process for innovative technologies to improve access for Medicare patients. While nothing in this proposed rule would limit access to care provided by NPs, it is important that the coverage policies developed under this rule reflect current Medicare policy that authorizes NPs to order and provide treatment consistent with their state scope of practice.

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 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), nursing facilities (NFs), schools, colleges and universities, retail clinics, public health departments, nurse managed clinics, homeless clinics, and home health. Nurse practitioners hold prescriptive authority in all 50 states and complete more than one billion patient visits annually.

They currently provide a substantial portion of the high-quality¹, cost-effective² care that our communities require, and will continue to do so to meet the needs of those communities. As of 2018, there were more than 145,000 NPs billing for Medicare services, making NPs the largest and fastest growing Medicare designated provider specialty.³ NPs have a large impact on primary care as approximately 73% of all NP graduates deliver primary care⁴. NPs comprise approximately one quarter of the primary care workforce, with that percentage growing annually.⁵

In this proposed rule, the agency proposes to consider an innovative technology as “reasonable and

¹ <https://www.aanp.org/images/documents/publications/qualityofpractice.pdf>

² <https://www.aanp.org/images/documents/publications/costeffectiveness.pdf>

³ <https://www.cms.gov/files/document/2018-mdcr-providers-6.pdf>

⁴ <https://www.aanp.org/about/all-about-nps/np-fact-sheet>

⁵ [Rural and Nonrural Primary Care Physician Practices Increasingly Rely On Nurse Practitioners](#), Hilary Barnes, Michael R. Richards, Matthew D. McHugh, and Grant Martsolf, Health Affairs 2018 37:6, 908-914.

necessary” if it includes specified determinants of whether items or services were “ordered and furnished by qualified personnel.” We interpret this language to be inclusive of nurse practitioners, as it incorporates the current Medicare manual. As we mentioned previously, Medicare covers services provided by NPs as long as they are covered Medicare services and the NP is legally authorized to perform the services in the State in which they are performed.⁶

The agency also solicits comment regarding coverage policies and restrictions. Specifically, when considering the adoption of certain coverage restrictions, the agency states that “we would, when coverage is afforded on the basis of commercial coverage, adopt the least restrictive coverage policy for the item or service among the offerings we examine.” The agency also solicits comments regarding whether to adopt restrictive coverage policies, or whether to “grandfather our current coverage policies for items and services.” We agree that adopting the “least restrictive” coverage policy is wisest and that policies should not include restrictions based solely upon the licensure of the clinician that prescribes the technology. It is important that any coverage policies under this rule align with current Medicare regulation and ensure that NP orders for medically appropriate, reasonable and necessary, devices and services are not denied. Accordingly, we strongly encourage the agency to adopt clear coverage policies which reflect NP authority to prescribe and furnish care to Medicare patients. This will ensure that all Medicare patients are able to access medically necessary innovative technologies.

We thank you for the opportunity to comment on this proposed rule. 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

⁶42 CFR § 410.75.