American Association of Colleges of Nursing

September 10, 2021

Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Provider Enrollment Regulation Updates; Provider and Supplier Prepayment and Post-Payment Medical Review Requirements [CMS 1751-P]

Dear Administrator Brooks-LaSure:

On behalf of the American Association of Colleges of Nursing (AACN), the national voice for academic nursing, thank you for the opportunity to provide comments on the CY 2022 Physician Fee Schedule Proposed Rule. AACN works to establish quality standards for nursing education, assists schools in implementing those standards, influences the nursing profession to improve health care, and promotes public support for professional nursing education, research, and practice. Today, AACN represents nearly 840 member schools of nursing, over 580,000 students, and over 52,000 faculty at public and private universities nationwide, which offer a mix of baccalaureate, graduate, and post-graduate programs.

AACN commends the Centers for Medicare and Medicaid Services (CMS) for its insight in regard to the national evolution in health care towards team-based care, particularly recognizing that there is a need for close coordination and collaboration in providing care to the beneficiary when a patient visit is shared between a physician and a non-physician provider (NPP) in the same group.[1] As highlighted in *Clinical Nurse Leader–Integrated Care Delivery: An Approach to Organizing Nursing Knowledge Into Practice Models That Promote Interprofessional, Team-Based Care,* nurses in all areas of care have been on the forefront of the evolution and movement in developing efficient and quality interprofessional care.[2] Accordingly, AACN applauds the update to permit the physician or NPP to bill for split (or shared) visits for both new and established patients, as well as for initial and subsequent visits.[3]

AACN offers the following recommendations for CMS' consideration to improve upon proposed changes in the CY 2022 Medicare Physician Fee Schedule Proposed Rule:

- Improve the National Plan and Provider Enumeration System (NPPES) platform and to accommodate National Provider Identifier (NPI) numbers for all clinicians and students enrolled in healthcare education/training programs;
- Utilize NPI numbers as a replacement for incident-to billing;

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[1] https://www.federalregister.gov/d/2021-14973/p-713

[2] Bender, M. (2017, July/September). Clinical Nurse Leader–Integrated Care Delivery, *Journal of Nursing Care Quality*: Volume 32,Issue 3, 189-195. doi: 10.1097/NCQ.0000000000000247

[3] https://www.federalregister.gov/d/2021-14973/p-711

- Continue implementation of CY 2018 Updates to the Quality Payment Program on preceptor funding;
- Expand the definition of "Teaching Physician Services" to all other health professions that would be impacted by CMS' interpretation of this rule;
- Acknowledge and utilize institutes of higher education, including schools of nursing, as a resource in vaccine distribution strategies; and
- Further nursing leadership in health care and health policy.

Each of these recommendations will be discussed in turn.

I. Recommendation: Improve the NPPES platform and to accommodate NPI numbers for all clinicians and students enrolled in healthcare education/training programs.

The COVID-19 pandemic has highlighted the longstanding need to examine the nation's health care workforce capacity and ways to more efficiently mobilize healthcare personnel (HCP) during public health emergencies (PHE). AACN recognizes the continued effort to provide essential resources (including PPE and vaccinations), particularly to underserved areas; however, it is also vital to understand the healthcare labor market and the dynamics of supply and demand for future PHE preparedness.

Critical shortages of HCP in vulnerable communities, both rural and urban, have remained an important concern. These shortages are only further exacerbated by the multiple waves of front-line workers dealing with the consequences of combatting COVID-19.[4] In July 2021, the U.S. Department of Labor reported a decrease in healthcare employment by over 500,000 HCP since February 2020.[5] In addition, it is projected that over 200,000 newly hired nurses will be needed annually through 2032 to meet the growing demand and replace retiring nurses.[6] Appropriate staffing in healthcare facilities is essential to maintain a safe work environment for HCP and to provide safe patient care. At baseline, the Centers for Disease Control and Prevention (CDC) recommends healthcare facilities communicate with local healthcare coalitions and federal, state, and local public health partners to identify additional HCP (including clinicians and students) when needed.[7] To comply with this CDC recommendation, it is imperative that we first understand the composition and utilization of the healthcare labor market.

To help achieve this end, AACN recommends updating the NPPES, which issues NPI numbers. A more robust NPPES system will help to understand where and what HCPs are practicing to aid in future PHE preparedness.

The NPI is a widely used mechanism to identify healthcare clinicians and students enrolled in healthcare education/training programs. Importantly, this identifier can serve as a standard for assessing workforce and PHE readiness. AACN has provided comments on adoption of the NPI to the Office of the National Coordinator for Health Information Technology (ONC) and acknowledges the potential benefit of all healthcare clinicians and students obtaining an NPI

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[4] HRSA Leadership Listening Session on the Nursing Workforce, Friday, August 20, 2021 1:00-2:30 PM EST

[5] Employment Situation Summary (bls.gov) https://www.bls.gov/news.release/empsit.nr0.htm

[6] https://www.aha.org/fact-sheets/2021-05-26-fact-sheet-strengthening-health-care-workforce

[7] https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

number. Though AACN supports implementation of the NPI as a data standard, it is critical that the NPPES system be updated to accommodate the growing number of healthcare clinicians and students. Moreover, there are notable difficulties when individuals update NPI records after changing employers or roles. Updates to this process are needed to allow for a more seamless transition from one employer, or healthcare position, to another. It is imperative that CMS make improvements to the NPPES platform to ensure that the data remains current and is useful for understanding the state of the healthcare workforce.

II. Recommendation: Utilize NPI numbers as a replacement for incident-to billing.

In its June 2019 report to Congress, the Medicare Payment Advisory Commission (MedPAC) recommends requiring Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs) to bill directly for services provided, thus eliminating "incident-to" billing. In addition, MedPAC recommends that HHS refine specialty designations for APRNs and PAs to give Medicare a greater account of the services provided by these clinicians, giving Congress the ability to target resources toward primary care.[8] The NPI would lead to simplification and more accurate attestation for providers caring for patients. This would align with the ONC's work to develop a standardized set of data classes and elements for nationwide health information exchange.

III. Recommendation: Consider the implementation of CY 2018 recommendation to update the Quality Payment Program on preceptor funding.

Throughout the nation, burnout is prevalent for healthcare workers caring for COVID-19 patients, and providers are losing critical staff.[9] Therefore, we strongly recommend that CMS implement the CY 2018 updates to the Quality Payment Program on preceptor funding to encourage more preceptors so that we can train the next generation of health professionals and alleviate nursing staff burnout.[10]

In 2018, CMS acknowledged a significant initiative in this proposed rule in the Quality Payment Program "Providing Education Opportunities for New Clinicians". CMS had acknowledged the severity of the clinical training site shortages and had taken the important step to address this challenge. The 2018 improvement activity worked towards granting credit to clinicians eligible for the Merit-Based Incentive Payment System (MIPS) who serve as preceptors for students. CMS should recognize that serving as a preceptor has a significant impact on beneficiary care, safety, health, and clinician wellbeing and exposes learners to high quality, value-based practices that will pay dividends in improved care now and into the future.

IV. Recommendation: Expand the definition of "Teaching Physician Services" to all other health professions that would be impacted by CMS' interpretation of this rule.

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[8] Medicare Payment Advisory Commission. (June 14, 2019). Report to Congress: Medicare and the Health Care Delivery System. Retrieved from http://www.medpac.gov/docs/default-source/reports/jun19_medpac_reporttocongress_sec.pdf

[9] Jalili, M., Niroomand, M., Hadavand, F. *et al.* (2021). Burnout among healthcare professionals during COVID-19 pandemic: a cross-sectional study. *International Archives of Occupational and Environmental Health*, 94, 1345–1352. https://doi.org/10.1007/s00420-021-01695-x

[10] [82 FR 30479}

AACN requests use of provider-neutral language in all regulatory rulemaking, including with respect to the definition of "teaching physician services". AACN maintains that teaching physicians are just one of the health professions affected by this regulation and urges CMS to adopt provider neutral terms and language to reflect broader applicability. Healthcare professionals representing disciplines beyond medicine continue to be on the frontlines, not only providing, but also increasing access to high-quality care for the Medicare population. CMS should update all regulatory language to reflect the full spectrum of healthcare professionals delivering care to their communities.

V. Recommendation: Acknowledge and utilize institutes of higher education, including schools of nursing, as a resource in vaccine distributions strategies.

In response to CMS' Vaccine Administration Services Comment Solicitation requesting information on the different types of healthcare providers who furnish vaccines, AACN would like to highlight institutions of higher education, specifically schools of nursing. This year, AACN launched a national campaign to elevate academic nursing's role in administering the COVID-19 vaccine. Through this initiative, over 300 nursing schools across the nation have pledged their support to engage safely with faculty, students, and other stakeholders in the work underway to administer the vaccine, as well as educate citizens on protecting themselves against this public health threat. Through this pledge, over one million shots were administered by schools of nursing to their communities. Further this work extends beyond vaccination distribution to community-based education campaigns, providing telehealth services, leading research studies, conducting contact tracing, and providing other key services.[11] This endeavor, conducted in collaboration with the Federal Emergency Management Agency (FEMA), involved AACN notifying schools of nursing in response to FEMA recognizes a need for assistance in vaccine distribution.

Higher education institutions are well positioned to contribute to the expansion of vaccine delivery and compliment the ongoing work occurring in the healthcare system. CMS also should engage the All of Us research program's community partners, the Community and Partner Gateway Initiative (CPGI), since these groups are already deeply engaged with historically underrepresented and underserved communities, including communities of color and rural communities. Another critical partner is higher education institutions within and outside of nursing education, such as Historically Black Colleges and Universities, tribal colleges and universities, and minority-serving institutions. Connecting these higher education partners with public entities can unify, innovate, and strengthen both our vaccine distribution and general healthcare endeavors. By developing these collaborations, resulting partnerships can be leveraged to further effective and equitable distribution of the COVID-19 vaccine, as well as future vaccinations.

VI. Recommendation: Continue reducing barriers and increasing access to telehealth.

AACN strongly supports making all telehealth opportunities afforded during the public health emergency permanent. As telehealth technology allows increased flexibility and access for

[11] https://www.aacnnursing.org/News-Information/Press-Releases/View/ArticleId/24761/national-campaign-covid-19-vaccine

patients, it can also be utilized to satisfy some of the direct nursing clinical hours required by state boards of nursing, thereby ensuring schools of nursing are able to continue meeting the needs of the healthcare system now and in the future. Schools of nursing have been encouraged to develop contingency plans should future restrictions on clinical placements occur due to safety concerns for the students. These plans may include the expanded use of simulation, telehealth, and virtual reality in keeping with best practices and guidelines from state boards of nursing.

VII. **Recommendation: Further nursing leadership in health care and health policy.**

At more than 3 million in number, nurses make up the single largest segment of the healthcare workforce, according to the National Academy of Medicine report, *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity.* The report highlights how nurses bring integral insight and value to health care and the health systems they support. It is warranted and imperative that nurses are given leadership roles both throughout the health system and in health policy, to share their insight and further the redesignation of quality care in the United States. Further, the Federal Advisory Committee Act (FACA),[12] enacted to ensure that advice by various advisory committees is objective and accessible to the public, requires that, "in the selection of members for the advisory committee, the agency will consider a cross-section of those directly affected, interested, and qualified, as appropriate to the nature and functions of the advisory committee". Therefore, it is necessary that CMS advisory committees and boards appoint nursing professionals to leverage their experience and critical knowledge to contribute to the formation of new policy and regulations.

Thank you for your consideration of AACN's comments on the CY 2022 Physician Fee Schedule Proposed Rule. We appreciate the opportunity to provide comment and insight into the nursing workforce. If our organization can be of any assistance, please contact AACN's Director of Policy, Colleen Leners at cleners@aacnnursing.org.

Sincerely,

Deborah E Trautman

Deborah E. Trautman, PhD, RN, FAAN
President and Chief Executive Officer

[12] General Services Administration (41 CFR § 102- 3.60(b)(3))