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Administrator
Centers for Medicare and Medicaid
Department of Health and Human Services
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RE: CMS-3346-P; Medicare and Medicaid Programs; Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction

We, the undersigned organizations, appreciate the opportunity to provide comment in response to the proposed rule to promote program efficiency, transparency and burden reduction in the Medicare and Medicaid programs (83 FR 47686). We are writing in support of reducing burden on nurse practitioners, certified nurse-midwives, clinical nurse specialists (collectively referred to as advanced practice registered nurses- APRNs), and physician assistants (PAs) within the Medicare and Medicaid Home Health Care Programs.

Home Health Care

In multiple requests for information on burden reduction, including last year's proposed rule for home health care, CMS has requested feedback on regulatory burdens that negatively impact care for home health care patients. We appreciate that CMS is responding to stakeholder feedback on regulatory burdens and continue to request that CMS also update and remove the outdated and unnecessary requirements that only physicians be authorized to certify and recertify home health plans of care and document face-to-face patient assessments.

Under the current structure, APRNs and PAs must find a physician to document that a face-to-face assessment has taken place, and have the physician certify the plan of care. APRNs and PAs that are the primary care providers for patients in the Home Health Care Program are not able to initiate or make necessary adjustments to medication or treatment without obtaining a physician signature. This delays access to treatment and puts patients at risk for avoidable complications. Delays in care are especially problematic for home health care patients who suffer from more chronic conditions and report more limitations on activities of daily living than the non-home health care Medicare beneficiary population.¹ APRNs and PAs are qualified to provide this care without physician certification and are already doing so for millions of Medicare and Medicaid beneficiaries outside of the Home Health Care Program.

With the proven track record of APRNs and PAs providing high-quality, cost-effective health care, we urge CMS to be more inclusive of APRNs and PAs. As CMS seeks to make changes in the Home Health Care Program, we suggest making cost-effective changes to the program by removing administrative burdens from agencies, APRNs, PAs and physicians. In that vein, we highly encourage CMS to use its regulatory authority to waive the requirements that physicians must document the face-to-face assessments performed by APRNs and PAs and certify their plans of care. Removing these barriers would create cost savings for the program, increase efficiency and allow a patient's provider of choice to document their patients' face-to-face encounter and develop the plan of care.

¹ http://ahhqi.org/images/uploads/AHHQI_2018_Chartbook_09.21.2018.pdf.

CMS has several tools at its disposal to enact these necessary changes:

- **issue an enforcement moratorium, such as that applied to supervision of outpatient therapy in critical access hospitals;**
- **use regulatory authority to expand the definition of physician in the home health care regulations to include APRNs and PAs, similar to the diabetes outpatient self-management training program, recognizing that the statutory language was written at the same time the APRN and PA roles were being established, and is not reflective of how care is currently delivered in the Home Health Care Program;**
- **ensure that any state waivers or future care models allow clinicians, including APRNs and PAs, to practice to the full extent of their education and clinical training;**
- **ensure that the regulatory structure put forth by CMS is not more restrictive than required under statute in the Medicare and Medicaid regulations;**
- **provide Medicare Advantage Plans and Medicaid Managed Care Organizations with additional flexibility within their Home Health Care benefits packages.**

These changes are necessary to ensure that APRNs and PAs can most effectively and efficiently utilize their clinical skills in the best interests of their patients and help the Medicare and Medicaid programs create greater efficiency in both cost and use of providers. APRNs and PAs are forced to deal with burdensome, outdated and unnecessary regulations in order to provide home health care, despite the fact that they are qualified to perform these duties in their own practice settings. While APRNs and PAs are authorized to supervise home health care in the Medicare and Medicaid programs, they should be able to do so to the full extent of their education and clinical training without undue burden.

We thank you for the opportunity to comment on this proposed regulation. We look forward to discussing these issues with you so that patients have timely access to the care that they require from their chosen health care provider.

Sincerely,

American Academy of PAs

American Academy of Home Care Medicine

American Association of Nurse Practitioners

American College of Nurse-Midwives

AMDA - The Society for Post-Acute and Long-Term Care Medicine

Gerontological Advanced Practice Nurses Association

National Association of Clinical Nurse Specialists